Iowa Dental Board JURISPRUDENCE



3/2023

What is the Iowa Dental Board?



- The lowa Dental Board is the state agency charged with regulating the professions of dentistry, dental hygiene, and dental assisting in the state of lowa.
- The mission of the Iowa Dental Board is to ensure that all Iowans receive professional, competent, and safe dental care of the highest quality.
- 9 Board members, appointed by the Governor and confirmed by Senate.
 - Comprised of 5 dentists, 2 hygienists and 2 public members.

Dental Hygiene Committee



- 3 members on the committee: 2 hygienists & 1 dentist member of Board
 - Dentist member must employ a dental hygienist and is elected annually.
- Has authority over all matters regarding practice, discipline, education, examination, and licensure of hygienists.
- Makes recommendations to Board on all hygiene-related issues. The Board must adopt the recommendations unless the decision would expand the scope of practice.

The Board's Responsibilities



- Writes the rules and regulations that govern the profession.
- Enforces Iowa laws & Board rules pertaining to dentistry, dental hygiene, and dental assisting.
- Sets standards for:
 - Licensure & registration
 - Renewal
 - Continuing education
 - Practice (i.e. scope of practice)
- Administers exams.

What does the Iowa Dental Board do?



- ▶ The Iowa Dental Board regulates approximately 9,300 licensees/registrants.
 - > 2,100 DDS
 - > 2,700 RDH
 - ▶ 4,500 DA
- Issue/renew licenses, registrations & permits.
 - Issued 1,343 licenses, registrations & permits in 2022
 - Approximately 12,000 active licenses, registrations and permits
 - ▶ IDB has 6 FT and 1 PT staff members

What does the Iowa Dental Board do?



- Enforce Iowa laws & Board rules pertaining to dentistry, dental hygiene and dental assisting.
 - Investigate complaints;
 - Conduct disciplinary hearings;
 - Monitor compliance with Board orders;
 - Perform Inspections; and
 - Administer the Iowa Practitioner Program (IPRC).

Iowa Rulemaking Process



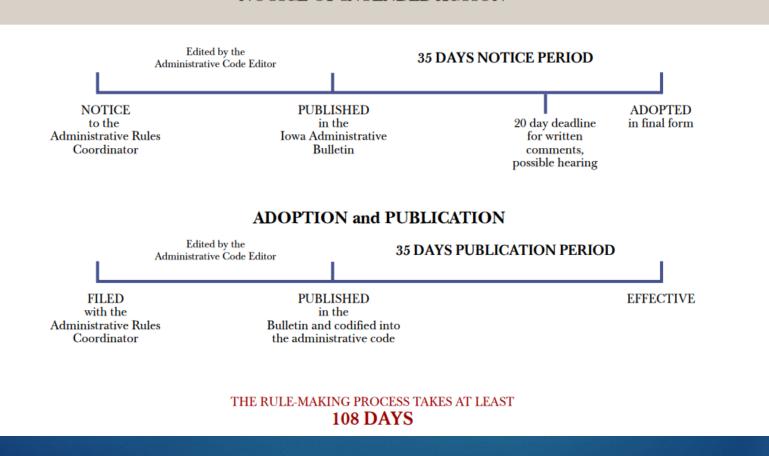
- Rule changes may occur in response to the following:
 - Requests for change;
 - Research and studies:
 - Clarify or better address areas of confusion; or
 - Legislative mandates.
- Oversight:
 - Rules are vetted by the Governor's office and noticed with the Administrative Rules Coordinator.
 - Rulemaking requires two (2) appearances before a legislative committee (ARRC) prior to becoming effective.
- Provides public notice of proposed administrative rule changes.
 - Publication in the Iowa Administrative Bulletin.
 - Rules are subject to a mandatory public comment period.
 - ▶ The Board reviews all comments prior to voting on the adoption of proposed changes.

Iowa Rulemaking Process



THE IOWA RULEMAKING PROCESS

NOTICE OF INTENDED ACTION





- Added procedures to general supervision of dental assistants. (e.g. intraoral imaging)
- Allowed RDHs to provide educational services without DDS supervision.
- New CE requirements:
 - All professions must have at least one (1) hour infection control each renewal starting Sept 1, 2018.
 - All professions must also have at least one (1) hour jurisprudence each renewal starting Sept 1, 2018.
- Reduced maximum CE hours & back fees for reinstatement of lapsed RDAs.
- Updated facility requirements for MS & GA permit holders



- Updated continuing education requirements and courses accepted for the purposes of renewal.
- Updated rules for advertising and the designation of a specialty.
- Updated requirements for licensure of foreign-trained dentists.
- ▶ Updated requirements for RDHs working under PH supervision, including the use of silver diamine fluoride (SDF).
- Updated requirements for reporting name and address changes.
- Eliminated the prohibition of practice ownership by RDHs.
- Updated rules regarding the additional review of applications for licensure and registration.



- Updated prescribing rules to implement the provisions of the 2018 opioid bill and DEA/lowa Board of Pharmacy requirements
- Updated expanded functions rules:
 - ▶ Updated the lists of Level 1 and Level 2 expanded functions.
 - Moved some functions to the scope of practice for dental assistants and dental hygienists.
 - Established minimum training requirements for expanded functions.
- Added glucose testing and phlebotomy to the scope of practice
- Added rules for teledentistry.
- Added spouses to the military service and veteran reciprocity rules.



- Updated nitrous oxide and sedation rules:
 - Updated the rule that allows expanded function-trained dental assistants to monitor patients receiving nitrous oxide for clarity.
 - Updated requirements for the administration of moderate sedation, deep sedation and general anesthesia in dental offices.
 - Established training requirements for those who serve in the capacity of a patient monitor during moderate sedation, deep sedation and general anesthesia.
 - Established requirements for the use of another licensed sedation provider or permit holder.
- Updated rules regarding student loan defaults and noncompliance with agreement for payment obligations pursuant to 2019 lowa Acts, SF 304.
- Updated mandatory reporter training requirements pursuant to 2019 lowa Acts, HF 731.

Recent Rulemaking 2020-2021



2020

- Eliminated the requirement for remedial education for the purposes of testing to become a registered dental assistant.
- Allowed CE hours for volunteer of dental services at free clinics.
- Updated the clinical examination requirements for dentists and dental hygienists.
- Implemented statutory changes included in 2020 lowa Acts, HF 2267 & HF 2627, which included:
 - Dental assistants allowed to place sealants after having completed boardapproved expanded functions training.
 - Regulations related to obtaining a license or registration in lowa when the applicant has practiced in another state and establishes residency in lowa.

2021

Implemented statutory changes included in 2020 lowa Acts, HF 2389, which updated the administrative requirements for rulemaking and requesting rule waivers.



- Updated requirements for renewal and reinstatement.
 - Beginning in 2022, only licensees/registrants who wish to renew on active status are required to submit applications for renewal.
 - Lowered past due renewal fees and CE hours required for reinstatement of a license/registration.
- Added orofacial pain to the list of specialties recognized by the American Dental Association (ADA).
- Updated the rules related to the practice of dental assisting in Iowa. The changes included:
 - Elimination of the formal application for trainee status. Trainees can train on the job for up to 12 months from the first date of employment while meeting the requirements for registration.
 Note: Dental assistants continue to be required to apply for registration to continue practicing in lowa.
 - ▶ Lowered clinical practice requirement for the purpose of registration.
 - Included updates to the definitions of the levels of supervision.



- Updated the rules related to expanded functions.
 - Revised classification of Level 1 and Level 2 expanded functions.
 - ▶ Level 1 may be taught by any Board-approved training provider.
 - ▶ Level 2 must be taught at a CODA-accredited school.
 - ▶ Updated Level 1 expanded functions to meet the needs of offices, and better clarified the expanded functions services that may be performed in orthodontic offices.
 - ▶ Moved three expanded functions from Level 2 to Level 1.
 - ▶ Eliminated the requirement to train in all Level 1 expanded functions prior to training in Level 2 expanded functions. Level 2 programs may determine the prerequisites for training in the Level 2 training.
 - ▶ Started rulemaking process to implement Iowa Acts 2022, SF 2383, which updated requirements related to licensure by verification and licensure of military members, veterans and their spouses.

Scope of Practice



- In all instances, a dentist is responsible for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified personnel.
- ▶ The dentist shall exercise supervision and be fully responsible for all acts performed.
- The practice of dentistry by a dental hygienist or dental assistant is considered unauthorized practice.
- IAC 650 Chapter 29 establishes the requirements for the administration and monitoring of nitrous oxide.

Scope of Practice



- IAC 650 Chapter 10 establishes the scope of practice for dental hygienists, which includes
 - ▶ Educational services;
 - ▶ Therapeutic services;
 - Preventive services; and
 - Diagnostic services.
- ▶ IAC 650 Chapter 20 establishes the scope of practice for dental assistants in lowa. A licensed dentist may delegate to a dental assistant those procedures for which the dental assistant has received training. This delegation shall be based on the best interests of the patient.



- "Personal supervision" means a licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.
- Personal supervision only applies to dental assistant trainees.
 - ▶ The dentist is ultimately responsible for the oversight and instruction of all services performed by a dental assistant trainee.
 - ▶ The dentist may delegate the oversight and instruction of a dental assistant trainee to another licensee or registration as deemed to be appropriate.
 - ▶ The dentist is responsible for determining whether the dental assistant trainee has achieved clinical competency for the purposes of registration.



"General supervision" means that a dentist has examined the patient and has prescribed authorized services to be provided. The dentist need not be present in the facility while these services are being provided. The licensee or registrant must consent to the agreement.

- Only applies to patients of record.
 - Patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted.
- The treatment to be provided must be prior prescribed by a licensed dentist and must be entered in writing in the patient record--with the exception of standing protocols (e.g. x-rays).
- Basic emergency procedures must be established and in place and the licensee or registrant must be capable of implementing these procedures.
- ▶ RDAs are limited to performing the following functions:
 - All extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. If trained in expanded functions, an RDA may perform those services, in which they have completed board-approved training, that are permitted under general supervision.



"Direct supervision" means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room, or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.

Required for:

- ▶ New patients. Dental exam must be completed at the first appointment.
- ▶ RDHs administering local anesthesia or nitrous oxide.
- RDAs/RDHs performing expanded functions.*
- RDAs providing intraoral services.*

"Observational supervision," for expanded functions, is for training purposes only and means the dentist is physically present in the treatment room to oversee and direct all services being provided as part of clinical training.

^{*}Except for those services that are permitted under another level of supervision as permitted by Board rule.



"Public health supervision" means all of the following:

- The dentist authorizes and delegates the services provided by a licensee or registrant to a
 patient in a public health setting, with the exception that services may be rendered without the
 patient's first being examined by a licensed dentist;
- 2. The dentist is not required to provide future dental treatment to patients served under public health supervision;
- 3. The dentist and the licensee or registrant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as required by rule; and
- 4. The licensee or registrant has an active lowa license or registration, and a minimum of one year of clinical practice experience.
- The dentist, in the public health supervision agreement, must specify the public health location(s) and services that may be provided.

Note: Public health supervision is limited to public health facilities/locations as permitted by rule.

- Every person working under a public health supervision agreement, must have his or her own agreement with a licensed dentist.
 - ▶ A hygienist cannot supervise others under such an agreement.

What is a Dental Assistant?



- IAC 650—Chapter 20 specifies the authorized practice as a dental assistant.
- "Dental assistant" means any person who, under the supervision of a dentist, performs any extraoral services including infection control, dental radiography, or the use of hazardous materials or performs any intraoral services on patients.
- ► The term "dental assistant" does not include persons otherwise actively licensed in lowa to practice dental hygiene or nursing who are engaged in the practice of said profession.
 - Nurses who take x-rays in dental offices must hold a qualification in dental radiography issued by the Board.

Types of Dental Assistants



- Dental assistant trainees:
 - Allowed to train on the job for up to 12 months from the first date of employment while meeting the requirements for registration. Must stop all dental assistant duties if trainee status expires.
 - ▶ Trainees may <u>not</u> work independent of another licensee or registrant.
 - ▶ Effective December 21, 2022, the formal application for dental assistant trainee status is no longer required to practice as a dental assistant trainee. Note: Registration as a dental assistant continues to be required to continue practicing as a dental assistant after the trainee status expires.
 - Must successfully complete exams in infection control, dental radiography, and jurisprudence prior to obtaining registration.
- Registered dental assistants (RDA*, QDA**):
 - May have an added qualification in dental radiography.
 - May complete additional training in expanded functions.
 - May work under public health supervision with 1 year practice as a registered dental assistant.

** QDA = Registered DA with radiography qualification.

^{*} RDA = Registered DA without radiography qualification. RDAs cannot take x-rays.

Expanded Functions



lowa Administrative Code 650—Chapter 23 establishes the requirements for expanded functions.

- Dentists may delegate expanded function procedures to RDAs & RDHs who have completed Board-approved training.
- For an RDA to be eligible for EF training:
 - ▶ Be a graduate of an ADA-accredited DA program; or
 - ▶ Be currently certified by DANB; or
 - ▶ Have a minimum of three (3) months clinical experience as an RDA, or
 - Have a minimum of three (3) months clinical experience as a dental assistant in a state that does not require registration.
- For an RDH to be eligible for EF training:
 - Hold an active license.
- ▶ Dental assistant trainees are **NOT** eligible to train in or perform expanded functions, nor does that time apply towards the clinical practice requirement.

Expanded Functions Training



- Expanded function training required. A dental assistant or dental hygienist shall not perform any expanded function procedures listed in IAC 650—Chapter 23 unless the licensee or registrant has successfully completed Board-approved training and is in compliance with the requirements of this chapter.
 - Expanded function training providers are required to issue certificates of completion at the conclusion of the training. The certificate should indicate the expanded functions in which training has been successfully completed.
 - ▶ The supervising dentist and the licensee or registrant shall be responsible for maintaining in each office of practice documentation of successful completion of the Board-approved training.

Expanded Function Providers



- ▶ **Level 1 expanded functions**: Training may be completed with any Board-approved training provider.
 - ▶ No longer required to complete training in all Level 1 expanded functions prior to training in Level 2 expanded functions.
- ▶ **Level 2 expanded functions**: Training must be completed with a Board-approved program at a CODA-accredited school.
 - Must successfully meet the prerequisites established by the program prior to the start of training.
 - ▶ No longer required to complete training in all Level 2 expanded functions.

Level 1 Expanded Functions



- Taking occlusal registrations;
- 2. Placement and removal of gingival retraction material;
- Fabrication, temporary cementation, and removal of provisional restorations following review of the fit and function by the supervising dentist, and temporary recementation of provisional restorations;
- 4. Applying cavity liners and bases and desensitizing agents;
- 5. Applying bonding systems, which may include the placement of the attachments used in clear aligner systems, following review of the fit and function by the supervising dentist;
- 6. Placement, bonding, and removal of provisional orthodontic restorations as follows:
 - a. Placement or bonding of orthodontic brackets and bands or provisional orthodontic appliances following review of the fit & function by the supervising dentist; and
 - b. Removal of adhesive, orthodontic brackets and bands, or provisional orthodontic appliances using nonmotorized hand instrumentation;

^{*}Expanded functions for RDAs only. These services fall within the scope of practice for RDHs.

Level 1 Expanded Functions (continued)



- 7. Monitoring of patients receiving nitrous oxide inhalation analgesia, which may include increasing oxygen levels as needed, pursuant to IAC 650—23.4(7);*
- Taking final impressions;
- 9. Removal of adhesives using nonmotorized hand instrumentation;*
- 10. Placement of temporary restorative materials following preparation of the tooth by a dentist;
- 11. Extraoral adjustment to acrylic dentures without making any adjustments to the prosthetic teeth; and
- 12. Tissue conditioning (soft reline only).

^{*}Expanded functions for RDAs only. These services fall within the scope of practice for RDHs.

Level 2 Expanded Functions



- Level 2 procedures*:
 - 1. Placement and shaping of amalgam following preparation of a tooth by a dentist;
 - Placement and shaping of adhesive restorative materials following preparation of a tooth by a dentist;
 - 3. Polishing of adhesive restorative material using a slow-speed handpiece;
 - Fitting of stainless steel crowns on primary posterior teeth, and cementation after fit verification by the dentists;
 - 5. Application of sealants by dental assistants.

^{*}These procedures refer to both primary and permanent teeth except as otherwise noted.

Licensee/Registrant Responsibilities



- Practice according to the standard of care and principles of professional ethics
 - ▶ Be aware of current standards of care.
 - ▶ Be aware of the scope of your practice.
 - ▶ Bill only for services rendered. Patients may prepay on a <u>voluntary</u> basis.
- ▶ Follow Board rules and state law.
- Board rules generally follow the ADA & ADHA Code of Ethics.
- ▶ Habitual intoxication/addiction, use of drugs is grounds for disciplinary action.

Prescribing Responsibilities



lowa Administrative Code 650—Chapter 16 establishes the requirements for prescribing, administering and dispensing drugs.

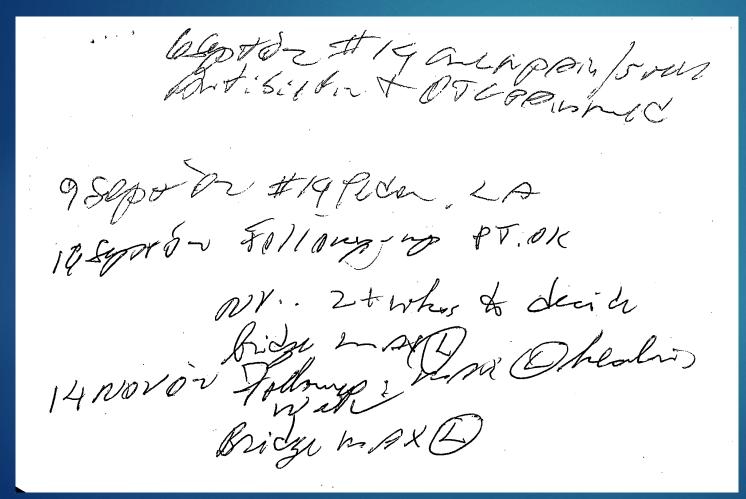
- Prescription must be directly related to practice of dentistry.
- Prior to initial prescription, dentist must have examined the patient and taken a medical history.
 - Dental record must contain written evidence of the exam & medical history.
- Controlled substances require federal DEA & state controlled substance registration (CSA).
- A dentist shall not self-prescribe, self-administer or self-dispense controlled substances.
- ▶ Effective January 1, 2020, all prescriptions, including controlled substances, must be e-prescribed unless a waiver has been approved by the Iowa Board of Pharmacy.
 - In cases of emergency, the dentist's signature on a prescription cannot be a copy or a stamp. E-signatures are acceptable.

Recordkeeping



- ▶ If it is not in the record, it did NOT happen. Document! Document!
- Records need to be permanent, timely, accurate, legible, & easily understandable.
- Records must contain the name/initials of the person who performs any treatment or service or who may have contact with a patient regarding the patient's dental health. The record must reflect who provided services to the patient.
- lowa Administrative Code 650—Chapter 27 establishes the minimum requirements for recordkeeping. Patient record must be retained for a minimum of six (6) years for adults.
 - ▶ For minors, the patient record must be kept for six (6) years or until age 19, whichever is longer.
 - Study models/casts retained for 6 years following completion of treatment or, after one (1) year, can be provided to the patient.
 - Copies of patient records must be provided upon patient's request. An office may charge a nominal fee
 for duplication and transfer of the records. Patient records cannot be withheld for any reason.
 - Radiographs must be of diagnostic quality.
- May only bill for services that have been rendered.

Your Office Could Have Problems if ...





Your Office Could Have Problems if ...



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Other Requirements



- ▶ Tattletale Law: Iowa Code Section 272C.9 & Immunities: Iowa Code Section 272C.8
- A licensee has a continuing duty to report to the licensing board those acts or omissions specified by rule of the board when committed by another person licensed by the same licensing board.
- IAC 650—31.13 Mandatory Reporting
 - Report shall be filed within 30 days from the date the person acquires knowledge of the act/omission.
 - Report shall be filed within 24 hours if the act/omission poses an immediate threat to patient safety.

Iowa Administrative Code 650—Chapter 30 addresses other requirements of licensees/registrants and the reasons for which disciplinary action may be taken.

- Report any discipline, convictions, or malpractice settlements.
- Report change of address, email or change of name within 60 days.
- Knowingly providing false information or interfering with an investigation is grounds for disciplinary action.

Centers for Disease Control (CDC) & Infection Control



- Guidelines for Infection Control in Dental Health-Care Settings were last updated in 2003. (See MMWR, 12/19/2003, Vol. 52, No. RR-17.)
 - Recommendations categorized IA, IB, IC are required by law.
- The Iowa Dental Board may perform infection control inspections: CDC & OSHA
 - Be aware of sterilization protocols. Don't assume!
 - ▶ Hand pieces must be sterilized after each use.
 - ▶ Spore testing. All sterilizers must be tested weekly.
 - Single-use items. (e.g. exam gloves)
 - If using cold sterilization, make sure that instruments are left in the solution for the period of time recommended for the chemical(s) being used.
 - Laundry don't take it home.
 - Gloves.
 - Documentation don't forget.

Yes, Violations Can Occur...



Board fines dentist after accusation

reportedly did not change gloves between patients and incorrectly sterilized some equipment.

By Tony Leys tleys@dmreg.com

An Urbandale dentist has been fined \$5,000 after being accused of sloppy infection-control practices.

The investigation began when one of Dr.

dental assistants told state regulators last year that

was violating sanitation rules. For example, she said that sometimes instead of changing gloves between patients, he would wash them with soap and water, Iowa Dental Board records show.

The assistant, recorded conversations she had with her boss, state records say. In one of the recordings, she

can be heard telling him, "I want gloves changed between patients," the documents say. He allegedly can be heard responding: "I can change them if it bothers you, but if I change my gloves, you will have to move faster between patients."

added that
didn't give the
staff enough time to
clean exam rooms between patients, the documents say. A state investigator also found fault
with some of
procedures for sterilizing equipment.

The Iowa Dental Board ruled earlier this month that "repeatedly and willfully failed to maintain safety and sanitary conditions in his dental practice."

The board noted that disputed the allegations, but it said his "statements and testimony denying the violations were filled with inconsistencies and self-serving statements." Besides levying the fine, the board ordered serve five years' probation: to have infectioncontrol training for himself and his staff; and to have another dentist monitor his practice.

lawyer, said he will appeal the dental board's decision to district court.

"The case was built around a disgruntled employee who was fired," said.

He added that the dentist didn't realize until after he dismissed

that she had reported him to the dental board.

said is a dedicated professional who is one of a few dentists still willing to see elderly patients in nursing homes.

"It's very, very unfortunate," he said of the case.

The board noted that it also had sanctioned in 2000 and 2009 after allegations that he failed to explain treatments to patients, that he obtained a fee by fraud and that he failed to use proper infection-control practices.

the assistant, also is suing in in Polk County District Court. The lawsuit says she worked for him about 16 years. It says he cor-

rectly suspected she had reported him to the dental board last year, after which he cut her hours and pay, then fired her.

In his reply to her lawsuit, lawyer said was fired for insubordination and misconduct, including that she came to work in flipflops, a worn T-shirt and "pants that drug along the floor as she walked." Gibson denied the allegations.

application for unemployment benefits, saying she was fired for good cause. But an administrative law judge awarded her the benefits. The judge found account of what she wore to work more credible than the dentist's.

Yes, Violations Can Occur...



D.M. dentist accused of reusing gloves, chair covers will pay fine

Her staff reported that she used 'poor infection control.'

By Tony Leys

tleys@dmreg.com

A Des Moines dentist whose staff reported that she reused gloves on patients has agreed to pay a \$2,500 fine.

Dr. cently agreed to pay the fine to settle administrative charges filed by the Iowa Dental Board, documents show. The board said her staff made multiple complaints to the state in 2012 about "poor infection-control protocols."

The board's allegations included that would wash and reuse gloves and that she reused disposable chair covers. Inspectors also found that she failed to keep records of staff vaccinations and that she failed to properly store dental instruments.

The board documents denied reusing gloves, but inspectors found used gloves in her office.

agreed to fine. take an infection-control course and to take an exam on the subject. She also agreed to cooperate

with unannounced visits by staff members of the state board.

lawver, l. said the dentist still disputes the allegations. But he said in a prepared statement that she decided to settle the matter, "in order that she could continue to devote her time and attention to the care of her patients. Because matters before the Iowa Dental Board can often be long and drawn out, the proceed-Besides paying the ings would have diverted attention from the practice of dentistry and the patients she cares so much about. ... has long been

committed to the care and welfare of the underserved in Des Moines. Iowa, over her 30-year career and she will continue to do so as a result of this settlement."

The board said it previously put probation in the 1990s after she was charged with several things, including unprofessional conduct and obtaining a fee by fraud. The allegations at that time also included that she personally used her office supply of nitrous oxide gas. She denied doing so, and said the allegations were from a disgruntled former emplovee.

Investigations



lowa Administrative Code 650—Chapter 31 addresses complaints and investigations conducted by the Iowa Dental Board.

- Complaints come from several sources:
 - Patient complaint (most common)
 - Family members
 - Other dentists, hygienists, or assistants
 - Insurance companies
 - Other state agencies
 - Law enforcement

Confidentiality



- Investigations and complaints are confidential.
 - ▶ The Board cannot disclose whether complaints have ever been filed or investigations conducted unless complaint results in formal action.
- The Board cannot release name of person filing complaint.
- The Board cannot release name of the person under investigation.

Investigative Process



- ▶ The Board may:
 - Subpoena patient records.
 - ▶ The Iowa Dental Board is exempt from standard HIPAA requirements.
 - Interview witnesses.
 - Request cases be peer reviewed by consultant(s).
- ▶ The Board reviews all records & reports to determine if there is probable cause for further investigation or action.

Disposition of Complaints



- Complaints may be closed with no action. (The vast majority)
- Board may require a personal appearance.
- Board may take informal action. Informal action is confidential, and may include:
 - Letter of Warning, Information, or Education
 - Assessment of an Administrative Penalty.
- Formal charges may be filed.
- Sanctions can be imposed.

IPP – Iowa Practitioner Program



lowa Administrative Code 650—Chapter 35 establishes the requirements of the lowa Practitioner Review Committee (IPRC).

- Purpose is to evaluate, assist & monitor the recovery of dentists, hygienists & assistants with potential impairments.
 - ▶ Drug abuse, alcohol abuse, mental impairments or physical impairments
- Self-reports are confidential.
- Participants work towards two goals:
 - Getting well.
 - ▶ Remaining in, or working towards, returning to work.
- If someone else reports you:
 - ▶ Not eligible for confidential participation.
 - Board action is a public record.

IPP – Iowa Practitioner Program



- Healthcare providers need specialized treatment.
 - ▶ IPPs have members who have experience working with healthcare providers.
- Specialized evaluations Multidisciplinary team approach.
- Individualized plans Treatment is not one-size-fits-all. Designed for the unique needs of each individual.
- Support groups IPPs are specifically for healthcare providers.
 - From people who truly understand what they are going through.
- Aftercare and monitoring
 - Healthcare providers continue to get outpatient care and are monitored.
- IPRC committee members

Renewal Requirements



lowa Administrative Code 650—Chapter 14 establishes the requirements for renewal.

- Dental hygiene licenses & dental assistant registrations expire on August 31 of every odd-numbered year.
- Dental licenses expire on August 31 of every even-numbered year.
- You can practice on an <u>expired</u> license/registration.
- Licenses & registrations <u>lapse</u> on November 1 of a renewal year if the renewal has not been completed.
 - ▶ You cannot practice on a **lapsed** license or registration.
- Do not submit proof of legal name change at renewal. (e.g. marriage certificate or other legal document) Online renewal is automated and staff will not be aware to make the change.

Renewal Requirements (continued)



- Renewal requirements are:
 - Renewal fee.
 - Continuing education hours unless qualified for an exemption.
 - Current CPR certification:
 - ▶ Keep current at all times. This is subject to audit.
 - No online-only certification courses. You may complete a portion of the certification course online if it is followed up with a "hands-on" practical component.
 - Adult basic CPR is sufficient. Healthcare provider or more advanced certifications are not required.
 - ▶ If practicing in Iowa, must complete DHS course in identifying and reporting child/dependent adult abuse within six months of starting practice in Iowa and every 3 years thereafter.

Continuing Education



lowa Administrative Code 650—Chapter 25 establishes the requirements for continuing education (CE).

- Licensees must complete a minimum of 30 hours of CE every two years.
 - Must complete a minimum of 1 hour each in infection control and lowa jurisprudence.
 - Dentists who prescribe opioids in the previous two years must complete a minimum of 1 hour in the area of opioids.
 - ▶ Dentists who hold a moderate sedation or general anesthesia permit must complete a minimum of 6 hours in the area of sedation. Those hours may also be applied to the renewal of the dental license.
 - May claim up to 12 hours for self-study courses every renewal.*
 - *Participation in live webinars does not count towards the self-study limit.
 - ▶ General rule: Course content should relate to clinical practice.
 - ▶ May claim up to three (3) hours for recertification of CPR every renewal.
 - Unused CE hours do NOT carry over to the next renewal period.
 - CE hours are subject to audit. The Board does not have copies of the certificate of attendance. You are required to maintain those records.

Continuing Education



lowa Administrative Code 650—Chapter 25 establishes the requirements for continuing education (CE).

- RDAs & QDAs must complete a minimum of 20 hours of CE every two years.
 - Must complete a minimum of 1 hour each in infection control and lowa jurisprudence.
 - ▶ QDAs & XDAs must complete a minimum of 2 hours in the area of dental radiography.
 - May claim up to 12 hours for self-study courses every renewal.*
 - ▶ *Participation in live webinars does not count towards the self-study limit.
 - General rule: Course content should relate to clinical practice.
 - May claim up to three (3) hours for recertification of CPR every renewal.
 - Unused CE hours do NOT carry over to the next renewal period.
 - ► CE hours are subject to audit. The Board does not have copies of the certificate of attendance. You are required to maintain those records.



▶ T/F: Adult dental records must be maintained for a minimum of 6 years.



► T/F: Adult dental records must be maintained for a minimum of 6 years.

True. IAC 650—27.11(2) establishes the retention requirements for patient records.

27.11(2) Retention of records. A dentist shall maintain a patient's dental record for a minimum of six years after the date of last examination, prescription, or treatment. Records for minors shall be maintained for a minimum of either (a) one year after the patient reaches the age of majority (18), or (b) six years, whichever is longer. Study models and casts shall be maintained for six years after the date of completion of treatment. Alternatively, one year after completion of treatment, study models and casts may be provided to the patient for retention. Proper safeguards shall be maintained to ensure safety of records from destructive elements.



▶ T/F: An office may withhold a patient record for nonpayment of fees.



▶ T/F: An office may withhold a patient record for nonpayment of fees.

False. In accordance with IAC 650—27.11(5), patient records must be transferred upon request. Patient records may not withheld for any reason.

27.11(5) Confidentiality and transfer of records. Dentists shall preserve the confidentiality of patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies or summaries of the records, including dental radiographs or copies of the radiographs that are of diagnostic quality, as will be beneficial for the future treatment of that patient. The dentist may charge a nominal fee for duplication of records, but may not refuse to transfer records for nonpayment of any fees.



▶ T/F: CDC recommendations for infection control are required by law.



► T/F: CDC recommendations for infection control are required by law.

True. IAC 650—30.4(6)b requires compliance with standard precautions that are required or recommended for dentistry. These are designated as categories IA, IB, and IC in the Guidelines for Infection Control in Dental Health-Care Settings.

- **30.4(6)** The board may impose discipline for the following violations related to infection control:
- a. Failure to maintain adequate safety and sanitary conditions for a dental office; or
- b. Failure to comply with standard precautions for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control, as "required" or "recommended" for dentistry by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and the lowa occupational safety and health administration.



T/F: It is okay to have a "working interview" with an office before my license or registration is issued as long as I'm still in school.



T/F: It is okay to have a "working interview" with an office before my license is issued as long as I'm still in school.

False. Iowa law requires practitioners to hold an active license/registration to practice in Iowa. The exemption pertaining to students only applies so far as the formal curriculum and associated activities of a CODA-accredited school.

- **30.4(1)** The board may impose discipline for the following violations related to licensure and registration:
- a. Fraud or deceit in procuring or renewing any license, permit, or registration, including any false or misleading statement of a material fact or omission of information required to be disclosed;
- b. Engaging in the practice of dentistry, dental hygiene, or dental assisting with a lapsed or inactive license, permit, or registration, or engaging in dental radiography with a lapsed or inactive dental radiography aualification;
- c. Engaging in the practice of dentistry, dental hygiene, or dental assisting without a license, permit, or registration, or engaging in dental radiography without a dental radiography qualification;
- d. Employing or permitting an unlicensed or unregistered person or a person with a lapsed or inactive license, permit, or registration to practice dentistry, dental hygiene, or dental assisting;



► T/F: A dental assistant trainee can provide suctioning under the supervision of a hygienist even if the dentist is not present.



► T/F: A dental assistant trainee can provide suctioning under the supervision of a hygienist even if the dentist is not present.

True. IAC 650—1.1 defines personal supervision to allow a dentist to delegate the supervision of a dental assistant trainee to another licensee or registrant.

"Personal supervision" means a licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.



► T/F: Dental assistant trainees must always work with another licensee or registrant.



T/F: Dental assistant trainees must always work with another licensee or registrant.

True. Dental assistant trainees are required to work under personal supervision.

"Dental assistant trainee" means any person who is engaging in on-the-job training to meet the requirements for registration in accordance with lowa Code section 153.39 and who is learning the necessary skills under the personal supervision of a licensee or registrant. Trainees who are 18 years of age or older may also engage in on-the-job training in dental radiography pursuant to rule 650—22.3 (136C,153).

"Personal supervision" means a licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.



T/F: Direct supervision requires the dentist to be in the treatment room while services are being provided.



► T/F: Direct supervision requires the dentist to be in the treatment room while services are being provided.

False. IAC 650—1.1 defines the level of supervision. Direct supervision does not require the dentist to be in the treatment room.

"Direct supervision" means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room, or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.



► T/F: Once you have reported continuing education hours to the Board, you must keep the certificates of attendance for 4 years.



► T/F: Once you have reported continuing education hours to the Board, you must keep the certificates of attendance for 4 years.

True. IAC 650—Chapter 25 establishes the minimum requirements for continuing education.

25.3(1) Every licensee or registrant shall maintain a record of all courses attended by keeping the certificates of attendance for four years. The board reserves the right to require any licensee or registrant to submit the certificates of attendance for the continuing education courses attended. If selected for continuing education audit, the licensee or registrant shall file a signed continuing education form and submit certificates or other evidence of attendance.



► T/F: Reporting incorrect treatment dates to obtain reimbursement is considered unethical.



► T/F: Reporting incorrect treatment dates to obtain reimbursement is considered unethical.

True. Claims for reimbursement must be accurate and correct.

27.7(5) A dentist who submits a claim form to a third party reporting incorrect treatment dates is engaged in making unethical, false or misleading representations.



► T/F: If a person is unaware of a law, they can claim ignorance of the law as a defense.



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False. This is one of the reasons, the Board updated continuing education requirements for renewal. It became apparent that licensees/registrants were sometimes unaware of what Board rules require or prohibit. By requiring a minimum of 1 hour in jurisprudence at every renewal, the Board hopes to minimize rule violations with increased education in this area.

25.4(5) Jurisprudence. Beginning September 1, 2018, licensees and registrants shall complete continuing education in the area of lowa jurisprudence related to the practice of dentistry, dental hygiene and dental assisting. Licensees and registrants shall furnish evidence of continuing education completed within the previous biennium in the area of lowa jurisprudence. Completion of continuing education in the area of lowa jurisprudence shall be credited toward the required continuing education requirement in the renewal period during which it was completed. A minimum of one hour shall be submitted.



▶ T/F: An employee shall not be dismissed from employment, and shall not be discriminated against by an employer because they filed a complaint with the Board.



T/F: An employee shall not be dismissed from employment, and shall not be discriminated against by an employer because they filed a complaint with the Board.

True. lowa Code 272C.8 and IAC 650—30.4(8)e prohibits employers from terminating employees because he or she filed a complaint with the Board.

- **30.4(8)** The board may impose discipline for the following violations related to board investigations:
- a. Knowingly providing false information to the board or an agent of the board during the course of an inspection or investigation or interfering with an inspection or investigation;
- b. Failure to comply with a subpoena issued by the board;
- c. Failure to fully and promptly comply with office inspections conducted at the request of the board to determine compliance with sanitation and infection control standards or sedation permit requirements;
- d. Failure to cooperate with a board investigation; or
- e. Retaliating against, threatening, or coercing any person for filing a complaint with the board or cooperating with a board inspection or investigation.

Additional Information:



- All Board rules and state laws are available on the Board's website.
- lowa Dental Board 400 S.W. 8th St, Suite D Des Moines, IA 50309 Phone (515) 281-5157; Fax (515) 281-7969 Email: IDB@iowa.gov
- Website: https://dentalboard.iowa.gov