

## **Report on State Board of Dentistry Meeting 3/20/09**

### **A. Prosecutorial Division**

Nothing pertinent was reported

### **B. Report of Board Chairperson**

Chairman Reitz reported that CREDX exam pulled out of ADEX alleging that the hygiene exams were compromised and alleging that NERB was voting as a block. The implication of this is that it takes us further away from there being 1 exam that everyone takes instead of a bunch of different regional exams.

He also briefly mentioned that other states had begun using fingerprinting in the licensure process and that this board may want to look at incorporating it as well. Nothing further was mentioned.

### **Report of Committees**

#### **Scope of Practice Committee-**

There was a brief discussion about the whitening issue. The board had previously developed a position that tooth whitening did indeed fall into the practice of dentistry and should be provided only by a dentist, hygienist, EFDA, or properly trained auxiliary. This has gone on to rulemaking. They said this to clarify their position. They are going to put this through rulemaking rather than just developing a policy statement in order to make it stronger and allow for prosecution if needed.

#### **Hygiene Scope of Practice**

There was a long discussion on the final rulemaking for this subject. After public comment the rules were modified to reflect the proposed changes. Several of these changes were initiated by the PAGD position letter sent to the board. We had suggested that 3 hours of the 15 required should be anesthesia related. Mary Ellen Brickley-Raab had some objection to this but the change was retained in the final rulemaking. We had also proposed that any x rays taken by an independently practicing hygienist be reviewed within 1 week but after much discussion this was changed to 1 month. A lengthy discussion also ensued regarding the nature of direct supervision when a hygienist is giving local anesthesia. In the case of an independent Hygienist delivering local anesthesia the standard switches from general to direct supervision. The board was concerned that the new language might require the doctor to exam the patient at each visit before the injection by Hyg. , after the injection, and at the end of the procedure. They did not intend this. They wanted the doctor to determine the need for treatment and anesthesia. If the patient then scheduled for another date, the doctor would not have to examine the patient again until after the whole procedure unless there was a change in medical history. The intent of having hygienists delivering local anesthesia was not to increase the supervision but rather to free up the doctor to increase capacity to treat others thus improving access to care. The final result was the approval of the changes in 3 hours of CE and having the xrays reviewed within 1 month.

#### **Anesthesia Regulation**

They will most likely open this up for rulemaking in order to change a few definitions. There is already a statute in place that cannot be changed. They can however change the definition of minimal and moderate sedation. They can also clarify the different forms of sedation.

**EFDA Program Approval (HB602)**

There are a couple of bills and amendment that are floating around the House. The main one HB602 would add an EFDA and a Dentist to the state board and would allow EFDAs to do coronal polishing and to do fluoride treatments and varnish. An amendment was added to state that EFDAs could not do surgical or cutting of hard or soft tissue. Another separate bill exists that only adds an EFDA and a Dentist to the state board, with no scope of practice changes

That's all folks

Respectfully submitted  
Eric N. Shelly DMD, FAGD  
Legislative chair