

## **Report on State Board of Dentistry Meeting 12/09/08**

The board welcomed new member Bonnie Fowler. She will serve as a public member.

### **A. Prosecutorial Division**

The meeting started with a report of the prosecutorial division. The disciplinary actions were directed at several dentist and EFDA's for practicing without a license and or employing an EFDA practicing without a permit. There were also some actions directed at several dentists who committed violations in other states but hold a PA license as well. This dentist stated that he had completed a residency program that he had not yet completed when applying for specialty license. Another was suspended until he could demonstrate competence to treat patients. He had voluntarily presented to a mental health facility.

Board Council reports several appeals to board actions to revoke licensure. They are also pursuing the possibility of allowing community service in lieu of certain fines.

### **B. Annual reports**

1. Legal – The department is making effort to reduce and clear cases and to speed up processing. Several issues raised involve the state's rules and procedures involving expert witnesses. There were 123 disciplinary actions 37% considered serious. The actions involve only .5-1% of all dentists.
2. Bureau of enforcement and investigation – they are responsible for acting on complaints and inspections. They conducted 104 investigations arising from 12-15,000 complaints.
3. Budget – Revenue of 2.86 million mostly from renewals. They discussed aspects of different budget items. The recommendation from the presenter was that at this time they anticipate no need for fee increases.

### **C. Report of Board Chairperson**

The board chairman spoke about the newsletter. He was interested in using the newsletter to get more information distributed. He gave the board several newsletters from other states that had more content. He called for a board member to serve as editor to compile additional informational articles. There was also inquiry into the status of the current newsletter which is apparently way behind schedule.

He also proposed a reworking of committee structure to eliminate unneeded committee and to also reduce the size of the committees to improve efficiency.

There has been no action on the CDHC as of yet. Legal is still looking into it. The board definitely wants oversight and would like all of the professional associations involved as well. Member Siegel expressed concerns that the CDHC candidates will be pulled from the existing assts EFDA's and hygienists from an already small pool. There was discussion of how this program could start in 2009 if the training is indeed 18 months long. The chairperson asked the licensure committee to draft a policy statement on the matter. Dr. Siegel would like input on the CDHC over-site committee the SBOD would like to develop; specifically from professional organizations such as PAGD and PDA

## **Report of Committees**

**Licensure-** They will develop policy statement on CDHC. They are continuing to refine the acceptance of the various regional boards to align themselves with the ADA recommendation. They will adopt this as proposed rule making and will vote on this next month.

**Ethics** – sexual misconduct rules are currently being published. The committee will be looking at ethics related to applying for licensure and issues with false info being submitted in applications.

Local Anesthesia – presented public comments at this meeting. They addressed the issue of a hygienist applying concurrently for both licensure and anesthesia. They also discussed the semantics of whether local anesthesia is “practicing dentistry” vs. “an intraoral procedure”. They also discussed that radiographs taken by PHDP (public health dental practitioner) and when they should be read by a dentist. They want to be sure there is clear language in the rules regarding this.

## **Scope of Practice Committee**

The Scope of Practice Committee presented a draft for discussion. The draft included the following:

1. **non dentist tooth whitening-** Whitening procedures performed outside the dental office places the patient at risk for 1. an environment not adhering to CDC guidelines 2. exposure to excessive bleaching agents which may cause damage to the teeth and surrounding structures. 3. Improper exposure to bleaching light causing trauma to adjacent tissue and potential adverse reactions with photoreactive drugs. And 4. dentin sensitivity

The discussion centered on all tooth whitening procedures shall be conducted by a dentist or under the direct supervision of a dentist and they regulate the physical conditions of the human teeth. This was only first stage discussion.

2. **botox treatment by dentists** – there initial thoughts and discussions were that dentists who use dermal fillers and botulism type A in practice must limit their use to associated structures of the human teeth and jaws. There was also a mention that this should be open to all dentist with appropriate training and not just Oral surgeons.
3. **laboratory issues relating to lead in crowns and foreign dental labs-** The discussion on this topic was varied. Some were concerned with informing patients and to the point of origin, while others felt that there would be too much info for patients to digest. They also were concerned with the burden of getting the correct information.

Finally they address the letter that Ed Enriquez submitted regarding aligning anesthesia requirements with ADA. Given the opportunity, Ed and Dan addressed the board and suggested that there was a need for another tier of permit allowing for redosing when performing enteral conscious sedation along with appropriate educational requirements in between the 1 and 2 sedation permits. They mentioned that they felt the current

regulation prevented them from treating patients that they were previously treating. Well done gentlemen.

WEW! That's all folks

Respectfully submitted  
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Legislative chair