2013

North Dakota State Board of Dental Examiners

PRESIDENT'S MESSAGE

Now into the 8th year as a member of The North Dakota State Board of Dental Examiners, I must say what a pleasure it is working with such dedicated and hard working individuals. There have been many challenging decisions made during this time. But, it has been a privilege working through the challenges with your Board of Dental Examiners. I want to personally thank each board member for all they do for the citizens of North Dakota who we each are appointed to protect. Of course, I would be remiss without adding a huge thank you to our Executive Director, Rita Sommers, who keeps this Board running so smoothly.

It has been a very busy year for the Board of Dental Examiners. Dr. Dale Brewster, as Chair of the Complaint Committee, has investigated and prepared each complaint for Board Members to review at our quarterly meetings. Thank you Dr. Brewster and all the committee members for your hard work put into this area.

As I'm sure you've all seen in the newspapers and on the local news, there has been an enormous influx of new dentists and dental hygienists in our State this last year or two. We anticipate the additional work for the Board in processing these applications and ultimately licensing practitioners will mean further access improvement for citizens seeking dental care.

A very important issue was initiated this year during the Legislative session that would have provided regulation of a mid-level dental provider. The Board continues to be active testifying before Legislative committee hearings and meetings as a result of the Legislature's decision to study the issue in greater depth. The Board's objective has been to provide factual information related to requirements and the process of licensure for the Legislative bodies involved. House Bill 1454, prior to the amendment to study this issue before implementing changes, contained language almost identical to Minnesota's laws regulating dental therapists. The ND Board determined that the legislation posed potential issues that contradicted the Board's mission to protect the public including considerable discrepancies between the testing and accreditation required for licensure of dentists, hygienists and assistants and testing and accreditation required for the dental therapist. The Board will continue efforts to be involved in discussions as Legislative members address access to care issues.

Few, if any, other states are as involved in the national examination process as our examiners are. We continue to provide clinical board examiners for major examining agencies in both dental and dental hygiene exams. The Board makes a determination as to which clinical examinations must be required for initial dental and dental hygiene licensure. Therefore, it is critical to recognize what each agency is evaluating to ensure candidates for initial licensure demonstrate minimal competency on all skill sets necessary to practice dentistry in our state.

Lastly, the NDSBDE is in the process of updating its web site for easier access to information as well as documents both candidates and licensees may need. Changes are expected to make the site more user-friendly and ultimately will permit all CE information and license renewals to be submitted online.

Thank you for the opportunity to serve. Thank you as well to all Board Members and Rita for all they do for our great State. Please contact the Board office or any Board member should you have any questions about which we might answer.

Rita Sommers presents Rob Lauf, DDS, with a plaque in celebration of his service to the Board. Troy Petersen, DMD, MD, was also honored for service to the Board.

A.G. Malaktaris, DDS
President, NDSBDE

A Look Inside

MEMBER DIRECTORY

PRESIDENT
Anthony Malaktaris, DDS
Mandan
Term expires 2015

PRESIDENT ELECT
Dale Brewster, DDS
Stanley
Term expires 2016

IMMEDIATE PAST PRESIDENT
Troy R. Petersen, DMD, MD
Grand Forks
Term expires 2014

SECRETARY-TREASURER And PUBLIC MEMBER
Wally Berning
Minot
Term expires 2018

MEMBER
Robert C. Lauf, DDS
Mayville
Term expires 2016

MEMBER
Catherine Cornell, RDH
Fargo
Term expires 2016

MEMBER
Greg A. Evanoff, DDS
Minot
Term expires 2016

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New Laws In Effect

MANDATORY REPORTING OF ABUSE & NEGLECT OF A VULNERBLE ADULT:

Effective August 1, 2013, North Dakota law contains a list of professionals including dentists and dental hygienists who are mandated to report abuse, neglect, and exploitation of vulnerable adults. (See 2013 ND SB 2323). **Any person** may voluntarily report to the ND Department of Human Services or to law enforcement.

What Must Be Reported: A mandated reporter **is required to report as soon as possible** if, as a result of information acquired by the reporter in his or her official or professional capacity, the reporter:

- Has knowledge that a vulnerable adult has been subjected to abuse or neglect; or
- Observes a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect.

How to Report: Contact one of the following offices to reach Vulnerable Adult Protective Services or contact law enforcement.

Bismarck Region	Katie Schafer	701-328-8868	888-328-2662
Devils Lake Region	Kim Helten	701-665-2269	888-607-8610
Dickinson Region	Rene Schmidt	701-227-7582	888-227-7525
Fargo Region	Cass Co. Social Services	701-241-5747	
Grand Forks Region	Bernie Hopman	701-795-3066	888-256-6742
Jamestown Region	Danelle Van Zinderen	701-253-6396	800-260-1310
Minot Region	Deb Kraft	701-857-8582	888-470-6968
Williston Region	Kayla Fenster	701-774-4685	800-231-7724

If the vulnerable adult is in immediate danger, please call law enforcement immediately and then one of the numbers listed above.

What to Include in the Report:

To the extent reasonably possible:

- Name, age, and residence address of the alleged vulnerable adult.
- Name and residence address of the caregiver (if any).
- Nature and extent of the alleged abuse or neglect or the conditions and circumstances that would reasonably be expected to result in abuse or neglect.
- Any evidence of previous abuse or neglect.
- Any other information that, in the reporter's opinion, may be helpful in establishing the cause of the alleged abuse or neglect and the identity of the individual responsible for the alleged abuse or neglect.

Penalty:

- Any person required to report who willfully fails to do so is guilty of an infraction and subject to a fine up to $1,000.

Definitions:

- "Abuse" means any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable adult.
- "Neglect" means the failure of a caregiver to provide essential services necessary to maintain the physical and mental health of a vulnerable adult, or the inability or lack of desire of the vulnerable adult to provide essential services necessary to maintain and safeguard the vulnerable adult's own physical and mental health.
- "Vulnerable adult" means an adult who has a substantial mental or functional impairment.
- "Substantial functional impairment" means a substantial incapability, because of physical limitations, of living independently or providing self-care as determined through observation, diagnosis, evaluation, or assessment.
- "Substantial mental impairment" means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, or ability to live independently or provide self-care as revealed by observation, diagnosis, evaluation, or assessment.

Additional definitions are found in North Dakota Century Code section 50-25.2-01 available at www.legis.nd.gov/cencode/t50c25-2.pdf?20130702181453.

Additional Resources

- For more information, visit www.nd.gov/dhs/services/adultsaging/

We overhauled the website…

www.nddentalboard.org

And you're gonna love it! In addition to our new website design with easier navigation, you will benefit from its high functionality. Whether seeking a dentist or searching other board related information, users will have easy access. Licensees will enjoy a friendly new design and other conveniences with information just a click away.

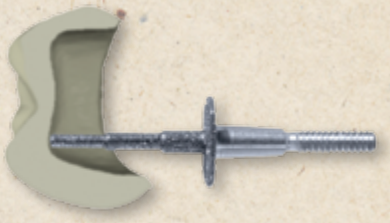
The Board selected its *most tech savvy* member to kick the tires and look under the hood (umm... Dr. Brewster, hello...right click... Dr. Brewster... RIGHT click!!). Actually, Dr. Brewster proudly remains the most *tech challenged member* of the Board. Dr. Brewster, who generally would prefer to be fishing on a line rather than surfing online, said it looked pretty good which is a huge compliment from a guy who does not think smart phones are very smart and likes his 90s model flip phone just fine.

The NDSBDE is dedicated to providing real time information on license status, upcoming meetings and events, legislative activity and most recent laws and amendments. We hope that you will enjoy browsing our new site, finding more options and information each time, and that it will be yet another tool for strengthening communications. Look for the new site to go live after the renewal period for dentists and hygienists ends, January 2014.

Document Your Clinical Treatment

Your patient's clinical treatment notes are legal documents and are an important source of evidence in the event a complaint is submitted to the Board. Treatment records, when thoroughly recorded and complete in every way, are also the practitioner's best way to verify that appropriate decisions were made and treatment rendered in the event of any subsequent grievance. The ADA Council on Dental Practice Division of Legal Council states that *"The dental team should be very meticulous and thorough in the dental office recordkeeping tasks. All information in the dental record should be clearly written, and the person responsible for entering new information should sign and date the entry. The information should not be ambiguous or contain many abbreviations. In practices with more than one dental practitioner, the identity of the practitioner rendering the treatment should be clearly noted in the record. All entries in the patient record should be dated, initialed and handwritten in ink and/or computer printed."* When the board reviews patient records while investigating a complaint, if the procedure, medication, opinion or treatment was not documented, it didn't happen.

CEREC Crown Fabrication



Many dentists have **successfully integrating CEREC technology** into the daily practice of dentistry. Although technology dictates how the crown is milled, the Board's consensus is that **only the dentist is permitted to take an image or impression that would result in the fabrication of permanent crowns** or fixed prosthetic appliances. The issue was brought to the attention of the board by a dentist who was visited by the CEREC representative stating that the dental assistant could be utilized in the **image production aspect during fabrication of the CEREC crown.**

CEREC could be one of the most researched technologies in dentistry and is characterized as a sound restorative technology. **The Board does not regulate the technology,** rather the scope of practice of those who utilize the technology. Registered dental assistants may, however, make impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, study casts and removable prosthetic repairs. **A registered dental assistant may also adjust a crown outside of the mouth.**

Disiplinary Actions

Complaint Committee Chair, Dale Brewster, DDS

The board took action against the license and registration of the following licensees for violations which include violations whereby the dentist directed others to perform acts or provide dental services for which they were not licensed or qualified or were prohibited by law or rule from performing or providing; engaged in dishonorable, unprofessional, or immoral conduct or abandoned the dentist's practice in violation of rules adopted by the board.

First Name	Last Name	License No.	Action	Date
Stephen	Ricks, DDS	1533	Settlement Agreement Letter of Reprimand	May 2013
Steven	Hoium, DDS	1675	Order of Revocation	June 2013

Annual Report Of The North Dakota State Board Of Dental Examiners

July 15, 2013

The Mission of the North Dakota State Board of Dental Examiners is to protect the dental health of the citizens of North Dakota by regulating the practice of dentistry and dental hygiene through the enforcement of laws, rules and policies. The board requires competency and ethical behavior in all areas of the practice of dentistry.

2013 OFFICERS AND MEMBERS OF THE NDSBDE

Member	Location	Date term ends
Tony Malaktaris, DDS, President	Mandan	3-15-2015
Dale Brewster, DDS, Pres - Elect	Stanley	3-15-2016
Wally Berning, Sec-Treasurer Public Member	Minot	3-15-2018
Troy Petersen, DMD, MD	Grand Forks	3-15-2014
Cathy Cornell, RDH	Fargo	3-15-2016
Rob Lauf, DDS	Mayville	3-15-2016
Greg Evanoff, DDS	Minot	3-15-2017

The Board is comprised of five standing committees; Legislative, Complaints, Continuing Education, Anesthesia and Application Review. Responsibilities of committee chairs include ensuring that matters directed to committees are addressed in a timely fashion and reporting committee work at quarterly meetings. Chairs of those committees and highlights of activities are as follows:

LEGISLATIVE COMMITTEE

Chair, Rob Lauf, DDS

Introduced and passed in the 2013 legislative session by the NDSBDE, SB 2084 addressed continuing education records for dental hygienists and assistants; deletion of the obsolete term "modified supervision"; a subsection which allows the NDSBDE to enter into an agreement with the ND Board of Medical Examiners related to the Practitioner Health Program; recognizing the Canadian National Board, in lieu of the JCNDE's National board in the process of granting dental license; and a provision to allow the Board flexibility in administering the laws and rules examination. Housekeeping amendments were included.

The Board testified against the HB 1454 which provided language to introduce a dental therapist. The bill contained several problems amid structure of the language; licensing criteria were inconsistent with those for existing licensees; the bill failed to recognize existing statute; and the proposed language failed to focus on the solution to the issue which turned out to be an attempt to address the Turtle Mountain IHS dental clinic's lack of dental workforce. The Board's role is to ensure that only competent and trained practitioners enter the dental workforce providing services within the scope and training of their dental education. The NDSBDE could not support the Legislation and was not given an opportunity to provide informed and rational input regarding a dental therapist. Without the support of many stakeholders, the revised HB was defeated. An amended proposal was subsequently adopted requesting the Legislative Council study the issue and report back to the Legislature with a recommendation. The NDSBDE also spoke against SB 2202 arguing that the information intended to create professional transparency for health care practitioners was redundant as proposed language addressing dentists could also be found in the NDCC Ch 43-28. The Board continues its work to collaborate with dental health entities to address issues that may result in legislative activity. Barriers to dental care issues have been a dynamic topic on the agenda of many dental stakeholders. Miscellaneous "housekeeping changes" may be addressed in the next legislative session.

Proposed amendments to Administrative Rules are forthcoming.

COMPLAINT COMMITTEE

Chair, Dale Brewster, DDS

Licensees and registrants whose fitness to practice or performance has been called into question usually end up before the NDSBDE's Complaint Committee. The Board addressed a total of 29 complaints in the period of 12 months June 30th to July 1st, 2013 two less than were reviewed during the same time one year earlier. In addition to actions pending, the Board took disciplinary action resulting in revocation of one dental license, one letter of concern issued; one letter of reprimand; and one dental hygiene license denied. The disciplinary actions addressed statute violations related to: directing unlicensed or unqualified auxiliary to perform procedures they are not authorized to perform; unprofessional conduct, failure to report to the Board as required under section 43-28; practice abandonment, and failure to provide medical records.

CONTINUING EDUCATION

Chair, Catherine Cornell, RDH

Most inquiries related to the revisions of code are in regard to continuing education requirements and approval for continuing education courses. Sponsors of any continuing education program must assure courses being offered are approved by the NDSBDE's CE Committee by submitting the CE approval form which can be found on the Board's web site (www.nddentalboard.org). The form asks for program content information and course outline as well as presenter CVs. Inquiries regarding approval must be submitted directly to the Board 60 days prior to CE event. Continuing education requirements allow 16 of the 32 required hours to be online clinical education. Two hour ethics and jurisprudence CE is required as part of the 32 hours for dentists, and 16 hours for dental hygienists and dental assistants (8 online education hours allowed) during each two year renewal cycle.

An online version of the open book ethics and jurisprudence exam is available to licensees at no cost. To take the online exam, go to the Board's web site. The licensee is required to enter first and last name exactly as it appears on your license and registration, license number and your SSN. Once 60 questions are answered correctly, the exam is completed and 2 CEU's are awarded electronically. In the event that the test is completed and not enough questions have been correctly answered, the incorrectly answered questions re-appear in random order until the required number has been answered correctly.

ANESTHESIA COMMITTEE

Chair, Troy Petersen, DMD, MD

The Board receives many inquiries regarding minimal sedation requirements. When nitrous oxide/oxygen is used in combination with any additional single enteral drug, a minimal sedation permit is required. The NDSBDE recognizes that dentists who lack appropriate education and training for such procedures put patients at risk. For this reason, the Committee requires permit applicants to have predoctoral or advanced training, exposure and/or experiences in anxiety and pain control. These requirements are included for minimal and moderate sedation permit applicants. Site evaluations are required for all sedation permits. Site evaluation information can be obtained from the Executive Director. Sedation permit holders are required to have 4 CEU's related to sedation upon renewal of the sedation permit.

APPLICATION REVIEW COMMITTEE

Chair, Rob Lauf, DDS

ND statute requires licensed North Dakota dentists to self-report within 60 days information regarding any illegal, unethical, or errant behavior or conduct including dental malpractice judgment or settlements [See 43-28-18.1 Duty to report.). Failure to report such incidents to the Board is grounds for disciplinary action [See 43-28-18.21] The Application Review Committee reviews applications when licensees have reported any action taken by law enforcement or other sanctioning bodies. The Committee monitors the license status and events which may influence public safety and which would therefore be of concern to the Board. The Board deliberated over several applicants during the past year who self-reported incidents such as DUI's; misdemeanors; and legal deliberations.

LICENSE STATUS:

Registrations expire on December thirty-first 2013 for registered dental hygienists and dentists (dental assistants renew in even numbered years). The Board reminds all licensees of the importance of timely completion of the renewal process. The Board is unable to make exceptions for tardy renewals and must enforce statute related to the renewal process. It is the responsibility of all licensees to inform the board of their current mailing address to insure notification for renewals and other Board communications [See NDCC § 43-28-23].

WEB SITE STATUS:

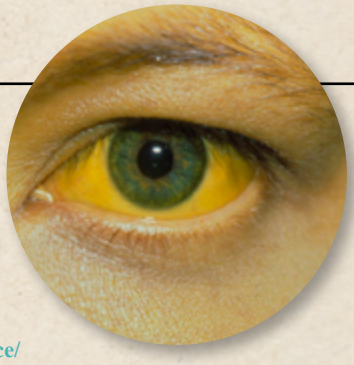
Web site updates will soon be implemented as the Board moves to increase security and provide a more efficient and user-friendly web presence. The online Ethics and Jurisprudence Examination has been successful and the Board encourages licensees to take advantage of the online exam to fulfill the ethics and jurisprudence CE requirement. The exam has been designed as an educational tool in that the test is an open book quiz, and the test is fail-proof since improperly answered test questions will reappear if a passing score is not achieved at or before the conclusion of the 90 questions. Answering 60 questions correctly automatically concludes the test. Upon successful completion of the quiz, the licensee is credited for 2 hours of continuing education toward the ethics and jurisprudence CE requirement. There is no cost for taking the exam.

Respectfully submitted,
Rita Sommers, Executive Director

Licenses and registration statistics for 7/15/2012 - 7/14/2013

Licensee	In state	Total licenses	Inactive license
Dentist	394	455	34
Dental hygienist	555	790	60
Dental assistant	526	610	n/a
TOTAL OF ALL LICENSES:			1855

OSAP Offers Hepatitis C Prevention Informational Toolkit



In light of a recent announcement of the first documented patient-to-patient transmission of hepatitis C virus (HCV) in a dental practice, the Organization for Safety, Asepsis and Prevention (OSAP) is offering some members-only resources to the broader dental community to help support compliance efforts for safe infection prevention practices.

The HCV case stems from the public health investigation of a Tulsa, Oklahoma oral surgical clinic in which current and former patients of the practice may have been exposed to bloodborne viruses. The Oklahoma State Department of Health and Tulsa Health Department released an interim status report on September 18 on the results of their public health investigation.

"This is the first documented report of patient-to-patient transmission of hepatitis C virus associated with a dental setting in the United States," said Dr. Kristy Bradley, Oklahoma State Epidemiologist. Dr. Bradley spoke at OSAP's 2013 Infection Prevention Symposium in June. "While dental procedures are generally safe, this reinforces the importance of adhering to strict infection control procedures in dental settings."

With the amount of media coverage this case is receiving, OSAP believes the time is right for the dental team to have a conversation about infection control and bloodborne pathogens, especially hepatitis C. OSAP has developed a free downloadable hepatitis C toolkit featuring relevant regulations and guidelines, best practices, instructional resources and patient resources available to its members. It can now be accessed by every dental professional at www.osap.org/?page=Issues_HepC.

A summary of Dr. Bradley's June lecture describing the investigative process in this case that includes key takeaways, implementation steps and hyper-linked resources can be found on pages 2-3 of the 2013 OSAP Symposium Proceedings, available at the following link, https://c.ymcdn.com/sites/osap.site-ym.com/resource/resmgr/Symposium_2013/OSAP.2013Symp.Proceedings.pdf.

The Oklahoma State Department of Health's announcement can be found at the link below: http://www.ok.gov/health/Organization/Office_of_Communications/News_Releases/2013_News_Releases/Public_Health_Investigation_of_Tulsa_Dental_Practice.html.

Additional resources are available through OSAP's website, www.OSAP.org, the Centers for Disease Control and Prevention (CDC) at www.CDC.gov and the American Dental Association at www.ADA.org.

About OSAP

The Organization for Safety, Asepsis and Prevention is the world's leading membership association exclusively dedicated to preventing disease transmission and ensuring the safe and infection-free delivery of oral healthcare for all. As a nonprofit organization, OSAP helps dental practitioners close the gap between policy and practice. Its members include dental and other healthcare professionals, consultants, researchers and non-governmental organizations, manufacturing and distribution companies, policy makers, and academia. For more information, visit www.OSAP.org.

Legislative Action

The NDSBDE successfully moved Senate Bill 2084 into law effective August 1, 2013. The legislation addressed seven (7) issues, some items being housekeeping changes.

1) NDCC § 43-20-01.4 (Dental Hygienists and Assistants) requirements for maintenance of proof of continuing education are specified by adding "3 years" as a length of time required to maintain CE records. Language for the "random sample" is deleted. Upon renewal licensees are required to supply the board with satisfactory evidence of their continuing education.

2) NDCC § 43-20-03 Remove obsolete term "modified" add "Indirect". The outdated definition was deleted. Indirect supervision is the predominant level of supervision for most procedure(s) performed by dental hygienists and dental assistants.

3) NDCC § 43-28-06 (Dentists) added language "or rules adopted by this board". Currently the Board has the authority to take action against the license of a dentist, hygienist or dental assistant who violates Administrative Rule [see 43-28-18 Subsection 28], therefore this wording change provides a relocation of existing information rather than any additional law or rule. This amendment locates the information where anyone looking for Powers of the Board could find the information in the most straightforward location.

4) NDCC § 43-28-06(7) was added to enter into an agreement as prescribed under subsection 6 of section 43-17-07.1 A new subsection authorizes the NDSBDE to enter into an agreement with the Board of Medical Examiners. The amendment lays groundwork should the NDSBDE choose to participate with the North Dakota Board of Medical Examiners (NDBOME) program. The NDBOME has established a program where impaired or addicted licensees may voluntarily participate in a treatment program.

5) NDCC § 43-28-10.1(2) Adds "examining board of Canada" to accepted requirement for license in lieu of National Board. The National Dental Examining Board of Canada is the organization responsible for establishing and maintaining a national standard of competence for dentists in Canadian provinces. The educational requirement for licensure in nearly all U.S. states is graduation from a dental education program accredited by the ADA Commission on Dental Accreditation or the Commission on Dental Accreditation of Canada. Only graduates of Accredited Dental Programs are eligible to take the exam. For this reason, the NDSBDE accepts results of the National Dental Examining Board of Canada. The new provision does not abrogate the requirement for the clinical regional for licensure.

6) NDCC § 43-28-10.1(4). Delete "administered by the board at a meeting". Currently the Board requires all dental candidates to appear before the Board to take the laws/rules examination. Removing the language "administered by the board at a meeting" (referring to the laws/rules exam required for licensure) allows the NDSBDE more flexibility in administering the test.

7) NDCC § Remove "North Dakota licensed practicing". The definition of dentist [see Section 43-28-01 Subsection 5] is intended to mean an individual who has a license to practice in this state and who holds a valid biennial certificate of registration. Therefore the language that is redundant within the sentence was corrected

Proposed Administrative Rules Amendments

The following rules amendments are being proposed by the NDSBDE. Complete language has not been applied to the document. Once the Board adopts or amends the proposed rules, the language is reviewed and modified for final review by the Legislative Council, who may vote in favor of, against, or amend the document.

Chapter 20-01-02. Definitions. (The Board will determine a definition for oral assessment. The term is referenced in dental hygiene duties)**"Oral assessment"** means the evaluation of the oral cavity using a reliable and valid instrument permitted by scope of practice to document baseline status and changes. Areas assessed are buccal mucosa, soft and hard tissue, dorsum and border of tongue, and floor of mouth. **<OR> " Oral assessment"** means the evaluation of data pertaining to the patient's condition in terms which help identify dental problems so as to lead to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist.

Revise the definition: **"Oral hygiene treatment planning"** is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework to address the preventative, educational and clinical treatment needs of the patient ~~means the process of assessing and determining, by the dentist and the hygienist, the services the dental hygienist will perform, including preventative, educational, and instrumentation. This treatment plan is an organized sequence of events that is a part of the dentist's total treatment plan. The total treatment plan and diagnosis are to be determined by the dentist.~~

13. "Contiguous supervision" means that the supervising oral and maxillofacial surgeon whose patient is being treated has and has personally authorized the procedures to be performed. The supervising oral surgeon is continuously on-site and physically present in the treatment facility while the procedures are performed by the dental anesthesia auxiliary and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.

18. "Direct visual supervision" means supervision by an oral and maxillofacial surgeon by verbal command and under direct line of sight.

20-02-01-03.1 provides clarification of clinical boards accepted for license by examination:

The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-10.1 and all the following requirements:

2. The applicant has passed, within five years of application, a clinical competency examination. Required components shall include a patient based periodontal component, a patient based restorative component, an endodontic component, and a fixed prosthodontic component administered by one or more of the following:

a. Central regional dental testing service.

b. Council of interstate testing agencies.

c. Northeast regional board ~~of dental examiners, except after December 31, 2009, the examination approved by the American board of dental examiners.~~

d. Southern regional testing agency, ~~except the applicant must pass the periodontal part of an examination administered by another approved regional dental testing service.~~

e. Western regional examining board.

3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.

4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

20-02-01-03.3. Additional requirements for applications. Applications must be completed within six months of filing. The board may require an interview with the applicant.

20-02-01-04. Amendments to "Temporary license to practice dentistry" will allow the Board leeway in issuing temporary licenses and waiving fees. Examples of when the Board would utilize this level of leniency would be for projects whereby a dentist is from out of state and volunteering for a very short duration and in a very structured setting. "The board may grant a nonrenewable temporary license to practice dentistry in the state of North Dakota for a period not to exceed one year. ~~The temporary license will be issued only for special purposes that are unique and cannot be satisfied by the normal means to licensure.~~

1. A temporary license to practice dentistry in North Dakota may be granted to a dentist when the dentist:

a. Has applied to the board as prescribed in North Dakota Century Code section 43-28-11.

b. Has paid the nonrefundable application and license fee that may be prescribed by the board.

c. Holds an active dental license in another jurisdiction, has been a full-time student or resident of a dental program accredited by the American dental association's commission on dental accreditation within the last six months, or has held a North Dakota dental license within the previous five years.

d. Has provided a statement from the licensing authority of all the states in which the dentist is licensed that the dentist's license is unencumbered, unrestricted, and that the dentist's professional record is free of blemish for professional misconduct, substandard care, or violations of the state's practice act.

e. Has certified that no disciplinary actions are pending in other states or jurisdictions.

f. Has authorized the board to seek information concerning the dentist's professional and personal background and agrees to hold harmless those individuals who may provide such information to the board.

2. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the temporary license.

3. The board may restrict the licensee to engage in dental practice, as may be limited above, only at certain and specifically defined practice locations.

4. The Board may require the North Dakota jurisprudence examination.

20-02-01-04.2. Volunteer license to practice dentistry. Language was amended to allow the Board leeway to waive a fee for the volunteer. The board may collect from the applicant has paid the nonrefundable application and license fee prescribed by the board.

20-02-01-06. Continuing dental education for dentists. 6. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

20-02-01-08. Discontinuance of practice - Retirement – Discontinuance of treatment. Confusion still exists regarding the transfer of medical records. Adding a reference to the statute which provides costs for medical record charges and when the charges may be assessed may help alleviate this uncertainty. "These rules are adopted for the purpose of avoiding practice abandonment. A licensed dentist shall maintain 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 of the records, including dental radiographs or copies of the radiographs. The dentist may charge a nominal fee for duplication of records as provided by 23-12-14 but may not refuse to transfer records for nonpayment of any fees.

A NEW SECTION 20-02-05-11. Permit for the use of hyaluronic

acid dermal fillers and botulinum toxin for dental use.

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of hyaluronic acid dermal fillers and botulinum toxin by a dentist if the use is limited to the practice of dentistry as defined in 43-28-01(7) and directly related to the patient's treatment plan. Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the board may issue a permit to a dentist who applies on forms prescribed by the board and pays the fee as required by 20-05-01-01(1) to administer botulinum toxin or dermal fillers for the purpose of functional, therapeutic and aesthetic dental treatment purposes under the following conditions:

a. The dentist provides evidence of:

1) The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the Commission on Dental Accreditation of the American Dental Association; or

2) successfully completed a board approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic and peripheral nervous systems relative to peri-oral tissue, and facial architecture. and:

i) Patient assessment and consultation for Botox and dermal fillers;

ii) indications and contraindications for techniques;

iii) proper preparation and delivery techniques for desired outcomes;

iv) enhancing and finishing esthetic dentistry cases with dermal fillers;

v) botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;

vi) knowledge of adverse reactions and management and treatment of possible complications;

vii) patient evaluation for best esthetic and therapeutic outcomes;

viii) integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans;

ix) live patient hands-on training including diagnosis, treatment planning, and proper dosing and delivery of Botox and dermal fillers.

Dental Assistants

New duties for dental assistants adopted by the NDSBDE under **20-03-01-01. Duties.** A dental assistant may perform the duties listed in subsections 1 through 6 under direct supervision of a dentist. A qualified dental assistant may perform duties set forth in subsections 1 through 7 under direct supervision of a dentist. A registered dental assistant may perform the duties set forth in subsections 1 through 24 under indirect supervision of a dentist. A registered dental assistant may perform duties set forth in subsections 25 through 31 under direct supervision of a dentist. A registered dental assistant may perform duties set forth in subsections 32 and ~~33~~ 34 under general supervision of a dentist. A registered dental assistant authorized by permit may provide anesthesia duties set forth in subsections 35 under the contiguous or direct visual supervision. A registered dental assistant authorized by permit may provide restorative duties set forth in subsection 36 under the direct supervision of a dentist.

Expanded duties are added to Article 20-03 Dental Assistants:

34. Repack dry socket medication and packing for palliative treatment.

35. A registered dental assistant authorized by the board under contiguous supervision of an oral and maxillofacial surgeon may:

a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and

b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

36. A registered dental assistant authorized by the board under direct visual supervision of an oral and maxillofacial surgeon or dental anesthesiologist may:

a. Draw up and prepare medications;

b. Follow instructions to deliver medication into an intravenous line upon verbal command;

c. Adjust the rate of intravenous fluids infusion beyond a keep open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump;

e. Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency.

36. A registered dental assistant under the direct supervision of a dentist may:

a. place and carve and adjust amalgam or glass ionomer restorations; and

b. adapt and cement stainless steel crowns

c. place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel.

20-03-01-02 prohibited services: A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer ~~or titrate~~ local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. Placing a final restoration.
6. Contouring a final restoration, excluding ~~Adjust a crown which has not been cemented by a dentist.~~
7. Activating any type of orthodontic appliance.
8. Cementing or bonding orthodontic bands or brackets that have not been previously placed by a dentist.
9. Placing bases or cavity liners.
10. Scaling, root planing, or gingival curettage.
11. Measuring the gingival sulcus with a periodontal probe.

A New subsection is added to Article 20-03 Dental Assistants and providing requirements for a restorative function permit and a anesthesia dental assistant permit.

20-03-01-05. Registration of registered and qualified dental assistants.
An individual seeking registration as a registered or qualified dental assistant shall apply on forms prescribed by the board. The application must be notarized and include the application fee.

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, within one year of application.

(2) The applicant was certified by the dental assisting national board within one year of application.

(3) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.

(4) The applicant was certified by the dental assisting national board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.

b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.

c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.

d. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

2. The board may grant registration as a qualified dental assistant to an applicant meeting all the following requirements:

a. The applicant meets any of the following requirements:

(1) The applicant passed the infection control and radiation parts of the dental assisting national board examination within one year of application.

(2) The applicant passed the infection control and radiation parts of the dental assisting national board examination and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.

b. The applicant completed six hundred fifty hours of dental assistance instruction, including on-the-job training.

c. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.

d. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.

e. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

3. The board may issue or renew a permit to authorize a registered dental assistant to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery and meets the following requirements:

a. The applicant submits evidence on forms prescribed by the board that:

(1) The applicant has completed a board approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons.

(2) The applicant has completed a board approved dental anesthesia assistant education and training course and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.

b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support.

d. The applicant provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon or dental anesthesiologist where the registered dental assistant will be performing anesthesia assistant services.

4. The board may issue or renew a permit on forms prescribed by the board to authorize a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completes a board approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam, or

(2) Successfully passed the western regional examining board's restorative examination or other board approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate **five** years from the date of application and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.

b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

20-03-01-06. Continuing dental education for qualified and registered dental assistants. Each qualified or registered dental assistant shall provide evidence on forms supplied by the board that the qualified or registered dental assistant has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.

2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from publications and online education. The continuing education must include:

a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.

b. Two hours of infection control.

c. A cardiopulmonary resuscitation course.

d. For registered dental anesthesia assistant permit holders, two hours related to sedation or anesthesia.

e. For registered dental restorative assistant permit holders, two hours related to restorative dentistry.

4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.

5. All qualified or registered dental assistants must hold a current cardiopulmonary resuscitation certificate.

6. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

Article 20-04
Dental Hygienists

20-04-01-01. Duties. A dental hygienist may perform the following services under the general, direct, or indirect supervision of a dentist:

1. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist may also do root planing and soft tissue curettage upon direct order of the dentist.

2. Polish and smooth existing restorations.

3. Apply topical applications of drugs to the surface tissues of the mouth

and to exposed surfaces of the teeth, including anticariogenic agents and desensitizing solutions.

4. Take impressions for study casts.

5. Take and record preliminary medical and dental histories for the interpretation by the dentist.

6. Take and record pulse, blood pressure, and temperature.

7. Provide oral hygiene treatment planning after an oral assessment or dentist's diagnosis.

8. Take dental radiographs.

9. Apply therapeutic agents subgingivally for the treatment of periodontal disease.

10. Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids, rubber base, etc.).

11. Receive removable dental prosthesis for cleaning and repair.

12. Dry root canal with paper points.

13. Place and remove rubber dams.

14. Place and remove matrix bands or wedges.

15. Take occlusal bite registration for study casts.

16. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.

17. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, onlay, or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.

18. Adjust permanent crowns outside of the mouth.

19. Perform nonsurgical clinical and laboratory ~~oral~~ diagnostic tests for interpretation by the dentist.

20. Apply pit and fissure sealants. Adjust sealants with slow speed handpiece.

21. Place and remove periodontal dressings, dry socket medications, and packing.

22. Remove sutures.

23. Monitor a patient who has been inducted by a dentist into nitrous-oxide relative analgesia.

24. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.

25. Preselect and prefit orthodontic bands.

26. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.

27. Place and remove arch wires or appliances that have been activated by a dentist.

28. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.

29. Acid-etch enamel surfaces prior to pit and fissure sealants, direct bonding of orthodontic brackets, or composite restorations.

30. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.

31. Take face bow transfers.

32. Orally transmit a prescription that has been authorized by the supervising dentist.

33. Repack dry socket medication and packing for palliative treatment.

34. A dental hygienist authorized by the board under contiguous supervision of an oral and maxillofacial surgeon may:

a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and

b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

35. A dental hygienist authorized by the board under direct visual supervision of an oral and maxillofacial surgeon may:

a. Draw up and prepare medications;

b. Follow instructions to deliver medication into an intravenous line upon verbal command;

c. Adjust the rate of intravenous fluids infusion beyond a keep open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump;

e. Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency.

35. A dental hygienist under the direct supervision of a dentist may:

a. place and carve and adjust amalgam or glass ionomer restorations; and

b. adapt and cement stainless steel crowns

c. place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel.

20-04-01-02. Prohibited services. A dental hygienist may not perform the following services:

1. Diagnosis and treatment planning.

2. Surgery on hard or soft tissue.

3. Administer ~~or titrate~~ anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03 or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.

4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a dentist.

~~5. Placing a final restoration.~~

~~6. Contouring a final restoration, excluding~~ Adjust a crown which has ~~not~~ been cemented by a dentist.

7. Activating any type of orthodontic appliance.

8. Cementing or bonding orthodontic bands or brackets that have not been previously placed by a dentist.

9. Placing bases or cavity liners.

20-04-01-03. Duties of dental hygienists. A dental hygienist may perform the following services under the direct supervision of a dentist:

1. A licensed dental hygienist may apply for a permit to administer local anesthesia to a patient who is at least eighteen years old, under the direct supervision of a licensed dentist. To be considered for a permit, a hygienist must have successfully completed a didactic and clinical course in local anesthesia within the last twenty-four months sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia.

2. A licensed dental hygienist applying for a local anesthesia permit who has been permitted to administer local anesthesia and who has continuously administered local anesthesia during the past three years must provide verification of the permit and continuous use to the North Dakota board of dental examiners. Verification may consist of:

a. A letter from the accredited school with the school seal affixed. Photocopies will not be accepted.

b. A notarized copy of the certification of the local anesthesia course completed.

c. A notarized letter stating that the licensed dental hygienist has administered local anesthesia within the last three years.

d. A notarized copy of the dental hygiene transcript with the local anesthesia course recorded.

3. A licensed dental hygienist requesting a permit to administer anesthesia

who cannot provide verification as required in subsection 2 must retake and successfully pass a didactic and clinical course in local anesthesia sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association.

4. The board may issue or renew a permit to authorize a dental hygienist to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:

a. The dental hygienist submits evidence on forms prescribed by the board that:

(1) The applicant has completed a board approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons.

(2) The applicant has completed a board approved dental anesthesia assistant education and training course and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons and completed within two years of application sixteen hours of continuing education in accordance with section 20-04-01-08.

b.The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support.

d.Provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the dental hygienist will be performing anesthesia assistant services.

5. The board may issue or renew a permit on forms prescribed by the board to authorize a dental hygienist under direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completes a board approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam, or

(2) Successfully passed the western regional examining board's restorative examination or other board approved examination over five years from the date of application and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the previous five years from the date of application and completed within two years of application sixteen hours of continuing education in accordance with section 20-04-01-08.

b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

20-04-01-04.1. Clinical competency examination retakes. A dental hygiene applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by a n accredited dental hygiene school. The board must approve the proposed remedial training.

2. Submit proof to the board of passing the remedial training within twenty-four months of its approval by the board. The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant fails any part of the examination after remedial training, the board must approve additional retakes.

20-04-01-06. Additional requirements for applications. Applications must be completed within twelve months of filing. The board may require an interview with the applicant In addition to the application requirements of North Dakota Century Code sections 43-20-01.2, 43-20-01.3, and 43-20-06, the board may require an application to include:

1. Proof of identity, including any name change.

20-04-01-08. Continuing dental education for dental hygienists. Each dental hygienist shall provide evidence on forms supplied by the board that the dental hygienist has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.

2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3.The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a dental hygienist may earn no more than eight hours from publications and online education. The continuing education must include:

a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.

b. Two hours of infection control.

c. A cardiopulmonary resuscitation course.

d. For registered dental anesthesia hygienist permit holders, two hours related to sedation or anesthesia.

e. For registered dental restorative hygienist permit holders, two hours related to restorative dentistry.

4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.

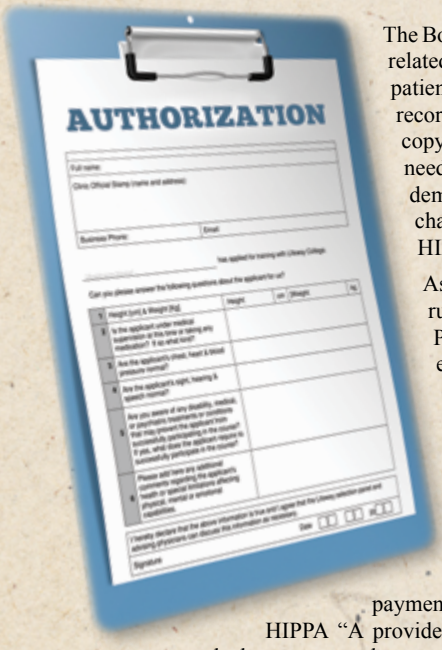
5. All dental hygienists must hold a current cardiopulmonary resuscitation certificate.

20-05-01-01. Fees. The board shall charge the following nonrefundable fees:

1. For dentists:

j. hyaluronic acid dermal fillers and botulinum toxin permit $100

Medical Record Transfers



The Board frequently deals with complaints related to, or questions raised by dental patients regarding the transfer of medical records. How much can be charged to copy the record? Does the entire record need to be turned over? Can the practice demand that all bills be paid before the chart is transferred? State laws and HIPPA supply the answer.

As you may be aware, the HIPAA final rule was released on Jan. 17, 2013. Patients have a right to have their entire medical record transferred (subject to some exceptions, such as for mental health records) to any provider they choose. This process should be easy for patients once the appropriate paperwork such as a signed authorization is executed. Dental records cannot be held hostage in exchange for a patient's payment of a balance due. According to HIPPA "A provider cannot deny you a copy of your records because you have not paid for the services you have received. Even so, a provider may charge for the reasonable costs for copying and mailing the records. The provider cannot charge you a fee for searching for or retrieving your records" (www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/medicalrecords.html).

The North Dakota Century Code provides a remedy to clarify what costs may be charged to a patient who transfers records to another office (0$) and the cost which may charged to a patient who wants a copy of the record. State law requirements on patient record copying will preempt HIPAA if the state law imposes a lower copying charge.

Make sure your record transfer policies are compliant with the State laws and the HIPPA final rule and your staff is trained accordingly. If your staff refuses to provide the copy, in the Board's view, the licensee has denied the copy. If you have questions, talk with legal counsel.

NDCC Ch. 23-12-14. Copies of medical records and medical bills.

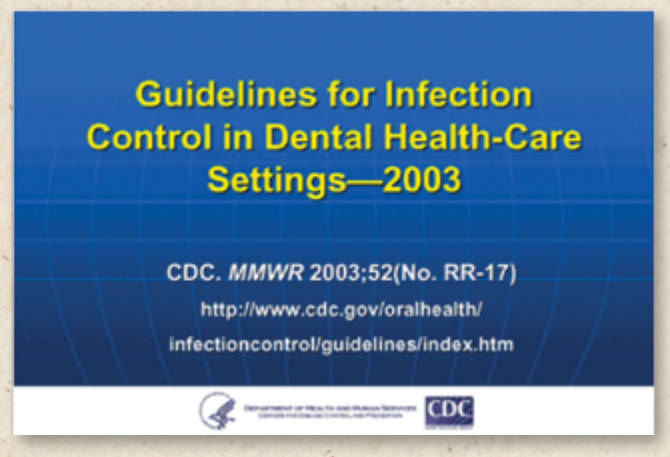
1. As used in this section, "health care provider" means a licensed individual or licensed facility providing health care services. Upon the request of a health care provider's patient or any person authorized by a patient, the provider shall provide a free copy of a patient's health care records to a health care provider designated by the patient or the person authorized by the patient if the records are requested for the purpose of transferring that patient's health care to another health care provider for the continuation of treatment.

2. Except as provided in subsection 1, upon the request for medical records or medical bills with the signed authorization of the patient, the health care provider shall provide medical records and any associated medical bills either in paper or facsimile format at a charge of no more than twenty dollars for the first twenty-five pages and seventy-five cents per page after twenty-five pages or in an electronic, digital, or other computerized format at a charge of thirty dollars for the first twenty-five pages and twenty - five cents per page after twenty - five pages. This charge includes any administration fee, retrieval fee, and postage expense.

Being cooperative and timely when a patient requests their medical records avoids complaints to the Board.

GUIDELINES FOR INFECTION CONTROL IN DENTAL HEALTH-CARE SETTINGS

The CDC offers a slide presentation that provides recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. The presentation describes a CDC report entitled *Guidelines for Infection Control in Dental Health-Care Settings—2003*. This report 1) updates and revises previous CDC dental infection control guidelines; 2) incorporates recommendations from other relevant CDC guidelines (e.g., *Guideline for Hand Hygiene in Health-Care Settings*); and 3) discusses concerns not addressed in previous recommendations for dentistry (e.g., management of occupational exposures, selection and use of safer dental devices, latex allergy, and dental water quality).



Goals of the slide presentation are to:

- Provide information about dental infection control principles and practices.
- Emphasize the importance of written policies and procedures and ongoing education and training of dental health care personnel (DHCP).
- Provide methods for evaluating dental infection control programs.

Learning Objectives: After viewing this presentation, participants should be able to:

- Describe modes of disease transmission and the chain of infection.
- Identify strategies that can prevent occupational exposures to blood and body fluids.
- Describe methods to ensure that patient care items and environmental surfaces are safe for use.
- Identify methods to monitor practices and evaluate dental infection control programs.
- **Suggested Citation:** Centers for Disease Control and Prevention. *Guidelines for Infection Control in Dental Health-Care Settings—2003*.
- http://www.cdc.gov/ORALHEALTH/InfectionControl/guidelines/index.htm

Infection Control Q & A's

Question: What is the **difference between external and internal chemical indicators**? What is a multiparameter chemical indicator?

Answer: External, or process, indicators are applied to the outside of a package and include such things as chemical indicator tape or special markings on the package. When a certain temperature is reached, the color of the indicator rapidly changes color. External indicators do not guarantee that sterilization has been achieved or even that a complete sterilization cycle has occurred. Some external indicators change color long before proper sterilization conditions are even met. "Autoclave" tape is an example of an external indicator that can be problematic at times because it often changes to show the striped pattern following just a brief exposure to steam. External indicators are primarily used to identify packages that have been processed through a heat sterilizer, thus preventing the accidental use of non-sterile items.

Internal indicators react more slowly to the sterilization parameters than external indicators and can help detect sterilizer failures that may result from incorrect packaging, improper sterilizer loading, or malfunctions of the sterilizer. Internal chemical indicators can be single parameter or multiparameter. A single parameter indicator responds to one of the critical parameters of sterilization (e.g.,heat), while a multiparameter indicator is designed to react to two or more parameters

(e.g., time and temperature; or time, temperature, and the presence of steam). Because multiparameter indicators provide more information about the sterilization cycle, they can provide a more reliable indication that sterilization conditions have been met. Presently, multiparameter internal indicators are available only for steam sterilizers (i.e., autoclaves).

Question: What is the procedure for **disposing of used biological indicators** (i.e.,spore tests)?
Answer: The spore test manufacturer instructions should cover disposal issues. Generally, negative spore tests (i.e., no growth) can be disposed of as normal waste. However, it is usually recommended to autoclave positive spore tests or those that exhibit growth, such as the controls, at 250ºF/121ºC for at leas t 30 minutes before disposal. If local policy permits, an alternative would be to dispose of the controls or any other positive tests with your regulated/biohazardous waste (e.g., red bag).

Figure A: Positive Spore Test
Figure B: Negative Spore Test

Question: Our infection control assistant wants the dental clinic to spore test every instrument load. Has the **recommendation for frequency of spore testing** changed?
Answer: Current published infection-control and sterilization standards and guidelines do not support using biological indicators (i.e., spore tests) every load unless you are sterilizing an implantable device or using flash sterilization which in dental clinics are extremely rare situations. The CDC's published national standards and guidelines recommend at least weekly spore testing of sterilizers.

Adverse Actions, Duty to Report

Reporting of health care professionals required by law applies to the full range of health care professionals. Reporting is required when there is demonstrated impairment or incompetence or professional misconduct. All reports are to be submitted to the NDSBDE, P.O. Box 7246, Bismarck, ND 58507-7246 Attention: Executive Director.

To assist with understanding of this law, Frequently Asked Questions (FAQs) are provided below. Reporting statute 43-28-18.1 requires that all dental health care professionals report to the Board in writing within sixty days of the event any illegal, unethical, or errant behavior or conduct of the dentist, including proceedings, formal or informal actions.

FAQ 1. In connection with what actions or events must a dental practitioner report to the Board?

There are several sorts of conduct, each of which must be based on reasons related to illegal conduct, impairment, incompetency or unprofessional conduct. Example: The practitioner named in a malpractice liability suit, to which there is a settlement, judgment or arbitration award.

FAQ 2. Who must report under the law?

If you received this newsletter in the mail, you most likely are licensed or registered by the NDSBDE. Therefore the statute governs you and you must report. The North Dakota Board of Dental Examiners has jurisdiction over dentists, dental hygienists and registered or qualified dental assistants.

FAQ 3. What do I report? Any illegal, unethical, or errant behavior or conduct of the dentist, including the following events, proceedings, or formal or informal actions such as a dental malpractice judgment or malpractice settlement agreement or a final judgment; a final disposition; a mortality or other incident occurring in an outpatient facility of the dentist which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during or as a direct result of a dental procedure or related use of anesthesia or sedation.

A health care professional must promptly notify the NDSBDE

NDSBDE

PO Box 7246

Bismarck, ND 58507-7246

FAQ 4. Are the reporting requirements that this law has imposed upon licensed dental health care providers new and different?

No, the reporting requirements for licensed health care are nothing new. Many professional groups and most states have had similar statute for some time.

FAQ 5. Is an entity required to file a report every time a dental health care professional on staff leaves or is fired?

No, the legislation is intended to assure that the board is alerted when the underlying reason for the change in status relates to impairment, unprofessional conduct (See the ADA's Code of Professional Conduct and Ethical Principles) incompetency or professional misconduct. Incompetence, professional misconduct and unprofessional conduct do not include personal conduct, such as tardiness, insubordination or other similar behavior.

North Dakota State Board of Dental Examiners

P.O. Box 7246
Bismarck, ND 58507-7246

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Next Formal Meeting of the NDSBDE

Saturday, January 18, 2014
9:00 AM CST
Hilton Garden Inn, Grand Forks, ND

Name And/Or Address Change

Pursuant to the North Dakota Century Code, licensed and registered dentists, hygienists, and registered dental assistants shall notify the Executive Director of the Board within thirty days of a new address. A dentist must provide a new business address. A registered dental hygienist or a registered dental assistant is required to provide a new mailing address as well. Failure to provide this information to the Board may result in loss of registration of license or penalty. You can notify the Board using the following form. The form can be mailed to: NDSBDE, P.O. Box 7246, Bismarck, ND 58507-7246 or transmitted via facsimile to (701) 224-9824.

NAME (last, first, middle): _____

FORMER NAME (if applicable): _____

OLD ADDRESS: Street _____

City/State/Zip _____

NEW ADDRESS (if applicable): _____

City/State/Zip _____

License Number _____ Daytime Phone Number _____

Signature _____ Effective Date _____

The change of address is for my:

❒ Home Address ❒ Office Address ❒ Mailing Address ❒ Satellite Address