

Report on State Board of Dentistry (SBOD) Meeting October 28, 2011

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I attended the SBOD meeting in Harrisburg Oct. 28, 2011. There are two new members of the Board , Dr. John DeFinnis of Berwick, PA and Theresa Groody, Director of Professional Studies at Harcum. Dr. DeFinnis was present but Ms. Groody was not as she was presenting at a CE class.

Report of Prosecutors

Case #1- Temporary suspension for a dentist with alcohol issues that are not in recovery. The SBOD recommended a temporary suspension until he goes to inpatient Rehab. He can then appeal after three months of inpatient treatment..

Case #2- A dentist who was licensed for 10 years had several instances of retail theft. The SBOD recommended an indefinite suspension that would be stayed if he went into therapy with monthly monitoring for three years.

Status of Regulations

EFDA Scope of Practice- The regulations have been published, there was public comment and they are waiting for independent regulatory review by November 19, 2011 and then the regulations will be presented by the Dec 2011 or Jan 2012 meeting.

Report of Board Chairperson

RFP-EFDA Testing. To ensure that it was written properly, they have to correct the original version that was problematic while being aware of the cost, efficacy and depth of quality of the exam.

Committee Report

**American Assoc, of Dental Boards-Liaison Board Member- Dr. Deem attended the meeting at the ADA meeting and reported on the Federal Trade Commission vs NC case. The issue is not just whitening but the attempt by the FTC (a Federal agency) to undermine state authority. The FTC claims that since the Board is composed of dentist, it is ipso facto anti-competitive restraint of trade. If so, then nationwide over 2000 state Boards will then be subject to the whims of the FTC. This is worth watching....**

Senate Bill 388- minimal Malpractice. Sen Vance's bill requiring mandatory minimal coverage of \$1 million,/\$3 million is having an amendment proposed that would allow the SBOD to adjust minimal levels of required coverage based on geographic variations but it is thought that this might not have a chance because it will " muddy the bill" and make it more complicated. (last comment based on discussion with others in attendance who are in on negotiations

There were two reports

- 1) CDHC Oversight Meeting- Mary Ellen Brickley (SBOD member) and Darcy Cavalucci spoke on the Oversight Committee that was held on Wed Oct 26 at a Community Outreach Center in West Philadelphia. Which I attended via telephone conference. The discussion centered on Public Health Hygienist and how the CDHC might work with them to increase education, awareness and efficiency in Public Health setting to make it financially more viable by having them take radiographs and do preliminary screening. Two issues were raised
  - a) Since the radiographs are available to a dentist in a remote location, is this direct supervision or indirect and how does this change in a digital age?
  - b) Since they are working under the supervising dentist, what is the liability issue? In the Federal settings, the Federal Tort Claims Act would be the overriding factor unlike private sector. It was commented that anything they could do (fluoride varnish) is reversible and liability is likely to be low.

\*\*Dr. Siegel stated that after the trial period, if they want to advance the program, they would have to consider a new class of provider (CDHC) and delineate their role and responsibilities. Since Pennsylvania is one of three states and the only one with an urban model, other states will look to PA for guidance.

\*\*At the Wed. meeting, Dean Ismail stated that his vision was to have CDHC work under the auspices of the DMD with the Public Health Hygienists to make it more efficient, especially for financial reasons. He stated that they have gotten tougher standards for admissions and have seen the dropout rate decrease in the current class.

- 2) Laurie Rock- Director. Program Integrity- Public Assistance  
She reported on the issues and new regulations regarding public assistance and limitations on those who are banned from the program as well as new background checks. There are three levels of checks for high risk, moderate risk and limited risk ( for fraud) and dentists fall into the limited risk category which will check for valid licenses

and to see if they have ever been banned from Federal programs and if they were on the banned list. There is now a revalidation process every 5 years instead of once lifetime which includes date of birth, social security number and tax ID # of managing employees and controlling employees (ownership of more than 5%). If ANY have ever been banned from Federal programs, it affects the entire office. Her point was that overpayments have to be returned quickly (within 30 days) or a fraud investigation would be initiated and her presentation made it seem to this observer that they are looking to investigate fraud. Dr. DeFinnis and an endodontist who is the legislative affairs liaison for the PDA both raised an issue with her. With public assistance no longer covering adult endodontics there are situation where people on public assistance want to and are willing to pay out of their own pocket for the procedure. However the way the program is currently structured, the office or school or clinic that accepts public assistance that wants to do the endo for the patient must submit a preauth, have it rejected and then the patient can sign a waiver saying that they would e responsible for the costs.

both doctors explained that the current process is impractical In the case of endo which involves pain and immediate treatment and if an office went ahead with patient consent but without the rejection, they could be liable ( if DPA wants to be technical) for prosecution They asked that the policy be made more user friendly.....and she said she would investigate.