Meeting Notice

Missouri Dental Board

March 6, 2015 @ 9:00 a.m.

Division of Professional Registration
3605 Missouri Boulevard
Jefferson City, Missouri

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri Dental Board, 3605 Missouri Boulevard, Jefferson City, Missouri 65109 or by calling 573-751-0040 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Except to the extent disclosure is otherwise required by law, the Missouri Dental Board is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021, Subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The Missouri Dental Board may go into closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

Please be aware that according to Missouri law, the Board can have open discussion and votes only on items included on the open agenda. If there is a topic you would like included on the open agenda, please notify the Board office not less than forty-eight (48) hours prior to the start of the meeting.

Please see the attached tentative agenda for this meeting.
Open Agenda

Missouri Dental Board
March 6, 2015

9:00 a.m.

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1. 9:00 a.m. Call to Order Dr. Wallace
2. Roll Call Dr. Chapman
3. Approval of the Agenda Dr. Wallace
4. Teledentistry Dr. Wallace
5. Sleep Apnea Dr. Chapman
6. Defibrillators in Dental Offices Dr. Aubert
7. Supervision of Dental Assistants by Dental Hygienists Ms. Polc
8. Review of Task List Dr. Wallace
9. Motion to go into Closed Session Ms. Polc
   Closed meeting pursuant to Sections 610.021 (1), (3), (5), (7), (13) and (14), RSMo, 324.001.8, RSMo and 324.001.9, RSMo.

Adjournment
OPEN MINUTES
Missouri Dental Board

March 6, 2015

Division of Professional Registration
3605 Missouri Boulevard
Jefferson City, Missouri

The Missouri Dental Board held a meeting which was called to order by Dr. Kevin Wallace, President at approximately 9:00 a.m. on Friday, March 6, 2015, at the Missouri Division of Professional Registration, 3605 Missouri Blvd., Jefferson City, Missouri.

BOARD MEMBERS PRESENT:
Dr. Kevin D. Wallace, President
Ms. Deborah K. Polc, R.D.H., Vice President
Dr. Eric J. Aubert, Member

BOARD MEMBERS ABSENT:
Dr. Bryan Chapman, Secretary
Mr. Randall Relford, Public Member

STAFF MEMBERS PRESENT:
Brian Barnett, Executive Director
Sarah Becker, Licensing Supervisor

LEGAL COUNSEL PRESENT:
Sarah Ledgerwood, Division Counsel

GUESTS PRESENT:
Diann Bomkamp, RDH, Missouri Dental Hygienists’ Association
Nathan Suter, DDS, COMTREA INC
Roberta Brown, RDH, Missouri Dental Hygienists’ Association
Vicki Wilbers, Missouri Dental Association
Katie Reichard, Missouri Dental Association
Merle Nunemaker, DDS, Missouri Dental Association
Mike Berry, DDS, Missouri Dental Association
Jody Vance, DDS, Missouri Dental Association
Lori Bruce, RDH, Advisory Commission for Dental Hygienists
Linda Twehous, Missouri Dental Assistants Educators
Jorgen Schlemeier, Missouri Dental Association

To better track the order in which items were taken up on the agenda, each item in the minutes will be listed in the order it was discussed in the meeting.
APPROVAL OF THE AGENDA
No vote taken due to not having quorum.

Ms. Ledgenwood stated that this is an open meeting but because of not having quorum, votes will not be taken; the purpose of this meeting is only to have open conversations about the subjects listed on the agenda.

TELEDENTISTRY

Dr. Wallace indicated that he appreciates the involvement from the MDA and their committee. Dr. Wallace spoke of how teledentistry means a lot of things to a lot of different people, from insurance companies, health care providers to educators. Several states have been active in developing some teledentistry regulations, Arizona, California, Georgia, Minnesota, Colorado, Florida, New York and the military. A thought is to call it telehealth instead of teledentistry. Dr. Wallace indicates that this gives a starting place to formulate ideas for Missouri. Dr. Aubert states that this will take some time and needs to be organized and well thought out.

Merle Nunemaker, DDS indicated that there are five (5) bills that he can think of at this current time being reviewed in the House regarding telehealth. Dr. Nunemaker's concern is that the Dental Board is right in the middle and has regulatory ability so it can be guided, but we need to be careful and safeguards need to be put in place. The board needs to be involved in the process from the beginning. One of the bills Dr. Nunemaker mentioned is HB320 which is a large telehealth related bill that could have an impact for dentists and dental hygienists.

Vicki Wilbers indicates that HB1014 has a telehealth impact, if you look at this bill doesn't take dental in consideration at all. It's a concern with the Association that proper information is shared with the Board and the Association.

Dr. Nunemaker spoke on behalf of the MDA teledentistry committee with suggestions to the Dental Board to look at regarding teledentistry. Those suggestions are:
1) The need to come up with necessary definitions, such as our proposal for teledentistry:
   Teledentistry is the use of electronic information and telecommunication technologies to support long distance clinical dental diagnostic care and patient education by a dentist. Dentistry would be best served by asynchronous transmission of diagnostic data, also known as "store and forward", where the patient information is obtained and then reviewed at a later time by a dentist off site. Synchronous, or "real time", transmission could also be utilized if there was a need for immediate discussions between the dentist and auxiliary on site.
2) There should be a time limit of 72 hours after diagnostic data is collected on the patient for the dentist to review and determine a diagnosis and treatment plan.
3) The providing dentist should be the record holder.
4) Standards need to be set for what can be considered an eligible teledental site.
5) Records need to be stored by an entity that would be able to provide them for audit and review if deemed necessary.
6) There has to be provisions in place for a site for definitive treatment within a reasonable distance of the patient.

7) Hygienists and assistants would be under general supervision of the dentist in accordance with current statutes.

8) Requirements for data collectors would have to be established. This could include, but not be limited to, years of experience, hours worked in a public health setting, applicable specific education and continuing education, and possibly even a tie-in to the site requirements.

9) The dental board should ensure that anything in legislation that could be related to teledentistry establishes the control of the dental board to make any applicable rules.

The committee's goal at first is to try to come down to basic entry level ideas. Dr. Nunemaker indicated the he and the committee will be glad to help the Dental Board at any time.

Dr. Wallace indicated his position is that he doesn't want to miss an opportunity to accomplish what they can as a group. Dr. Wallace asked if the focus of the MDA's committee is only in using telehealth technology to enable a diagnosis by a dentist who is not physically present with the patient. Dr. Nunemaker said that the discussion the committee has had at this point are at a basic level, however, it can be expanded beyond diagnostic. Dr. Wallace said if the discussion is expanded beyond enabling a distance diagnosis, there are two professions to consider when looking at services provided using telehealth, Dental Hygienist and Dental Assistants.

Dr. Wallace said that at the last Board meeting, the Board had heard a presentation regarding the use of teledentistry. It appears that existing regulations regarding supervision of dental assistants and dental hygienists predate the concept of teledentistry. Dr. Wallace would like to see the Board research and discuss teledentistry and how to regulate it in Missouri.

Discussion only, no motions made.

**SLEEP APNEA**
No discussion

**DEFIBRILLATORS IN DENTAL OFFICES**
Dr. Aubert has done research and had contacted the State of Florida and also spoke to a Florida former board member as they have been instrumental in making it mandatory to have defibrillators in dental offices. The state of Florida has implemented as part of its statutory/regulatory mandate in 2006, “every dental office location shall be required to have an AED. Without an AED on site, it shall be considered to be practicing below the minimum standard of care.” New York also requires AED in dental offices. Dr. Aubert states that medical emergencies do arise in dental offices; all staff should be trained in CPR and/or BLS. An emergency team needs to be prepared in case of an emergency. Having an Automatic External Defibrillator (AED) dramatically increases the rate of survival in a cardiac Arrest. Dr. Aubert pointed out that 100% of dentist use local anesthetics with vasodilators which usually cause an increase in heart rhythms, and accidents can occur. The purpose of this board is to protect the public with the best
means possible, which should include AED's in dental settings. AED's are established
to increase a quick delivery of emergency response to victims with great results when
delivered within a period of time. The availability of immediate CPR with Defibrillation
significantly improves the survival rate for persons. Dr. Aubert had pointed out that not
having an AED in your inventory of emergency equipment is at an increased risk of a
lawsuit should a patient or staff member collapse from sudden cardiac arrest.

Dr. Aubert stated that should this board mandate mandatory defibrillators in the dental
office as it would be a win-win situation for the dentist as well as the perception to the
public that this board has extreme concern and protection of the public.

Mr. Barnett questioned how the Board would enforce the requirement for every office to
be equipped with a specific piece of equipment. The Board's enforcement abilities are
limited to the professional licenses the Board issues. If a licensee works in a facility
strictly as an employee and has no control over the supplies or equipment that are in
the practice, would that employee dentist be subject to discipline if the owner of the
practice failed to equip the facility with an AED.

Dr. Wallace suggested bringing back to the Board for a vote regarding a regulatory
change.

Discussion only, no motions made.

SUPERVISION OF DENTAL ASSISTANTS BY DENTAL HYGIENISTS
Ms. Polc informed the board that the Advisory Commission for Dental Hygienists met
and voted to recommend to the board to add language in Section 332.093 to allow
supervision of dental assistants by dental hygienists and allow a dental hygienist to
delegate duties to dental assistants.

Dr. Wallace suggested bringing the issue back to the Board for a vote regarding
supervision of a dental assistant by dental hygienists.

Discussion only, no motions made.

REVIEW OF LIST OF DISCUSSION TOPICS

No Discussion

ADJOURNMENT
There being no further open business to be brought before the Board at this time, the
meeting adjourned at approximately 11:55 a.m.

Respectfully submitted,
Sarah Becker, Processing Technician Supervisor

[Signature]
Brian Barnett, Executive Director

Approved by the Board on: July 30-31, 2015