Meeting Notice

Missouri Dental Board

April 28-29, 2016 at 8:00 a.m.

Missouri Council of School Administrators
3550 Amazonas Drive
Jefferson City, Missouri, 65109

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
April 28-29, 2016

Missouri Council of School Administrators
3550 Amazonas Drive
Jefferson City, Missouri, 65109

Thursday, April 28, 2016

1. 8:00 a.m. Call to Order  Dr. Wallace

2. Roll Call  Dr. Chapman

3. Approval of the Agenda  Dr. Wallace

4. Motion to go into Closed Session  Dr. Aubert
   Closed meeting pursuant to Sections 610.021 (1), (3), (5), (7), (13) and (14), RSMo, 324.001.8, RSMo and 324.001.9, RSMo.

5. Guilan Norouzi, D.D.S.  Dr. Wallace
   • 3:00 p.m. – Probation Violation Hearing

6. Motion to go into Closed Session  Dr. Aubert
   Closed meeting pursuant to Sections 610.021 (1), (3), (5), (7), (13) and (14), RSMo, 324.001.8, RSMo and 324.001.9, RSMo.

The Board will remain in closed session until
Friday, April 29, 2016

Friday, April 29, 2016

7. 9:00 a.m. Call to Order  Dr. Wallace

8. Roll Call  Dr. Chapman

9. Approval of the Open Minutes  Dr. Wallace
   • January 14-15, 2016 Board Meeting
   • December 23, 2015 Mail Ballot

10. Executive Director Report  Mr. Barnett
    • Financial Statement
11. Dialogue with Associations
   - Missouri Primary Care Association
   - Missouri Dental Assistants Educators
   - Missouri Dental Hygienists’ Association
   - Missouri Dental Assistants Association
   - Missouri Dental Association

   Dr. Wallace

12. Review of proposal from Dean Pyle, UMKC Dental School, regarding Limited Teaching License statute

   Dr. Wallace

13. Request from Missouri Primary Care Association regarding blood sugar/glucose screenings by dental healthcare providers.

   Dr. Wallace

14. Request from National Provider Compliance Corporation to become a Board approved CE sponsor

   Dr. Wallace

15. Sleep Apnea

   Dr. Chapman

16. Teledentistry

   Dr. Wallace

17. ADEX/CRDTS/WREB Reports

   Dr. Wallace

18. Review of Task List

   Dr. Wallace

19. Future Meeting Schedule

   Dr. Wallace

20. Motion to go into Closed Session

   Closed meeting pursuant to Sections 610.021 (1), (3), (5), (7), (13) and (14), RSMo, 324.001.8, RSMo and 324.001.9, RSMo.

   Dr. Aubert

   Adjournment
OPEN MINUTES
Missouri Dental Board

April 28-29, 2016

Missouri Council of School Administrators
3550 Amazonas Drive
Jefferson City, Missouri 65109

The Missouri Dental Board was called to order by Dr. Kevin Wallace, President, at approximately, 8:04 a.m. on Thursday, April 28, 2016, at the Missouri Council of School Administrators, 3550 Amazonas Drive, Jefferson City, Missouri.

BOARD MEMBERS PRESENT:
Dr. Kevin D. Wallace, President
Dr. Eric J. Aubert, Vice President
Dr. Bryan Chapman, Secretary
Ms. Nancy Maus, RDH, Member
Mr. Randall Relford, Public Member

STAFF MEMBERS PRESENT:
Brian Barnett, Executive Director
Sarah Becker, Processing Technician Supervisor
Josh Fisher, Investigator II
Tracey Pfaff, Investigator II
Rhonda Robinett, Investigator I

LEGAL COUNSEL PRESENT:
Thomas Townsend, Division Counsel

APPROVAL OF THE AGENDA
A motion was made by Dr. Aubert and seconded by Ms. Maus to approve the open agenda as written. The motion carried unanimously.

CLOSED SESSION
At approximately 8:05 a.m., a motion was made by Dr. Aubert and seconded by Mr. Relford to move into closed session pursuant to Chapter 610.021, sections (1), (3), (5), (7), (13) and (14), RSMo, and Chapter 324.001.8 and 324.001.9, RSMo, for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between the Board and its attorney, and approval of closed minutes. Those voting yes: Dr. Chapman, Ms. Maus, Mr. Relford, Dr. Aubert and Dr. Wallace. The motion carried 5 to 0.
FRIDAY, April 29, 2016
The Board reconvened in open session at approximately 9:04 a.m. on Friday, April 29, 2016. The meeting was called to order by Dr. Kevin Wallace at the Missouri Council of School Administrators, 3550 Amazonas Drive, Jefferson City, Missouri.

BOARD MEMBERS PRESENT:
Dr. Kevin D. Wallace, President
Dr. Eric J. Aubert, Vice President
Dr. Bryan Chapman, Secretary
Ms. Nancy Maus, RDH, Member
Mr. Randall Relford, Public Member

STAFF MEMBERS PRESENT:
Brian Barnett, Executive Director
Sarah Becker, Processing Technician Supervisor
Rhonda Robinett, Investigator I
Josh Fisher, Investigator II
Tracey Pfaff, Investigator II

LEGAL COUNSEL PRESENT:
Thomas Townsend, Division Counsel

GUESTS PRESENT:
Erika O'Malley, RDH, Advisory Commission for Dental Hygienists
Marsha Henderson, RDH, Advisory Commission for Dental Hygienists
Ashton Frank, RDH, Advisory Commission for Dental Hygienists
Linda Twahous, Missouri Dental Assistants Educators
Samuel D. Dedman, D.M.D.
Vickie Wilbers, Missouri Dental Association
Anne Keller, RDH, Missouri Dental Hygienists Association
Jody Vance, DDS, Missouri Dental Association
Cheryl Haley, DDS, Missouri Dental Association
Karen Dent, Missouri Primary Care Association
LeeAnn Turnbaugh, Missouri Dental Assistant's Association
Lori Pelke, Midwest Dental

APPROVAL OF THE MINUTES
A motion was made by Dr. Aubert and seconded by Ms. Maus to approve the open minutes of the January 14-15, 2016 full board meeting as written. The motion carried unanimously.

A motion was made by Dr. Aubert and seconded by Dr. Chapman to approve the open minutes of the December 23, 2015 mail ballot as written. The motion carried unanimously.
**EXECUTIVE DIRECTOR REPORT**

Financial Statement

Mr. Barnett provided the Board with the following Financial Statement as of April 2016.

**Missouri Dental Board**

**FY-2016 Financial Statement**

**As of February 29, 2016**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td><strong>Beginning Fund Balance – 7/1/015</strong></td>
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<td>YTD Revenue</td>
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<td>Attorney General Costs</td>
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<td>FY 15 Transfers Carried Over</td>
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Mr. Barnett advised the Board that the fee decrease rule is going through the rule making process; this should take effect on July 30, 2016 prior to the renewals notices being sent out. Mr. Barnett stated that the appropriations made it through the budget process without any problems and he doesn’t foresee any changes needed.

Mr. Barnett wanted to inform the Board that we are currently in the middle of the renewal cycle of sedation permits. One of the challenges staff have encountered is the requirement of submission of five complete patient sedation case records for renewing an individual permit.

When staff receives a licensee’s five cases for renewal, the records are sent out for review by an evaluator. The evaluators review the records by way of a checklist that lists the different things the rules says should be in the sedation record. If the records have all of the information listed in the rule, then the application successfully completes that part of the renewal process. The records that are missing information are where our office runs has a concern. Most often, when a record is missing information, it will be something missing from one of the five submitted records, rarely a critical deficiency in all five.

The requirement for the renewal is actually the submission of the records themselves; there isn’t a basis for denying the permit based on the substance or contents of the records. Dr. Wallace asked even if there are items missing in the record that are on the checklist, is there no provision in denying the renewal? Mr. Barnett said that is correct, that is why he is bringing this concern to the Board.

Currently, the procedure for when a deficiency is identified in a record is that staff will notify the licensee of the deficiencies that were identified by the evaluator and request a response from the licensee acknowledging that information. Staff will then renew the permit. Mr. Barnett would like to start doing a follow up to check on those licensees that had deficiencies and collect patient records to make sure that the licensee has corrected the deficiencies. At that point Mr. Barnett would like to bring those follow up records to the board for review. The permit has already been renewed and so this review is not part of the renewal process. This review is not really part of the renewal evaluators’ responsibilities. Mr. Barnett feels that the Board should complete those final evaluations using the records checklist.

Mr. Barnett stated that currently we have a process that is relying on board staff and evaluators a little too much. Dr. Wallace said that we ask a lot from the evaluators who are volunteers. Dr. Wallace said the responsibility should be on the Board and with that being said; the members need to be more involved with the process of evaluating the records and not depend on evaluators and staff to handle the entire process.

Mr. Barnett clarified with the Board that during this current renewal period we will keep doing the way we have been doing. Starting with the June 1, 2017 renewal cycle we will implement the process where the Board members will do the initial review of the records. The Board members agreed.
DIALOGUE WITH ASSOCIATIONS
Missouri Primary Care Association (MPCA)
There were no representatives for the MPCA at this meeting.

Missouri Dental Assistants Educators (MDAE)
Linda Twenhous representing the MDAE stated there is nothing much to report. They are currently watching legislation and particularly with the teledentistry issue as it pertains to supervision allowed by dental hygienist over dental assistants and what will be the responsibility of Dental Assistants.

Missouri Dental Hygienists’ Association (MDHA)
Ann Keller, RDH representing the MDHA. Ms. Keller informed the Board that HB 2027, the dental hygiene extended access bill, passed unanimously from the professiona registration and licensing committee. It then went to the House select committee or general laws where it was not discussed due to some concerns from the Missouri Dental Association. Ms. Keller said that their bill clearly states that they would be assessing patients as it states in our practice act, so there are still some things to work out but she feels that there are legislators behind them and are moving forward.

The Telehealth bill is also something they are keeping an eye on as it will possibly open more doors for Dental Hygienist and allow for better communication.

Missouri Dental Assistants Association (MDAA)
LeAnn Turnbaugh, representing the MDAA, stated that there isn’t much to report MDAA has been very active in supporting the Dental Assistant Programs and have presented 2 (two) scholarships this year to dental assistant students. They are also offering a nitrous monitoring course on June 11, 2016 at TMC Lakewood and the registration forms are available on the website.

Missouri Dental Association (MDA)
Dr. Jody Vance, representing the Missouri Dental Association thanked Mr. Brian Barnet and the Board for pushing the bill forward for the fee reduction for renewals. Dr. Vance reported that regarding HB 2027, the MDA has remained opposed to this bill. Dr. Vance stated that the MDA has reached out to the dental hygiene association upon Dr. Wallace’s request to try to have better communication.

Dr. Vance said that legislation has been passed changing the requirement for inspections of cone beam machines from every to every 6 years.

Dr. Vance also wanted inform the board the MDA is very excited to have Dr. William Kane appointed as the newest Board Member.

Dr. Aubert stated that he is a big advocate for Cone Beams and asked Dr. Vance if he feels that there will be a lot more liability for doctors as far as the interpretation as it is a
lot more information to be read with the cone beam. Dr. Vance said that moving the inspection to every 6 years is not going to affect public safety. The American Association of Radiology currently is working on a recommendation that depending on the size of the scan that has been taken the image should be reviewed independently by a radiologist. As the scans are better, someone will need to be responsible if something does show on a scan. Dr. Vance added that there is no official advice for this, but he recommends working with radiologists; and having them send full reports back to the dentist.

Dr. Wallace asked Dr. Vance if there is any concern of moving inspections to 6 years if that opens the dentist up more potential liability. Dr. Vance said not necessarily, the liability isn’t how the equipment operates. The computer technology they use for this equipment, if there is something wrong with the system there are automatic shut downs that goes with it. Dr. Vance added the real issue of liability comes from the operator error due to not fully training staff and then the interpretation of the scan. Dr. Vance added currently there isn’t really any CE available for these machines. The companies are doing a pretty good job of training with 3 day seminars for dentist and their staff but; not much support after the initial purchase.

REVIEW OF PROPOSAL FROM DEAN PYLÉ, UMKC DENTAL SCHOOL REGARDING LIMITED TEACHING LICENSE STATUE
Dr. Marsha Pyle and Dr. Connie White represented the UMKC Dental School. Dr. Pyle stated that we are in a period of significant change in dental and dental hygiene professions. Two issues in particular are determining competency for initial licensure and a teaching license for faculty as noted in the letter requesting to speak with the Board.

Dr. Wallace stated the Board often encounters situations where there is a concern with the competency of licensees who have been licensed for a while. In some situations the Board may identify a specific area of concern and attempt to remediate that issue with additional training. There are challenges in determining clinical competency in these situations. Dr. Wallace would like to work together with UMKC to figure out ways to address these types of issues. Dr. Pyle stated that is something that she would be happy to work together with the board on in the future.

Dr. Pyle asked to be able to talk about the Teaching License. She has proposed some changes to Chapter 332.425. There are two main changes Dr. Pyle would like to propose. One is to remove the 5 year limit on to have passed a state or regional entry level competency examination in sub paragraph 3. The reason is because the 5 year limit represents a barrier to someone who comes on as faculty. The second deals with adding language regarding the limited specialty teaching license for persons who have completed a CODA accredited specialty program. These would be people who have perhaps gone to a non-CODA accredited dental school in another country have completed a CODA accredited specialty training program and have achieved board certification in their specialty.
Specialty disciplines require knowledge test and also clinical skills assessment which represents a vetting process around competency to practice that specialty which Dr. Pyle would suggest would be much more valid in accessing a person’s competency and validity for a teaching license then to make a specialist who has only practiced their specialty to go back and do a clinical general dental licensure exam. If a person is board certified within their specialty, it would be taken as an indicator of competency in their specialty and a qualify for a specialty teaching license.

Dr. Pyle explained that UMKC, like every other dental school in the country a very broad and diverse group of faculty. Some of them have been trained in accredited dental schools and specialty programs in the United States and some have been trained in dental schools in other countries but have completed specialty training from a CODA accredited program, so this is not just an issue for UMKC but really is a national issue. Dr. Pyle believes that having her faculty credentialed by our state with some kind of teaching license is really important if they don’t hold a traditional license.

Dr. Pyle has a couple of faculty members who are fairly unique and would like to share with the Board who they are. One is a woman who has DDS training in Mexico and she then obtained an endodontic certificate from the University of North Carolina in 2010. After that she served as interim undergraduate clinic director at North Carolina. She then moved to the University of Texas Health Science Center in Houston, Texas and taught and practiced with a teaching license there in the department of endodontics. She holds a hospital appointment at Memorial Hermann Texas Medical Center and practice. She can be board certified in endodontics, and can practice under a teaching license in two other states but can’t obtain a teaching license in Missouri without taking a competency exam. It seems like the teaching licenses that people are coming into Missouri with are not transferrable because of our laws, so Dr. Pyle would like to get our statues modified so that these people would be able to practice in Missouri.

The second example Dr. Pyle has is a man she has personally known for 15 years. He has a dental degree from a school in India. He has oral surgery specialty training from the University of Hong Kong. Dr. Pyle worked with him early in her career and saw the kind of patient care that he has delivered and how he works with students. He’s compassionate and cares about quality of care and wants to instill those ideals into students. He knows the educational methodology much better than many of the other clinical faculty. He worked under a teaching license at Case Western Reserve University in Ohio, which is when Dr. Pyle knew and worked with him. He was critical with helping Dr. Pyle through accreditation during the time they worked together. He then moved to the Detroit Mercy where he ran an undergraduate clinic, teaching students and having patient interactions under a teacher license. He has been in the US for 15-20 years and has been very successful in providing high quality care but for him, unless he goes back into a DDS program or CODA approved program he really doesn’t have the means for a credential in our state. Dr. Pyle is wondering if the Board would be consider language that could permit somebody so unique like this who has a proven track record to be licensed. Perhaps with interviews, case presentations and evidence of teaching awards that they have won.
Dr. Wallace stated that the last example Dr. Pyle gave was the most difficult. There are others with similar credentials like his that we can't verify. Dr. Wallace said he has concerns with the subjectivity of vetting individuals for licensure on a case-by-case basis. Dr. Wallace knows from experiences as a Board member that with dentists trained in some other countries who have even passed a competency test in the United States, there have seen some significant differences with quality of care.

Dr. Wallace added regarding the first example of the 5 year limit to competency testing. The Board ran across this not too long ago and had a discussion regarding this issue. Dr. Wallace personally would like to see that looked at very serious in the near future.

Dr. Aubert said he can understand the frustration that Dr. Pyle goes through as it is not just a state wide problem it is a national problem. There is a short fall of educators out there.

Dr. Pyle asked the Board to consider reciprocity for someone who has a teaching license or comes directly to UMKC from a teaching position from another state where they had held a valid and unrestricted teaching license.

Dr. Aubert asked Dr. Pyle if she feels that the foreign trained dentists are as appropriate as U.S. graduates as educators. Dr. Pyle answered that she is very comfortable with the foreign trained faculty she has hired and would have them treat her or anyone of her family members. It depends on the person.

Dr. Wallace expressed concerns about blanket reciprocity for people with teaching licenses from other states because of the differences in what a teaching license means in other states.

Dr. Wallace’s other concern is the competency exams. Most of the board members have a belief that they are valid and needed at some extent.

Mr. Barnett asked for more specifics regarding what someone with a teaching license in Missouri would actually be doing, as he is trying to draw a distinction between the academic, research and clinical treatment roles? If a limited teaching license is limited to the academic and research aspect of the job, the Board may not have the same strong concerns with clinical competency. Mr. Barnett believes the Board’s concern is primarily when that person steps into a clinic setting and sees a patient and takes steps to try and treat that patient. There may be some confusion if someone with a teaching license is doing more than just teaching.

Dr. Aubert asked if someone with a teaching license would be in a faculty clinic where they are practicing in lieu of teaching as well.

Dr. Pyle said that they have a couple different types of positions. Basically clinical positions, tenured track positions that have in addition to academic teaching and clinical
teaching to include research and general knowledge. Most of the faculty have the option of 1 day a week for clinical practice.

Dr. Aubert asked what percentage of her faculty is foreign trained. Dr. Pyle states about 10 to 15%.

Mr. Barnett said that he understands the reluctance of someone that has been trained in a particular specialty go back and take an entry level clinical exam. For a long time in order to get licensed as a specialist in the State of Missouri the board had a specialty review process, an evaluation. Mr. Barnett asked if something like that would be an option for vetting someone for a specialty teaching license.

Dr. Wallace said he felt that something like that could be possible. This could be something to work together and utilize the existing faculty and specialist to help administer that.

Dr. Pyle said that is a way to go and realizes that it may be a really big thing to put our arms around to create this.

Dr. Pyle asked if someone has a clean teaching license from another state or several states, she is unaware of any data that would say that those individuals are anymore risk to the public than anybody else. So the person should not be considered for a teaching license through reciprocity?

Mr. Barnett explained that there are many differences in the authority granted to a person holding teaching license from one state to another. Mr. Barnett said that he knows that for some of the teaching licenses issued in some states that holder is restricted to the academic and research roles, so in that scenario, the board wouldn’t be comparing apples to apples. When that person comes to Missouri and the Missouri teaching license allows the holder to practice dentistry on a patient, the clinical treatment role, that is where the board is struggling with the need for competency assurances. When a person with a limited teaching license sits a patient down in a dental chair they have the same responsibility as any licensed dentist in Missouri and the patient has the right to the same quality of care as they would receive from any other licensed dentist in Missouri.

Dr. White, said they would get data from other states on exactly what the requirements are for obtaining a teaching license. If it’s true that 75% of our states have teaching licenses, it would be nice to be able to do some study and figure out what are requirements are for them to get a teaching license. Dr. White stated that when the schools try to recruit people from other states, people won’t come to Missouri if they are unable to practice their specialty in Missouri. It is a huge recruitment problem for the schools. Dr. White also stated that they have never envisioned this beyond the walls of the school. The average person might be opposed to this as they do not understand that it is within the dental school and not to have free reign to practice.
Mr. Barnett reiterated that the patient being treated within the walls of that dental school has the right to the same quality of care as a patient being treated in a private practice. He thinks that’s the reason for the concern. Dr. Wallace said this is the perfect place to start, let’s find out what states have this and see what they require.

Dr. Chapman agreed with what Mr. Barnett said that patients are patients no matter where they receive their treatment and all deserve high quality of care. Dr. Chapman does feel that it is different within the walls of a dental school then a private practice. Dr. Chapman asked if within a dental school, are there a lot more check and balances? Dr. Pyle said that if there are problems with a practitioner they don’t stay with the school appropriate actions are taken. Dr. Chapman said that just because they are licensed by a different means doesn’t mean that the patient is getting inferior service; the dental school oversees that practitioner and makes sure that they are being held to the standard of care.

Dr. Wallace asked that the issue be discussed further at the next meeting.

REQUEST FROM MISSOURI PRIMARY CARE ASSOCIATION REGARDING BLOOD SUGAR/GLUCOSE SCREENINGS BY DENTAL HEALTHCARE PROVIDERS

Mr. Barnett indicated that he spoke to representatives from the Board of Healing Arts and received the answer that essentially the diagnosis of a medical condition is the practice of medicine. If the scope of practice for a dental health care provider were to include gathering that information, that would be up to the rules and statues that define the scope of practice for that dental health care provider. Dr. Wallace said to be clear that it includes gathering the information not diagnosing. Mr. Barnett said diagnosis is off the table. Dr. Wallace said this isn’t really much different than the blood pressure issue in his mind, diagnosing high blood pressure it’s not the dentist job, however, it is the dentist’s job to know if there should be concern about the blood pressure of a patient before they do certain procedures and how it could affect them.

Dr. Wallace asked if checking a patient’s blood sugar is really that much different than checking a patient’s blood pressure. If he was to do 10 implants or take out 28 teeth, it may be his role and responsibility to know that patient’s blood sugar. It is not the dentist’s role to diagnosis diabetes, but it may be the dentist’s role to be aware of the patient’s blood sugar as it pertains to concerns about a dental treatment to be provided to that patient.

Mr. Barnett said to use the blood pressure analogy one could argue that a dentist has an obligation to that patient to make sure that any treatment that is provided to a patient isn’t going to cause that patient harm. From that standpoint that is why you collect that health history and that would be why you would take that patients’ blood pressure to make sure when, for example, you inject a local anesthetics to extract a tooth your action in administering that substance isn’t going to cause that patient harm. Mr. Barnett said from that standpoint the same principle could be true for the patients’ blood sugar.
Dr. Vance with the MDA stated that there are about 8 million people in the United States with undiagnosed diabetes right now. Anything that we can do as a screening tool he believes is beneficial to the public health overall. One thing to remember that we do tissue biopsy’s all of the time that could come back as some type of cancer that we refer them to a medical doctor. Removing blood is like a soft tissue biopsy and we are looking for specifically looking for just diabetes. Dr. Vance added that personally he sees this as a beneficial thing for patients. Dr. Wallace said that is an interesting analogy.

Mr. Relford said he can see it both ways, but knowing that my dentist knows everything when I am in their chair is comforting.

REQUEST FROM NATIONAL PROVIDER COMPLIANCE CORPORATION TO BECOME A BOARD APPROVED CE SPONSOR
Dr. Wallace said the Board had received a request to become a Board approved CE sponsor. Dr. Wallace said that he believes there is a problem with granting such a request.

Mr. Barnett explained that there is a process spelled out in the Board’s CE rule that has a list of board approved sponsors in it. The rule goes on to say that any sponsor that isn’t on that list and wants to provide CE credit for a specific presentation can seek approval from anyone on that list for of approved providers. If they are rejected by an approved sponsor, the rule says they can come before the Board and ask the Board to approve their presentation. The only way to become a Board approved CE sponsor is for the Board to promulgate a rule change and add an entity to the list in the rule.

Dr. Wallace stated that the Board will need to send a letter to National Provider Compliance Corporation explaining the process to them.

SLEEP APNEA
No discussion, no motions were made.

TELEDENTISTRY
Dr. Wallace stated that the telehealth legislation has been passed by the legislature and headed to the Governor’s desk.

Mr. Barnett said that: SB 579 was agreed to and passed. Language from SB 621 was amended to SB 579 regarding teledentistry / telehealth along with HB 1923 which is the house version of SB 621.

Dr. Wallace would like to table this until we are able to review thoroughly and develop a game plan on how to move forward.
ADEX/CRDTS/WREB REPORTS
Mr. Barnett received a request from Dr. Rolfe McCoy to be able to run for the WREB's Board of Directors. Dr. Wallace said from his understanding he needs the Boards support. Dr. Wallace would like to support him.

A motion was made by Dr. Aubert and seconded by Dr. Chapman to support Dr. McCoy's nomination to WREB's Board of Directors. The motion carried unanimously.

Ms. Maus stated that there is no report for ADEX.

Ms. Maus reported that she attended the steering committee meeting that was held in January. CRDTS and WREB will be exchanging observers from each agency to review exams. The purpose is to try to learn from each other and develop ideas for making it easier to see if changes are needed.

Ms. Maus reported on that WREB had recommendations for the 2017 exam such as utilizing electronic scoring, calibration changes and changes to diagnostic radiographs WREB does have retakes and the candidates know that day if they failed or not. The next meeting is scheduled for June.

Mr. Barnett reported CDCA would like to come in July and give a short presentation to the Board. He feels that it would be a good idea to have them in so that the Board can gain a better understanding of the Buffalo Model.

Dr. Pyle stated that with regards to the Buffalo Model, there were about six dental schools who tried it for the first time this licensure season. The results from the Deans were that some liked it and some did not, so it was not all good. Dr. Wallace asked Dr. Pyle for an explanation on how it's different and what it is. Dr. Pyle said that it allows for the examiners to come into the schools at a variety of times using those patient of records on the days that the students normally would treat those patients of record and be tested a variable times instead of testing everybody all at once on one day. The examiners come in the faculty is calibrated with the examiners and they do the assessments on site when the patient comes in. It's not a patient from off the street it is a patient of record. It solves some issues but from the Deans' perspective it is patient based and drives the curriculum.

Dr. Aubert asked if the students get credit for the restorations towards graduation. Dr. Pyle said you will have to check with individual schools but she would think so. A: UMKC students have to get a certain amount of experience in various procedures. They have to perform competency type tests for the school and then take the WREB exam.

Dr. Wallace asked if since the competency exam is required by UMKC curriculum, why couldn't the Buffalo model be worked into the process since it would basically fit with what they are already doing. Dr. Pyle said she and a lot of Deans have a concern ultimately with licensure portable and also patient based exams. Dr. Pyle said a letter has been sent to all state dental boards within the last couple of days regarding the
ADEA's position on clinical licensure. What ADEA is saying is licensure portable is very important and all the exams essentially test the same thing and that the Deans very much believe that patient based exams are not how we need to be determining licensure eligibility.

REVIEW OF TASK LIST
Dr. Wallace said that Teledentistry, Sleep Apnea, Clinical Competency Exams and Faculty Teaching License are items that will be placed on the July agenda for Board discussion.

FUTURE MEETING SCHEDULE
The Board set a meeting date for April 20-21, 2017.

ADJOURNMENT
There being no further open business to be brought before the Board at this time, a motion was made by Dr. Aubert and seconded by Dr. Chapman to adjourn. The motion carried unanimously. The meeting adjourned at approximately 11:06 a.m.

Respectfully submitted,
Sarah Becker, Processing Technician Supervisor

[Signature]
Brian Barnett, Executive Director

Approved by the Board on: July 28-29, 2016