



MISSOURI DENTAL BOARD

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Mission of the Board
The Missouri Dental Board exists to protect and serve the public's interests in dentistry and to preserve the integrity of the dental profession.

President's Message



The Missouri Dental Board has had a busy and productive year. In April, the Board implemented new rules to regulate conscious sedation in a dental office. The new rules were circulated to all licensed dentists earlier this year. All dentists providing oral medications to achieve conscious sedation for dental procedures are required to obtain a Conscious Sedation permit. A separate permit (site certificate) is required for the dental office. I strongly encourage and recommend all dentists who use conscious sedation in their practices to read and study the full text of the rules, and if you haven't started the application process, you need to begin that process as soon as possible. The final rules and the application forms can be downloaded from the Board's web site. For more information, the Missouri Dental Association printed some of the most frequently asked questions in their

July/August issue of FOCUS and an article entitled, "Guide to conscious sedation written protocols". DOCS (Dental Organization for Conscious Sedation) enteral conscious sedation courses put on AFTER May, 2005, fulfill the requirements necessary to obtain an oral conscious sedation permit. Pre-May 2005, DOCS courses do NOT meet the requirements. Other approved providers for the enteral conscious sedation course work are: the University of Missouri-Kansas City School of Dentistry; the American Dental Society of Anesthesiology; and the American Association of Oral & Maxillofacial Surgeons. After May 2005 if you have not earned the required course work, please contact one of these approved providers to inquire about upcoming programs. The Board recognizes the scarcity of educational courses available at this time and the difficulty involved with compliance with the rules. Therefore, the Board will take these issues under consideration when addressing compliance issues for a period of time up to April 30, 2006. There will be no further extensions for compliance under these new rules. Therefore, I recommend that you not wait until the end of April to start looking for approved course work.

At our July open meeting, the Missouri Dental Board voted unanimously to become a member of the American Board of Dental Examiners (ADEX). ADEX has developed the first national licensure examination in dentistry known as the American Dental Licensure Examination (ADLEX) and the American Dental Hygiene Licensure Examination (ADHLEX). The Board has received numerous letters in support of this type of licensure examination and our members have been actively involved in the process as the

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Governor

The Honorable Matt Blunt

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development of the examinations has progressed. The ADLEX for dentists was administered in October. The ADHLEX for dental hygienists will be ready in 2006. As an ADEX member, Missouri is committed to accepting candidates for licensure that have passed the ADLEX and the ADHLEX, provided all other requirements for licensure have been satisfied. Since there have been no changes in the Board's rules regarding licensure by examination, Missouri continues to accept applications from candidates who have passed any of the regional examinations (CRDTS), (WREB), (SRTA), and (NREB). Please review the "Clinical Licensure Examination" article in this newsletter for more detailed information.

Advertising. One of our main problem areas. From fiscal year 2004 to fiscal year 2005 the number of advertising complaints jumped from 19 to 101. Each of these complaints must be investigated, evaluated, and resolved. No one is happy with the current situation requiring disclaimers and prohibiting the advertisement of services which some dentists feel should rightly be allowed. However, due to state statutes that define false, misleading, and deceptive advertising, the Board is limited in the changes it can implement to the advertising rule. As my fellow Dental Board member, Dr. Rolfe McCoy, stated to the media, "We're trying to clean this up so that it isn't an issue". We hope to achieve this resolution by the time world peace is achieved.

Lastly, I would like to personally thank Dr. Larry Jackson, outgoing Board member, for his years of dedicated service to the Board and to the dental profession. It has been a pleasure and a privilege to serve with a person of Dr. Jackson's integrity, intelligence, and experience. He truly led by example, and leaves a lasting legacy for the rest of us to aspire to. Thanks, Larry, my classmate and my friend.

I hope you find the information that we provide in our newsletter beneficial. Please do not hesitate to contact me through the Board's office if you have any questions, or if the Board can be of any assistance.

Sincerely,

A handwritten signature in cursive script that reads "John L. Sheets".

John L. Sheets

Message from Division Director



Greetings!

My name is Alison Craighead and I was confirmed as Director of the Division of Professional Registration in January 2005. Prior to my confirmation, I served as the Political Affairs Coordinator for the American Association of Nurse Anesthetists and as the Manager of Government and Political Affairs for the American Dietetic Association in Washington, DC.

As can be expected with any new administration, there are many changes currently taking place within state government. In an effort to make state government more effective, fiscally responsible and service oriented, Governor Blunt created the State Government Review Commission and charged them with conducting a full review of state government in order to identify opportunities to restructure, reduce or eliminate state government functions. The final report from the Commission was released in November.

The Division of Professional Registration recently hired Tom Reichard as Director of Budget and Legislation. In his new role, Tom will serve as the liaison for budget and legislative items between the professional boards, committees and commissions within the Division, the Department of Economic Development and the Missouri General Assembly. He has just completed work with each of the boards, committees and commissions to develop and prepare both legislation and budget items for the upcoming 2006 session.

The Division has also recently welcomed David Barrett, MBA, JD, as the division's Legal Counsel. David came to the division from his previous position as an Assistant Attorney General in the Attorney General's Division of Workers' Compensation Fraud and Noncompliance Unit and will be providing legal assistance to the division and the boards, committees and commissions.

In the short time that I have been a part of Professional Registration, I have enjoyed learning about the various professions housed within the division and look forward to working with many of you during my service as division director.

Sincerely,



Alison Craighead



Introducing New Board Member



On November 16, 2005, Governor Matt Blunt appointed Dr. Kevin D. Wallace to the Missouri Dental Board to replace Dr. Larry W. Jackson. Dr. Wallace graduated from Washington School of Dental Medicine in 1988. He received his specialty training in Prosthodontics at the Medical College of Georgia in 1990 and is a Board certified Prosthodontist. Dr. Wallace is in private practice in Springfield, Missouri, and provides continuing education lectures on all aspects of prosthodontics in the Springfield area. He is a member of the American College of Prosthodontists, the American Dental Association, the Missouri Dental Association, the Greater Springfield Dental Society, the United States Sleep Apnea Society, and is a Fellow of the International Congress of Oral Implantologists and the American College of Dentists. Dr. Wallace has been very active in the Missouri Dental Association holding many state and local offices and is currently serving as a Trustee and chairs the Legislative Affairs Committee. Dr. Wallace also serves as the chairman of the Board of Directors of The Tooth Truck, Inc. He was honored as Missouri's Outstanding New Dental Leader for 1999 and Dentist of the Year in 2003. Dr. Wallace was the recipient for the Springfield Area Chamber of Commerce "Salute to Health Care" Award in 2003 and received the Missouri Dental Association's Executive Director's Award for Excellence in 2005. He is married to Rebecca Jo Wallace and has three children, Zach age 15, Chelsea age 13, and Ben age 9.

Introducing New Advisory Commission Members



On March 7, 2005, Governor Matt Blunt appointed Debbie Fletcher Adams to the Advisory Commission for Dental Hygienists. Debbie is from Lebanon, Missouri. She graduated with a Bachelor of Science Degree in Dental Hygiene from the University of Missouri-Kansas City in 1979. In 1989, Debbie completed a Geriatric Oral Health Fellowship at the University of Missouri-Kansas City. She also obtained a Master's degree in Health Services Management from Webster University in 1997. She is a member of the American Dental Hygienists' Association and is a member and past president of the Missouri Dental Hygienists' Association. She is also a member of Sigma Phi Alpha National Dental Hygiene Honor Society and the Greater Springfield Dental Hygienists' Association. Debbie has been a licensed dental hygienist since 1979. She is employed full time in clinical dental hygiene with Doctors Richter and Brady.



On June 22, 2005, Governor Matt Blunt announced his appointment of Deborah Polc to the Advisory Commission for Dental Hygienists. Mrs. Polc earned her Bachelor of Science in Dental Hygiene from the University of Missouri-Kansas City. She worked in private practice dental offices until she began her career in public health. Since 1991, she has been employed by Clay County Public Health Center in Liberty, Missouri. She is a member of the American Dental Hygienists' Association, Missouri Dental Hygienists' Association and Greater Kansas City Dental Hygienists' Association. Mrs. Polc served as Trustee of the Missouri Dental Hygienists' Association 2002-2004, and President of the Missouri Dental Hygienists' Association 2004-2005, Vice President of the Greater Kansas City Dental Hygienists' Association 2000-2001, and President of the Greater Kansas City Dental Hygienists' Association 2001-2004. She is a member of the Steering Committee for the Missouri Coalition for Oral Health, and has worked on the Independence Fluoridation Coalition. Mrs. Polc has also been working on the UMKC Dental Work Force Project. She is a CPR instructor for the American Heart Association and American Red Cross. Deborah and her husband have two married children.

Dentists Recognized for 50 Years of Licensure



Pictured from left to right: Alphonse Peterson, D.D.S.; William H. Marchbanks, D.D.S.; Kwai L. Young, D.D.S.; Carl J. James, D.D.S.; Wm. Chadwick McCoy, D.M.D.; Theodore M. Ziske, Jr., D.D.S.

At a special ceremony on Thursday, January 20, 2005, at the Missouri State Capitol in Jefferson City, six dentists were honored for maintaining a Missouri dental license for fifty years. Those honored were Dr. Carl J. James of Rolla, Dr. William H. Marchbanks of Windsor, Dr. William Chadwick McCoy of Chillicothe, Dr. Alphonse Peterson of St. Louis, Dr. Kwai L. Young of Camdenton, and Dr. Theodore M. Ziske, Jr. of Salem. These dentists were presented with Resolutions from both the House and Senate. A luncheon followed at the Missouri Dental Association headquarters. At the luncheon the Board presented each dentist with a Certificate of Achievement for their lifetime dedication to the dental needs of their patients. The Board is proud of the many accomplishments of these six dentists and the wealth of knowledge and skills they have achieved during the past five decades. Also honored but not present for the recognition ceremony was Dr. Dale J. Cartwright of Cabool, Dr. Hubert A. Eversull of Kansas City, Dr. William J. Flynn of Prairie Village, Kansas, Dr. Floyd M. Freeman of St. Louis, Dr. Robert C. MacDonald of Naples, Florida, Dr. Louis R. Nolan of Chesterfield, Dr. Karl E. Rebenschied of Collinsville, Illinois, Dr. Stuart B. Shafer of St. Louis, Dr. Paul D. Tinnin of Pacific, and Dr. James A. Willibrand of Chesterfield.

Contact With Board Members

The Missouri Dental Board has seven (7) members. Their responsibility is to regulate the practice of dentistry and dental hygiene in Missouri.

When Board members are contacted directly by an interested party regarding an application for licensure, a complaint, investigation, or disciplinary process, any information given to that Board member alone could sway his or her unbiased opinion regarding the licensee. A Board member receiving communication that could sway his or her opinion may be required to recuse and not take part in a vote on the matter. This not only puts the licensee at a disadvantage, but this puts the Board member in an awkward position while trying to do his or her job.

Due to these concerns, it is strongly encouraged and recommended that all correspondence concerning issues of a licensee, or an applicant for licensure, be sent directly to the Board office. Phone calls are to be directed to the Board office. Board staff handle the day-to-day functions of the Board. If they are unable to help you with your concern, the staff will research the matter or advise you of the steps that need to be taken.

Please keep in mind that individual Board members are not authorized to make a decision for the entire Board.

Clinical Licensure Examinations

The Missouri Dental Board has voted to accept the national uniform dental and dental hygiene clinical licensure examinations. These national examinations, currently being developed by the American Board of Dental Examiners (ADEX), will be known as the American Dental Licensing Examination (ADLEX) and the American Dental Hygiene Licensure Examination (ADHLEX).

The ADLEX will be delivered in an integrated format as five (5) independent sections which are scheduled during appropriate curriculum check points. There will be multiple opportunities for retake prior to a candidate's graduation. The clinical skills sections are: Prosthodontics, Endodontics, Restorative Dentistry, Periodontics, and Applied Diagnosis and Treatment Planning. The Prosthodontics and Endodontics sections are mannequin-based, simulated patient treatment examinations offered during the candidate's junior year in dental school. The Restorative Dentistry and Periodontics sections are patient-based examinations administered during the second half of the candidate's senior year in dental school, and patients chosen for these examinations should be the patients of record for the candidate, with restorative treatment performed within an appropriate treatment plan. The Applied Diagnosis and Treatment Planning section is a computer-based examination administered during a candidate's senior year in dental school. The candidate's performance on each ADLEX section will be provided to both

the candidate and the dental school to be utilized for appropriate remediation, should such remediation be required.

The ADHLEX will consist of two (2) sections: Patient Assessment, Scaling, and Plaque/Stain Removal; and Treatment Standards. The Patient Assessment, Scaling, and Plaque/Stain Removal section includes an assessment of professional skills and knowledge; oral evaluation; periodontal probing; dentition; and scaling, which also includes treatment selection, plaque/stain removal, and tissue management. The Treatment Standards section includes an assessment of infection control, record-keeping, patient management, and professional demeanor. As with the ADLEX, the ADHLEX is administered during the second half of a candidate's final year in dental hygiene school.

The Missouri Dental Board will continue to accept candidates for licensure having passed any of the regional clinical examinations (CRDTS, NERB, SRTA, and WREB), or any state administered clinical examination. The Board believes, however, that national dental and dental hygiene licensure examinations will enhance public protection in dentistry by establishing uniform testing standards. National examinations also can improve licensee mobility by allowing dentists and dental hygienists greater freedom of movement to practice in different states.

New Laws

On August 28, 2005, a new law establishing the "Dental Hygienist Distance Learning Committee" went into effect. The duties of the committee include the design of a training program for dental hygienists which allows coursework to be completed off-site from the educational institution, and clinical and didactic training to be delivered in the office of a Missouri licensed dentist, if the dental office is a part of an accredited dental hygiene program through the Commission on Dental Accreditation of the American Dental Association as an extended campus facility or any other facility approved by the Council on Dental Accreditation. The committee, consisting of three dentists (Drs. Jake Lippert, Kevin Wallace, and Bob Fox) and three dental hygienists (Deborah Polc, Stacie Scrivner, and Lori Bruce), are in the process of reviewing proposals from Missouri educa-

tional institutions and will provide their recommendations to the Director of the Department of Economic Development, who will award the contract to an institution of higher learning to establish a distance learning program.

Also on August 28, 2005, the medical records release law was amended, Section 191.227, RSMo. Under the new law, the fees for copying patient records changed from a \$15 handling fee plus \$.35 per page for copies of documents made on a standard photocopying machine to a copying fee of not more than \$17.05 plus \$.40 per page for the cost of supplies and labor. The new law also allows for providers to charge postage costs for packaging and deliver and a notary fee.

Rule Changes

As a regular feature of the Missouri Dental Board Newsletter, the Missouri Dental Board highlights regulations that have been amended/rescinded/enacted. Since the March 2005 newsletter, the following rules have been enacted/rescinded/amended.

4 CSR 110-2.071 License Renewal-Dentists and Dental Hygienists

This is a new rule that clarifies the license renewal requirements for dentists and dental hygienists pursuant to the passage of House Bill No. 970. This rule became effective August 30, 2005. It is being printed here in its entirety.

(1) Any person licensed to practice dentistry or dental hygiene shall renew that license every two (2) years. Every licensee shall provide the board a completed renewal application on a form prescribed by the board that shall contain updated information since the preceding renewal period.

(2) The two (2)-year license renewal period shall commence on December 1 and end on November 30. Applications for renewal shall be postmarked on or before the license expiration date, which is November 30 of each even-numbered year. Should November 30 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

(3) Failure of the licensee to receive a renewal application shall not relieve the licensee of the obligation to renew the license and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the board or the Division of Professional Registration does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.

(4) Renewal, by statute, is contingent upon the licensee having successfully completed the mandatory hours of continuing education during the two (2)-year time block as specified in 4 CSR 110-2.240.

(5) Any dentist or dental hygienist newly licensed during the two (2)-year renewal period will be issued his/her initial license that will be valid until the end of that current renewal period. Newly licensed dentists and dental hygienists will be required to renew their license and pay the license renewal fee on or before the initial license expiration date to maintain the license in an active status. Continuing education requirements of new licensees are specified in 4 CSR 110-2.240(2)(C) and (D).

(6) Licensees will receive one (1) renewal license and, if requested, up to two (2) duplicate renewal licenses upon approval of the application for renewal. Additional duplicate licenses will be provided upon payment of the appropriate fee as specified in 4 CSR 110-2.170.

(7) The license of any dentist or dental hygienist shall expire if not renewed on or before the license expiration date. An expired license can be renewed at any time within four (4) years of the license expiration date by submission of a properly completed renewal application form, payment of the renewal fee and renewal penalty fee as specified in 4 CSR 110-2.170(1)(C), and by providing the board with proof of having successfully completed the mandatory continuing education hours.

(8) In the first two (2)-year renewal cycle following the license expiration date of a dentist or dental hygienist, the mandatory continuing education hours shall be fifty (50) for dentists and thirty (30) for dental hygienists. In the second two (2)-year renewal cycle following the license expiration date, the mandatory continuing education hours shall be one hundred (100) for dentists and sixty (60) for dental hygienists. Continuing education hours earned for renewal of an expired license may be earned at any time during a four (4)-year period prior to the renewal applica

tion date. The board will not accept continuing education hours that were earned by the dentist or dental hygienist during that four (4)-year period if those same hours were used to renew a prior license.

(9) Any licensee who fails to renew his/her license on or before the license expiration date shall not perform any act for which a license is required unless and until the license is properly renewed.

4 CSR 110-2.085 Definitions of Dental Specialties

This is a new rule that establishes a definition for all the existing dental specialties recognized by the Missouri Dental Board and adds one new specialty that was recognized by the American Dental Association in April 2001. This rule became effective February 28, 2005. It is being printed here in its entirety.

(1) The following identifies and defines the dental specialties recognized by the board:

(A) Endodontics-is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions;

(B) Oral and Maxillofacial Pathology-is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations;

(C) Oral and Maxillofacial Surgery-is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(D) Orthodontics and Dentofacial Orthopedics-is that area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures;

(E) Pediatric Dentistry-is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs;

(F) Periodontics-is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues;

(G) Prosthodontics-is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or maxillofacial tissues using biocompatible substitutes;

(H) Public Health-is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis; and

(I) Oral and Maxillofacial Radiology-is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

4 CSR 110-2.090 Certification of Dental Specialists

This rule was rescinded and readopted effective August 30, 2005, to add one new dental specialty recognized by the American Dental Association and to delete all requirements for passage of a specialty examination pursuant to the elimination of the specialty examination in House Bill No. 970.

4 CSR 110-2.170 Fees

This rule was amended effective August 30, 2005, to delete any reference to a specialty examination fee. The amendment to this rule also eliminated any reference to renewal requirements. These requirements were included in the new renewal rule, 4 CSR 110-2.071.

4 CSR 110-2.230 Endodontic Materials

This rule was rescinded effective October 30, 2005. The rule, in its previous form, contained a ban on the use of the drug N2, also known as sargenti paste, sargenti compound and RC2B, and other N2 type formulations which contain paraformaldehyde, for endodontic filling material. That ban has been lifted with the rescission of the rule.

4 CSR 110-2.240 Continuing Dental Education

This rule was amended to delete provisions in the rule relating to reactivation of an expired license. These requirements were included in the new renewal rule, 4 CSR 110-2.071.

4 CSR 110-2.260 Certification Requirements - Licensees Employed by or Contracting with Federally Qualified Health Centers

This is a new rule to establish the certification requirements of dentists and dental hygienists employed by, or contracting with, federally qualified health centers pursuant to the passage of Senate Bill No. 1122. The rule became effective on October 30, 2005. The entire rule is printed here.

(1) All licensed dentists and dental hygienists employed by, or contracting with, a federally qualified health center (health center) practicing dentistry or dental hygiene in this state shall certify in writing, on forms provided by the board, that the facility at which these services are provided meets the operating standards as prescribed by Chapter 332, RSMo. Such certification shall be provided to the board as a part of the initial registration of the health center and upon renewal of the registration.

(2) The standards for cleanliness and sanitation shall be those established for health care professionals and health care facilities by the Centers for Disease Control (CDC) pursuant to section 191.694, RSMo and the Occupational Safety and Health Administration (OSHA) pursuant to 29 CFR 1910. The standards of professionalism shall be those required by Chapter 332, RSMo and the rules pursuant thereto.

(3) An application for registration of a health center will not be considered complete until the certification as required in section (1) of this rule is received and accepted by the board.

Chapter 4 - Sedation

This chapter includes the four new rules on sedation. 4 CSR 110-4.010 - Definitions; 4 CSR 110-4.020 - Conscious Sedation; 4 CSR 110-4.030 - Guidelines for Administration of Conscious Sedation; and 4 CSR 110-4.040 - Deep Sedation/General Anesthesia. The Board previously provided licensees with copies of the proposed rules earlier this year. There have been no changes in the final rules and they are not re-printed here. The final rules are available on the Board's internet website.

What is the "Data Bank" and What Does It Have to do With my License?

The following article appeared in the September/October 2005 issue of Focus MDA. It was written by Daniel Peters of the Husch & Eppenberger Law Firm in Kansas City. This article is being re-printed here with the permission of the Missouri Dental Association and with thanks to Mr. Peters for pulling it all together.

"Many state licensing boards, including the Missouri Dental Board, have become increasingly stringent about enforcement of administrative or technical violations of the statutes and rules that regulate their respective professionals. Conduct such as failing to provide current business addresses, inappropriate advertising, continuing education and tax issues can result in license suspensions or revocations for Missouri dentists and other professionals. Most dentists are familiar with the application process that licensing boards and hospitals use to license and credential dentists. However, not every dentist is familiar with the significance of this licensing and credentialing process and what happens when a license or credential is sanctioned. Some of these adverse events must be reported to a national information clearinghouse known as the National Practitioner Data Bank ("NPDB"). This article provides a brief description of how the NPDB works and the reasons why Missouri dentists should make every effort to keep their name out of this database.

In order to obtain a license or medical staff privileges a dentist must obtain and complete an application that describes the dentist's education, skill, clinical experience, training and type of care he intends to provide to patients. Once the application is approved by the state licensing board or a facility's medical staff and governing board, the dentist is granted a license or hospital privileges that carry with them certain rights and privileges, including safeguards of due process protections related to the denial or revocation of that license. A very important part of the due diligence review process by either a state licensing board or a medical staff is its "query to the data bank." The process of obtaining information from the NPDB is a primary source of information for organizations seeking historical information about a physician, dentist or certain other types of providers.

REPORTING - NATIONAL PRACTITIONER DATA BANK

What is the National Practitioner Data Bank? The databank is an information clearinghouse to collect and release certain information related to the professional competence and conduct of physicians, dentists and, in some cases, other health care practitioners. The NPDB was created by the Health Care Quality Improvement Act of 1986 (Title IV of Public Law 99-660) ("HCQIA") to improve the quality of health care by encouraging hospitals, State licensing boards and other health care entities, including professional societies, to identify and discipline those who engage in unprofessional behavior.

The NPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner's licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges. The information contained in the NPDB should be considered together with other relevant data in evaluating a practitioner's credentials; it is intended to augment, not replace, traditional forms of credentials review.

The information in the NPDB is intended to alert state licensing agencies and health care facilities that there may be a problem with a particular practitioner's competency or conduct. The NPDB handbook itself advises that state licensing agencies and other healthcare entities should use the information included in the databank in order to evaluate decisions about granting clinical privileges, making employment decisions or affiliations or licensure decisions. The handbook further advises that intent of the data bank is to restrict the ability of incompetent physicians, dentists and other health care providers to move from state to state without disclosure or discovery of adverse action history. Many health care organizations (if they are eligible) and all medical staffs now use the NPDB as one source of professional competence when hiring or credentialing new health care professionals for their staff.

What is reported to the NPDB? There are five categories of actions that must be reported to the NPDB: 1) medical malpractice payments (subject to minimal exceptions and limitations), 2) adverse licensure actions, 3) adverse clinical privileges actions, 4) adverse professional membership actions, and 5) exclusions from participation in Medicare and Medicaid. The NPDB law recognizes that a malpractice claim may be settled for reasons that do not reflect negatively on professional competence. There is no intent to construe a payment in settlement of a complaint or claim as medical malpractice.

Are dentists included? Yes. "Dentists" are included as providers subject to NPDB reporting. Information about dentist malpractice payments is included in the NPDB Annual Report. Hospitals and other health care entities must report professional review actions that adversely affect a physician's and dentist's clinical privileges for a period of more than 30 days. The reporting of adverse professional membership actions taken against "other health care practitioners" is also voluntary. The United States Department of Health and Human Services, Office of Inspector General reports Medicare and Medicaid exclusions of dentists.

Reporting licensure actions taken by Boards of Medical/Dental Examiners.

(a) What actions must be reported? Each Board of Medical Examiners must report to the Data Bank any action based on reasons relating to a physician's or dentist's professional competence or professional conduct-

- (1) Which revokes or suspends (or otherwise restricts) a physician's or dentist's license,
- (2) Which censures, reprimands, or places on probation a physician or dentist, or
- (3) Under which a physician's or dentist's license is surrendered.

It is important to keep in mind, the determination of whether an adverse event must be reported by a state Board or health care entity might be subject to interpretation. The NPDB statutes indicate that a "Professional Review Action" means an action or recommendation of a health care entity:

- (a) Taken in the course of professional review activity;
- (b) Based on the professional competence or professional conduct of an individual physician, dentist or other health care practitioner which affects or could affect adversely the health or welfare of a patient or patients; and
- (c) Which adversely affects or may adversely affect the clinical privileges or membership in a professional society of the physician, dentist or other health care practitioner.

By federal statute, a Professional Review Action excludes actions, which are primarily based on:

- (1) The dentist's association, or lack of association, with a professional society or association;
- (2) The dentist's fees or the dentist's advertising or engaging in other competitive acts intended to solicit or retain business;
- (3) The dentist's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
- (4) A dentist's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care practitioner or professional; or
- (5) Any other matter that does not relate to the competence or professional conduct of a dentist.

Nevertheless, what makes these definitions difficult is that many state licensing boards, including Missouri's, define violations of the state licensing rules as "unprofessional conduct." Although some temporary revocations or suspensions, such as for failing to provide an updated address or failure to timely file income taxes arguably are not based upon the professional competence or conduct of the physician or dentist, licensing boards may take a different opinion and report nonetheless. In addition, a suspended or revoked license will also prohibit a dentist from providing services while the license is in question. Because the state licensing board is subject to discipline for failure to properly report a reportable event, it is most likely to file the questionable event with the NPDB, and then notify the physician or dentists that they can file a supplement if there is some dispute about what was reported. In addition, any services inadvertently provided during the time period in doubt must be reviewed for appropriate billing. Remember, practicing without a license can be a separately punishable offense. Lastly, if the dentist is a Medicare

or Medicaid provider, the state licensing agency will also notify both Medicare and Medicaid to make them aware that the dentist is no longer eligible to treat Medicare or Medicaid patients.

Can I find out if I have been reported to the NPDB? A dentist can "self-query" the NPDB at any time by going to www.npdb-hipdb.com. A self-query will also be processed against the Healthcare Integrity and Protection Data Bank. There is a fee of \$10 for each data bank, for a total of \$20. If you submit a "Request for Information Disclosure" form you will receive either a notification that no information exists in the NPDB, or information as it was reported. However, you should already know if you have been reported, for a notification is sent to the practitioner whenever the NPDB processes a report.

What if I am concerned about the accuracy of a report? Practitioners may not submit changes to reports. If information is inaccurate, you must contact the reporting entity to request that a "Correction" be filed. If the reporting entity does not correct the report to your satisfaction, you may request Secretarial Review by the United States Department of Health and Human Services. Even if you do not dispute a report, you may also add your own statement (limited to 2000 characters) to a report.

SPECIFIC REMINDERS

As mentioned above, two issues have received increased scrutiny in the last several years by licensing boards including the Missouri Dental Board. First, the Board has analyzed a number of situations relating to advertising by dentists. Missouri statutes describe in detail the rules related to advertising by dentists at 332.321.2(14). The rules prohibit the use of any advertisement or solicitation that is false, misleading or deceptive. Dentists looking for guidance on what the terms false, misleading or deceptive mean should assume that they will be interpreted in a very plain meaning from the perspective of the patient.

Second, ever since the July 2003 adoption of Missouri House Bill 600, which made a failure to file or pay state income tax a basis for the revocation of a professional license, all Missouri boards, including the dental board have been inundated with cases of professionals whose licenses have been revoked due to failure to properly file or pay tax obligations. Should any dentists receive notices from the Missouri Treasurer's Office or the Missouri Dental Board regarding this issue, such notices cannot be ignored, as they will cause long term repercussions to the practice. The board has made available certain forms that are useful for reinstatement of a professional license, but billing and reporting issues will remain long after most licenses have been reinstated.

CONCLUSION

Dentists need to be aware that relatively minor license or credentialing issues can have far reaching impact on their future. Adverse reports to the HPDB can hurt for years to come in future employment, licensure or credentialing situations. As a word of caution, all Missouri dentists should be mindful of the seemingly minor license and credentialing requirements, or you may be required to explain those problems for years to come."

This article was written by Daniel W. Peters, a member in the Kansas City office of Husch & Eppenberger. The information contained in this article should not be construed as legal advice or legal opinion on any specific facts or circumstances. The contents are intended for general information purposes only, and readers are urged to consult their own attorney concerning their own situation and any specific legal questions.

Disciplinary Actions

The following report on disciplinary actions is for the period January 1, 2005 through October 31, 2005. The report typically includes several provisions in its orders, which may not be summarized here. Although great care has been taken to ensure accuracy of the information provided hereafter, inadvertent errors may appear, and no entity should initiate any adverse action against a dentist, dental specialist, or dental hygienist based solely on the following information. Rather, the reader should request a copy of the Board's Order prior to making any decisions affecting licensees. This listing may not reflect appeals filed after the publication of this newsletter.

Robert Rosevear, D.D.S., license number 010962, of Leawood, Kansas, was placed on three (3) years Probation pursuant to Section 332.321.2 (8) RSMo for disciplinary action taken against his Kansas dentist license.

Joseph L. Charleville, D.D.S., license number 011582, of St. Louis, Missouri was placed on three (3) years Probation pursuant to Section 332.321.2 (13), RSMo for billing an insurance company for crown build-ups on a patient but failed to provide the patient with final crowns.

James R. Dye, D.D.S., license number 012493, of Kansas City, Missouri was Suspended for 30 days and placed on five (5) years Probation pursuant to Section 332.321.3 and Section 621.110 RSMo. for violations of a previous disciplinary order.

Michele LePage, D.D.S., license number 015613, of Jefferson City, Missouri was placed on five (5) years Probation pursuant to Section 332.321.2 (1) and (20).

Wayne D. Olson, D.D.S., license number 011387, of St. Charles, Missouri was Suspended for 90 days followed by five (5) years Probation pursuant to Section 332.321.2 for violation of a previous disciplinary order.

David L. Kaelin, D.M.D., license number 015160, of Cape Girardeau, Missouri was placed on two (2) weeks Suspension and five (5) years Probation pursuant to 332.321.2 (6), (13), and (15). Stay order granted. Discipline under appeal.

Marty Elaine Harding, R.D.H., license number 2005019126, of Columbia, Missouri was issued a Probated dental hygienist license on June 22, 2005. Ms. Harding's license was issued on probation for a period of five (5) years pursuant to 332.321.1 and 2(1), RSMo.

Richard E. Workman, D.M.D., license number 016066, of Effingham, IL was placed on three (3) years Probation pursuant to 332.321.2 (3), (5), and (13) for failing to report discipline against his license by the state of Iowa.

Gary L. Riddle, D.D.S., license number 013773, of Scott City, MO was placed on five (5) years Probation for violations of the provisions of Chapter 332.536, and 621, RSMo.

Ho Wohn Kim, D.D.S., license number 013384, of Overland Park, KS voluntarily surrendered his Missouri dentist license pursuant to 332.321.2 (8) and (10), RSMo.

Kristin L. Koterba, R.D.H., license number 002754, of Florissant, MO was placed on one (1) year Probation pursuant to Section 332.321(3), (5), and (6), RSMo.

Yonderland Morris Strong, R.D.H., license number 002974, of Spanish Lake, Missouri was placed on one (1) year Probation pursuant to Section 332.321(3), (5), and (6), RSMo.

Gretchen M. Engel, R.D.H., license number 003409, of St. Louis, Missouri was placed on one (1) year Probation pursuant to Section 332.321(3), (5), and (6), RSMo.

Kenneth Rotskoff, D.D.S., license number 011149, of St. Louis Missouri was placed on one (1) year Probation pursuant to Section 332.321.2(6) for violating 4 CSR 110-2.240(2)(A).

Terry S. Niehaus, D.D.S., license number 011477, of St. Charles, Missouri was placed on five (5) years Probation pursuant to Section 332.321.2(1) and (5).

Sheri Robards, R.D.H., license number 003122, of Independence, Missouri was placed on one (1) year Probation pursuant to Section 332.321(3), (5), and (6), RSMo.

Message from BNDD

Frequently, the Missouri Dental Board receives notification from the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) that a Missouri dentist has violated Missouri controlled substance laws by failing to inform the BNDD that they have changed practice locations. If a Missouri licensed dentist is going to conduct any activities with controlled substances, he or she must have a registration from the BNDD and the federal Drug Enforcement Administration (DEA). The BNDD registration is valid for the specific address which appears on the registration. A registration is issued for a dentist's primary practice location as well as any location where that dentist stocks controlled substances. If a dentist has a BNDD registration and changes to a different practice location that registration terminates if the dentist does not notify the BNDD of the change of practice address. Any prescriptions written for controlled substances or any other controlled substance activities conducted without a valid BNDD registration are a violation of Missouri controlled substance laws as well as federal controlled substance laws. If a dentist is going to be changing a practice address, he or she must notify the BNDD prior to or within 30 days subsequent to the effective date of the address change. For example, if a dentist with a BNDD registration for a practice located at 123 Main St., Suite 101 is going to move his practice across the hallway to 123 Main St., Suite 125, he or she needs to notify the BNDD within 30 days of moving the practice or else that dentist's BNDD registration will automatically terminate and that dentist will not have any controlled substance authority at the new practice location.

This same rule would apply in rare situations where the United States Post Office changes the assigned address for a location. The dentist would still need to notify the BNDD of the address change.

Some other common violations of state and federal drug laws are:

- 1. Failure to maintain an annual inventory.** All controlled substances stocked by a practitioner must be inventoried and recorded annually even if a perpetual inventory is maintained.
- 2. Controlled substance prescriptions not documented in patient files.** All controlled substance activities must be recorded in the patient files.

3. Inaccurate or failure to maintain a separate dispensing log. If you dispense controlled substances, a separate log, separate from the patient charts must be maintained with all of the required information.

4. Unwanted controlled substances destroyed by the practitioner. Unwanted controlled substances not contaminated by patient contact, must be sent to a reverse distributor.

5. Failure to maintain receipts for controlled substances received. Receipts must be kept to account for all controlled substances received whether purchased or received as samples.

6. Dispensing controlled drugs in unapproved containers or without the required labeling and warning stickers. Plastic bags and envelopes are not allowed.

7. Failure to document all the information required on a prescription. Practitioners sometimes fail to write the patient's address on a prescription.

8. The general citation of "inadequate security to prevent or detect diversion." This can be for allowing unauthorized people access to drugs, having records in a condition that drugs cannot be inventoried, or allowing an employee access to drugs without checking their criminal history.

Violations of state or federal drug laws, rules or regulations may subject your Missouri Dental License to disciplinary action regardless of any actions taken by the BNDD. The Missouri Dental Board encourages licensees to carefully review Missouri drug laws, rules and regulations to ensure compliance with them. For more information regarding Missouri drug laws, rules and regulations, visit the BNDD website at: www.dhss.mo.gov/BNDD or call the BNDD at (573) 751 - 6321. Information regarding federal drug laws can be found at the DEA website at: www.deadiversion.usdog.gov.

Next Board Meeting

The next meeting of the Missouri Dental Board is scheduled on January 19-21, 2006. The meeting will be held at the Courtyard Marriott, 3301 LeMone Industrial Boulevard, in Columbia, Missouri. The open meeting is scheduled on Saturday, January 21st, beginning at 8:00 a.m.

The meeting schedule for the remainder of 2006 is as follows:

April 20-22, 2006 - Cape Girardeau, Missouri

July 20-22, 2006 - St. Louis, Missouri

October 26-28, 2006 - Kansas City, Missouri

The open meetings are on Saturday mornings beginning at 8:00 a.m. Licensees who attend the open session of the Missouri Dental Board's quarterly meetings will receive two hours of continuing education credit per meeting.

For further information regarding meeting times and locations, please feel free to contact the Board's central office as it gets closer to the meeting date, or visit our web site. The address is on the inside cover of this newsletter.

Division of Professional Registration
Missouri Dental Board
3605 Missouri Boulevard
PO Box 1367
Jefferson City MO 65102

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Moving? Please notify the board office
of your new address.

Name: _____

Profession: _____

License Number: _____

Old Address: _____

New Address: _____

(P.O. Box must be
accompanied by your
physical address) _____

Signature: _____

Date: _____

Mail to:

Missouri Dental Board
3605 Missouri Boulevard, P.O. Box 1367
Jefferson City, MO 65102