

In This Issue

Message from the President

Kris Hudson

In the Board's quest to fulfill its mission of assuring that Oregon citizens receive the highest possible quality of dental care, we frequently return to the question of how can we ensure that dental providers continue to be competent. The Licensing, Standards and Competency Committee has been assigned the task of designing our competency program. The committee's first recommendation was to establish a way to audit continuing education courses each licensing cycle. The Board at its November meeting decided to start small and ask 15% of the dentists and hygienists to submit a record of their continuing education courses along with their renewal application. Forms were mailed in December to lucky participants in our pilot test.

We are not changing the rules at this time. The continuing education rules are found in the Dental Practice Act (green cover) which all of you should have received this past year. They are numbered 818-021-0060 and 818-021-0070. If you have not completed your continuing education requirements when you apply for relicensure, the law does not permit us to issue you a license and as you are aware, you cannot practice without a license. If you wish to continue practicing while completing your CE, you can request an extension and the Board may grant you a license, place you on probation and put other restrictions on your license.

We are also investigating disconnecting the CE requirement from receiving the license. And, we are working with the School of Dentistry investigating the possibility of developing an Advanced Institute for Clinical Practice where courses to enhance one's skills would be developed and provided.

At the November Board meeting I was chosen to represent the Board on the ODA's Continuing Competency committee. Board members believe that by working with the Associations and OHSU we can create a program that truly assures us that Oregon citizens receive the highest possible quality of dental care.

The following article is reprinted with permission from the Arizona Board of Dentistry and the author of the article, Dr. Lawrence Pozil. While the complaint process may be somewhat different in Arizona than in Oregon, the issues and statistics quoted are almost identical to the Oregon Board's experience. This article is well worth reading and implementing its suggestions in your daily practice.

EVEN WHEN YOU WIN – YOU LOSE!

By Dr. Lawrence H. Pozil, Chief investigator

When a case is filed against you by one of your patients, you lose! Even though you probably did everything correctly with the care and treatment of that patient, you lose! The investigative panel and the Board find your records and treatment at/or "above the standard of care" and the case is dismissed, you still lose!

How Did You Lose?

- 1) Time out of the office, which translates to loss of revenue.
- 2) Review of records and other information associated with the complaint translates to unproductive time.
- 3) Emotional stress incurred as a result of having to defend yourself translates to many intangible negatives - probably the biggest loss of all!
- 4) Having a case filed with the Board becomes a permanent record in the Board's database, which may translate to a negative perception by the inquiring public.

So How Do You Avoid Losing?

- 1) Solve the problem with the patient before he or she files the case. Almost always someone in the office hears about the problem from the patient before he or she contacts the Board. Listen to your staff when they tell you about the patient's complaint. Pick up the phone and talk to the patient yourself. That's right--do it yourself! **Remember, it's your license and your complaint, not your staff's.**
- 2) Keep accurate, legible records on every patient. This includes necessary x-rays, a clinical exam, written diagnosis and treatment plan.
- 3) You must also complete/update a medical history at least annually. (Don't forget to inquire about changes in prescribed medication!)
- 4) Inform every patient in advance of any treatment to be done and the fee. (This helps prevent communication and col-

lection problems later.) Record this in your records.

- 5) Before you turn a delinquent account over to a collection agency, exhaust every opportunity to collect the amount owed yourself. Turning a patient over to collection frequently triggers a case filed against you with the Board.
- 6) Treat your staff the same as you expect them to treat your patients. If you don't like and respect your staff, solve the problem quickly, before something is said to a patient that may trigger a case.
- 7) Evaluate the quality of your treatment frequently. Your patients expect you to be the "Tiger Woods" of dentistry.
- 8) Observe OSHA-enforced, CDC recommended guidelines. The Board adopted these and you are expected to follow (even exceed) them!
- 9) When you have a difficult patient who presents you with a problem you don't know how to solve, pick up the phone. Call someone you trust and respect for advice.
- 10) **Sell care, skill and judgment to your patients-not fillings, crowns, bridges and dentures.** Keep their perception focused on you as a professional, not a technician. (Patient satisfaction surveys repeatedly point to professional caring and politeness, cleanliness of the office and staff courtesy as perceived factors contributing to quality care.)
- 11) Treat all patients the way you want to be treated when you are a patient

The Nitty-gritty: A Few Pertinent Facts About the 350 to 400 Cases Filed with BODEX Annually

- Seventy-five to 80 percent are about money and communication. Chances are you can solve all of these problems yourself.
- Eighty percent of Arizona dentists have never had a case filed with the Board. What are they doing right?
- Even though a case is filed against you, you can call the patient and attempt to resolve the problem.
- If you receive a subpoena from the Board, respond in a timely manner.

In summary, the way to **not lose** with the Board is to never let a case be filed in the first place. Listen to your staff and to your patients. Solve problems yourself. Exercise good judgment before you begin to provide good care.

REVOCATION OF EXPIRED LICENSES

Prior to October 23, 1999, the Dental Practice Act required that the Board formally revoke licenses that had expired because the licensee did not submit a renewal application and renewal fees. Many licensees chose to allow their license to expire and subsequently to be revoked in this manner rather than go through the paperwork of submitting a letter of Resignation or Retirement with the Board.

For the 1999 Legislative session, the Board introduced legislation that was passed which repealed the requirement for this revocation process. The Board is in the process of developing rules regarding reinstatement of expired licenses. It is a violation of the law to practice dentistry or dental hygiene in Oregon without a current license! Pay attention to the expiration date on your license and contact the Board if you do not receive a renewal form at least one month before your license expires.

The Board makes every effort to contact licensees several weeks prior to the expiration of licenses, however, it is the licensee's responsibility to assure that his or her license remains current. To avoid any problems in receiving your renewal application notify the Board within 30 days of any change of address (this is also required by law). By paying attention to the renewal date on your license, and by letting the Board know of any change of address, you will reduce the risk of suffering the embarrassment and possible disciplinary action that may occur if you do not renew your license BEFORE it expires.

Following is a list of licenses that have been revoked since April 1999 because the licensees did not renew. We know most people on this list have retired, however, if you know anyone on this list who is still practicing, please have him or her contact the Board as soon as possible.

D7385	Kanthi Appannagari, DDS
D4026	Curtis Boulet, DMD
D4208	Laurence Burt, DMD
D4842	Richard Kosch, DDS
D4451	Gary McQuary, DMD
D3886	Chester Morrell, DMD
D7158	Ha Nguyen, DDS
D7383	Timothy Rorman, DDS
D6317	Henry Van Hassel, DDS
D7413	Peter Yanes, DDS
D6710	Theodore Zervas, DDS

NOTIFY THE BOARD OF ANY CHANGE OF ADDRESS

It is a licensee's responsibility to advise the Board of any change of address. Oregon Law requires that licensed dentists and dental hygienists notify the Board within 30 days of any change of address. If the Board does not have your current mailing address, it is very likely that you will not receive notices regarding your license renewal. Regardless of whether or not you receive a notice of renewal, it is your responsibility to assure that your license is current. Practicing dentistry or dental hygiene in Oregon without a current license is a violation of the Dental Practice Act. A form is

provided on the back of this issue for notifying the Board of a change in your mailing address.

YOUR LICENSE COULD BE IN JEOPARDY IF---

- You default on a student loan
- You fail to pay child support
- You fail to file a return or pay taxes

The Oregon Board of Dentistry is required by statute to take action against the license of persons who fail to meet their obligations to the Department of Justice, Division of Child Support; the Oregon Student Assistance Commission, or the Oregon Department of Revenue.

The Department of Justice, Division of Child Support (formerly Support Enforcement Division), responsible for child support, will send notice to individuals who are behind in their child support payments by \$2,500 or three times the court ordered amount, whichever is greater. The individual then has 30 days in which to contact the Support Enforcement Division and enter into a payment agreement. If the licensee fails to do so, the Board of Dentistry will be required to suspend, place on probation or not renew the license. (ORS 25.750) *This statute can also be applied to a driver's license or fishing or hunting license!*

The Oregon Student Assistance Commission (formerly the Scholarship Commission), responsible for student loans

has a similar law. If a person who holds an occupational license is in default of paying on their student loan, the licensee is given 180 days to enter into a repayment plan with the Commission. If this fails, he or she is given an additional 30 days to pay the balance before being reported to the licensing Board. If the licensee is reported to the Board, he or she will be suspended, placed on probation, or denied license renewal until the loan is returned to good standing with the Commission. (ORS 348.393)

Under ORS 305.385, licensing entities are required to "refuse to reissue, renew or extend any license" upon notice from the Department of Revenue that the licensee has neglected or refused to file any return or to pay any tax, and that such person has not filed in good faith a petition before the department contesting the tax, and the department has been unable to obtain payment through other methods of collection.

For more information call:

Division of Child Support
503-373-7300
Student Assistance Commission
541-687-7366 or 800-457-0135
Department of Revenue
503-378-4988

BOARD OF DENTISTRY STAFF:

Jo Ann Bones	Executive Director
Teresa Haynes	Licensing & Examinations
Sharon Ingram	Office Manager
Paul Kleinstub, DDS	Chief Investigator
Jeannette Nelson	Secretary
Daryll Ross	Investigator
Harvey Wayson	Investigator

E-Mail Address:

JoAnn.Bones@state.or.us
Teresa.Haynes@oregondentistry.org
Sharon.Ingram@oregondentistry.org
Paul.Kleinstub@oregondentistry.org
Jeannette.Nelson@oregondentistry.org
Daryll.Ross@oregondentistry.org
Harvey.Wayson@oregondentistry.org

The Board office is open from 7:30 a.m. to 4:30 p.m. Monday through Friday except state holidays.
We are located at 1515 SW 5th Avenue, Suite 602, Portland, Oregon 97201-5451
Phone: 503-229-5520 or Fax: 503-229-6606

DENTAL HYGIENE SERVICES
Linda Latshaw, RDH

Providing the best dental care to our patients is surely foremost in our hearts as we begin the day in our respective practices. Our professional world provides us with numerous educational opportunities for enhancing our healthcare provider skills. Our state dental and dental hygiene practice acts with their respective rules also provide us with the current guidelines for our scope of practice. From time to time, inconsistencies develop regarding what is practiced in the dental community at large and what is actually written regarding our scope of practice. Fortunately, the statutes provide us with a mechanism to change a rule when it no longer defines what appropriate dental treatment is.

One issue that the Board continues to deal with involves what constitutes proper authorization by the dentist for a dental hygienist to practice under general supervision when they are to provide dental hygiene services to brand new patients to the practice. The definition of general supervision is found in the statute and is placed there by legislative action. The statute states that '*general supervision*' is supervision requiring that a dentist authorize

the procedures but not requiring that a dentist be present when the authorized procedures are performed.

The use of the word "authorize" has always been at the center of the interpretation of general supervision. The Board has interpreted this to mean that in order for a dentist to authorize a procedure the dentist must have clinically examined the new patient and actually determined the need for any specific treatment. When the Board of Dentistry considers a complaint regarding a licensee, and in the process of the investigation determines that dental hygiene services have been provided to a new patient prior to the dentist examination, the Board considers this as an infraction of the practice act. Discussion around the Board table always follows as to what the current standard of practice is in the community and how does the dentist diagnose the need for a treatment without first reviewing current x-rays, a completed periodontal assessment, and considering the hygienist's evaluation of their new patient's needs. Creative ideas abound, but in the end the Board must rely on the Dental Practice Act with its Administrative Rules to govern its decisions. Changes in the rules are dependent on creative ideas teaming up with interested and consensus-building dental professionals through the public hearing process.

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Portland
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Eugene
Portland
Lake Oswego
Wilsonville
Salem
Dallas

Year 2000 Board Meetings

January 21
March 10
May 5
June 30
August 25
October 20
December 15

THE 1999 LEGISLATIVE SESSION

Jo Ann Bones, Executive Director

Several bills were passed by the 1999 Legislature that affect the Board of Dentistry. All of the bills became effective October 23, 1999 unless otherwise noted in the narrative.

HB 2106 This bill increased the Board's civil penalty authority from a maximum of \$1,000 per violation to \$5,000 per violation. In the past, the OBD has felt hampered in its discretion to levy fines that are meaningful. There have been cases in which the transgressions were so egregious that Board members wanted to be able to penalize the licensee sufficiently that the licensee would permanently make a change in his or her behavior. This new law also gives the Board the authority to assess administrative fines against unlicensed persons practicing dentistry or dental hygiene rather than filing injunctions or pursuing other action through local law enforcement agencies.

HB 2108 This legislation made several changes to the dental practice act. First, adds "incapacity to practice safely" to the list of actions considered Unprofessional Conduct under ORS 679.140 (1) and gives the OBD the authority to deny the application or renewal of a person who is incapable of practicing safely after a competency examination has been conducted.

Secondly, the new law removes the formality of revocation of a license when licensee has not renewed his/her license by application or payment of the renewal fees. The Board is in the process to developing rules to define how a license that has expired can be reinstated. The other housekeeping item in the bill removes the requirement that complaints be notarized.

HB 2108 also establishes a new category of licensure for full time faculty at the OHSU, School of Dentistry and limits the licensee to practice only within the confines of the School of Dentistry. This piece of the house bill was the result of a request from Dr. Sharon Turner, Dean, in an effort to aid her in recruiting faculty by enhancing their earning capacity and will also help faculty maintain their clinical skills. The conditions of this faculty license were worked out collaboratively by the School of Dentistry, the Oregon Dental Association and the Board of Dentistry.

The last part of this bill directs the OBD to adopt rules to allow dentists to administer local anesthesia for persons who are seeking lip tattooing from licensed permanent color technicians and tattoo artists. This piece of HB 2108 was added at the request of a legislator. The OBD is working with the Advisory Council for Permanent Color Technicians and Tattoo Artists to draft the required rule.

HB 2525 This legislation creates a Central Hearing Panel within the Employment Department and requires that most agencies, including the OBD, use the services of the state-employed hearing officers in the conduct of their contested case hearings. This bill goes into effect January 1, 2000.

HB 2554 This legislation limits civil liability for certain healthcare practitioners, including dentists and dental hygienists, who provide services without compensation. The licensees who wish to limit their liability under this law must register annually with the licensing Board. The Board cannot charge a fee for this service.

HB 2718 This new law requires the Department of Administrative Services to

establish a program to purchase and maintain liability insurance for certain retired dentists who have maintained an active license and perform volunteer work for charitable organizations. This bill was intended to aid in removing a barrier to volunteering for organizations such as NW Medical Teams.

HB 3031 Governor Kitzhaber vetoed this piece of legislation, which would have prohibited the OBD from investigating complaints of incidents that occurred more than five (5) years prior to filing of the complaint with the Board. The OBD opposed this bill as it felt such a law would limit the Board's ability, in certain cases such as fraud or sexual misconduct that are not reported immediately and sometimes involve slow and painstaking investigations. The bill would also have made the Board of Dentistry the only regulatory Board with this type of restriction on its duty to protect the public.

HB 3123 This legislation changes the statutory language regarding the types of examinations that the Board may recognize. It allows the Board to accept the results of dental clinical examinations conducted by other states. Prior to this, the Board would only consider the results of examinations conducted by regional testing agencies (such as WREB). Unfortunately, this bill only dealt with dental clinical exams and did not mention dental hygiene clinical exams. The Board intends to correct this oversight at the next legislative session.

HB 5026 This bill added one new position to Board staff and authorized its budget for

1999-2001 at just over \$1,400,000 for the two-year budget period. This budget became effective July 1, 1999. (The Board's budget is supported entirely by license and application fees. There are no general tax dollars in the Board's budget.)

SB 236 This piece of legislation loosened some restrictions on confidentiality of investigative information to address unexpected problems that arose as a result of the 1997 bill, SB235. SB 235 severely restricted the ability of OBD and other health care licensing boards to communicate with other public agencies regarding investigations of mutual concern and to share investigative findings with the licensee and the complainant. SB 236, passed by the 1999 Legislative Assembly, will allow the Board to release some information to other public entities that have a regulatory need (such as Medicaid Fraud, DEA, or the dental board of another state) and to provide summaries of investigative findings to the licensee and complainant.

SB 598 This bill modified the definition of dentistry in Oregon in concert with the recommendations of the American Dental Association. The last update of the definition of dentistry in Oregon was in 1980 and the art and science of dentistry has advanced with new technology and procedures. This statutory change also gives the Board the ability to make determinations of what is within the scope of practice of dentistry based on what is taught in accredited dental schools and post-graduate programs.



NEW INVESTIGATOR JOINS THE BOARD

A new investigator position was added to the Board's staff of permanent employees by the 1999 Legislature. This is the first new position added in over a dozen years. A statewide recruitment was conducted and several well-qualified candidates were interviewed. Harvey Wayson joined the staff on July 1, 1999. Harvey has taken on his duties with enthusiasm and quickly exhibited his talent for organization and thoroughness. In addition to working on our perennial backlog of investigations, Harvey is developing a system for managing the Board's compliance monitoring program and also conducting background checks on applicants for licensure. Harvey worked over 20 years for the U.S. Customs Service and more recently as an investigator for the State Department of Consumer and Business Services. We welcome Harvey to our team!

Unacceptable Patient Care ORS 679.140 (1) (e)

Case #1999-0027 A dentist agreed to be reprimanded, to complete 18 hours of continuing education in diagnosis and treatment of periodontal disease and record keeping and to make restitution in the amount of \$7,500 based on allegations that the dentist failed to do periodontal probing and failed to diagnose and plan treatment to address bone loss evident on radiographs; in repeated instances failed to document a diagnosis to justify treatment; and failed to diagnose and treat periodontal disease.

Case #1999-0136 A dentist agreed to be reprimanded and to make restitution to a patient in the amount of \$431.50 based on allegations that the dentist failed to take post treatment radiographs of an extraction site and, when the patient returned with post-treatment complications, failed to diagnose a retained root tip at the extraction site.

Case #1999-0063 A dentist agreed to be reprimanded, to participate in 60 hours of Board approved continuing education in periodontics and record keeping, to make a restitution payment of \$5,000 to the patient, and to pay a civil penalty of \$1,000; based on allegations that the dentist, over a 16-year period, failed to document the patient's progressing bone loss, failed to document a diagnosis of periodontal disease and failed to seek consultation of a periodontist.

Case #1997-0182, 1998-0149, 1998-0226 and 1999-0118 A dentist agreed to a suspension of the dentist's license for at least three years and to pay a civil penalty of \$10,000. Licensee may seek reinstatement of the license only after passing the dental clinical examination conducted by WREB; satisfactorily completing a Board-approved course in professional ethics; and satisfactorily completing a Board-approved course in the English language. These sanctions were agreed to by the licensee based on numerous allegations of unacceptable patient care, lack of documentation,

attempting to deceive the Board, and failure to cooperate with the Board.

Unprofessional Conduct ORS 679.140 (2)

Case #2000-0004 A dentist agreed to be reprimanded and to pay a civil penalty in the amount of \$500 based on allegations that the dentist allowed a dental hygienist whose license had expired and been revoked to practice dental hygiene on patients.

Case #1997-0091 A licensee agreed to immediately discontinue the practice of dentistry and dental hygiene pending further action of the Board based on allegations that the licensee violated the terms of a previous Consent Order requiring licensee to not use alcohol or controlled substances.

Case #1999-0174 A dentist agreed to be reprimanded, to not apply for a DEA controlled substances registration without prior permission of the Board, and to be placed on indefinite probation subject to the following conditions: be evaluated by an addictionologist or substance abuse evaluator; participate and complete all phases of treatment plans recommended by such evaluator; attend AA; submit random, supervised urinalysis; to not use any controlled substances or alcohol unless prescribed by a licensed practitioner; and appear before the Board every four months. Licensee agreed to the sanctions based on allegations of misuse of controlled substances.

Case # 1996-0191 A dentist's license was revoked by the Board based on findings that the licensee did not comply with the terms of an earlier Consent Order (failure to pay a civil penalty to the Board, and failure to repay OMAP).

Making an Untrue or False Statement to the Board ORS 679.170

Case # 1998-0136 A dentist's license to practice dentistry in Oregon was revoked based on findings that the dentist made untrue statements of a material nature on an application for renewal.

Practicing without a License ORS 679.020

Case #1999-0129 A dentist agreed to be reprimanded, to pay a civil penalty of \$5,000, and to be placed on probation subject to the following conditions: 30 days suspension, appear before the Board every three months for one year, pass the Board's Jurisprudence Examination, and agree to unannounced inspections of licensee's office by the Board. Licensee agreed to these sanctions based on allegations that the dentist practiced dentistry in Oregon for approximately four months prior to being issued a license to do so.

Practicing without a License ORS 680.020

Case #2000-0002 A dental hygienist agreed to be reprimanded and to pay a civil penalty in the amount of \$1,000 based on allegations that the dental hygienist continued to practice dental hygiene on patients after the hygienist's license expired and was revoked for non-payment of renewal fees.

CONGRATULATIONS! Sherry L. Lemon, MS, RDH, Chair of the Dental Hygiene Department of the OHSU School of Dentistry has been appointed to represent dental hygiene schools on WREB's Dental Hygiene Examination Review Committee (DH-ERC). As a member of the 12-person DH-ERC, Ms. Lemon will provide direction in developing recommendations for changes in dental hygiene examinations conducted by WREB. The dental community, and Oregon, will be well served by the expertise Ms. Lemon brings to this important appointment.

GOVERNOR SEEKS APPLICANTS FOR STATE BOARDS

Members of Oregon state boards and commissions are vital participants in policy making, regulation, advisory and advocacy efforts for a wide variety of issues affecting all Oregonians. Governor John Kitzhaber makes direct appointments to nearly 200 boards and continuously recruits qualified applicants.

By serving on boards, dedicated citizens have the opportunity to participate in developing a wide variety of governmental policies. The board system contributes to the success of Oregon state government and is key to bringing local citizens' talent and interest to the state level. Governor Kitzhaber encourages all Oregonians to become actively involved in the administration of state government.

Currently, in the dental arena, the Governor's Office is seeking applicants for two dentist positions on the Board of Dentistry, and a licensed dentist and two public members to serve on the Board of Denture Technology. There are also other opportunities available throughout state government involving major issues ranging from consumer protection, to economic development, education, conservation, personal rehabilitation and criminal justice.

If you, or someone you know, are interested in serving on a State board or commission, information packets can be obtained by contacting:

Executive Appointments
Office of the Governor
160 State Capitol
Salem, OR 97310
Telephone (503) 378-3123
Fax (503) 378-6827

**NEW AND IMPROVED RULES REGARDING DENTAL ASSISTING
IN EFFECT JANUARY 1, 2000
Jo Ann Bones, Executive Director**

Effective January 1, 2000 there is an entirely new set of rules in effect regarding dental assisting in Oregon. These rules are the result of two years of concerted effort by a dedicated group of dentists, dental hygienists and dental assistants who spent many hours reviewing standards, discussing the issues and writing and rewriting proposed rules. Board member Dr. Ed Straka ably led the committee through all the twists and turns that ultimately worked out the Board's new Division 42 which replaces the old Division 41. Committee members over the two years included Dr. Lewis Blue, Lynda Ciri, RDH; Pam Philips, RDH; Dr. Clayton Stearns; Dr. Pat Nearing; Linda Latshaw, RDH; Dr. Ken Johnson; Ellen Young, RDH; Lynn Ironside, RDH; Bonnie Marshall; CDA, EFDA; Cathy Taylor, CDA, EFDA; Marcella McClain, CDA, EFDA; Nancy Deimling, CDA, EFDA; Mary Harrison, CDA, EFDA; and Marge Cannon, EFDA. Also closely involved and of utmost assistance were Dr. Richard Garfinkle, Dr. Doug Klein and Beryl Fletcher from the ODA. Input was provided by many people from all aspects of the dental community. Please forgive this writer if a name has been left off of the above list – every participant was an important part of the final product and your time and expertise are greatly appreciated!

What do the new rules do?

- The rules clarify the level of supervision required for various types of functions; Basic, EFDA, radiographs, etc.
- The new rules list prohibited acts (818-042-0040) but DO NOT list the permitted duties for basic dental assistants as the old rules did. The rules assume that if the duty is not prohibited or does not require another certificate or license, then it is permitted (assuming that the dentist has authorized and appropriately supervises the procedure).
- The rules allow certification by credential for dental assistants who have worked in other states that have requirements that are equivalent to Oregon's.
- The rules make the various pathways to certification equitable for all applicants and assure the protection of the public.

What new duties can a dental assistant perform?

- A "Basic" Dental Assistant may place and remove rubber dams after receiving proper training from the dentist. This procedure was previously allowed only for EFDA certified dental assistants.
- An Expanded Function Dental Assistant (EFDA) may now remove temporary crowns, preliminarily fit temporary crowns to adjust occlusion outside the mouth, temporarily cement a temporary crown after it has been approved by the dentist, and place temporary restorative material in teeth.

These changes are in addition to the July 1998 rule change which allowed EFDAs to place sealants after obtaining the appropriate formal training, and which removed the age limit of patients on which an EFDA could polish coronal surfaces with a brush or rubber cup as part of oral prophylaxis.

The Board feels that these changes will greatly enhance the ability of the dental office to serve the needs of their patients and free up the doctor's time to devote to more acute care. A copy of the new Division 42 was mailed to all licensed dentists in early October. If you did not receive your copy, please call and we will send you another. Also, if you have questions at all about these rule changes, please do not hesitate to call the Board office.

CONTROLLING CONTROLLED SUBSTANCES
Paul Kleinstub, DDS, Dental Director and Chief Investigator

Violation of any Federal or State law regarding controlled substances is unprofessional conduct (OAR 818-012-0030(13)). It is also unprofessional conduct if the licensee does or permits any person to use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature (818-012-0030(10)); or, to use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form. (818-012-0030(11)).

As patient files are reviewed at the Board office, we frequently see documentation problems (usually lack of documentation) regarding controlled substances. Board rules require that

Each licensee shall have prepared and maintained an accurate record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed. (OAR 818-012-0070(1) and (1)(g))

A copy of the prescription, permanently kept in the patient records, will satisfy the prescription documentation requirement portion of this rule.

OAR 818-012-0100(1) states: "Each dentist shall have a current and constant inventory of all controlled substances."

This rule concerns controlled substances kept in and dispensed from a dental office. It is best satisfied by maintaining a drug log which would be a bound volume with consecutively numbered pages. All entries should be in ink, identifying:

- **The receipt of controlled substances.** The exact name of the drug distinguishing between generic and brand name, strength and amount received, and date received and initialed by the dentist. Retain on the premises, separate from patient records, for at least 2 years.
- **The dispensing of controlled substances.** The name of the patient, name of the drug, strength and amount of the drug, date the drug was dispensed, and an initial or signature of the dentist. Documenting this information is a DEA requirement.

Utilizing a format similar to a check book, with a column for the balance of the drug on hand, will satisfy this rule and provide an easy check for the inventory of drugs on hand in the office. This requirement covers all controlled substances, whether in pill or injectable form, or whether purchased or procured as a free sample.

The DEA requires that an inventory of all controlled substances be done at a minimum of every two years. This is a requirement separate from OAR 818-012-0100(1), however the documentation of the drug log, in conjunction with a physically counted inventory (rather than an arithmetic subtraction or computer inventory), may fulfill the DEA requirements if the inventory is marked open or close of the business day on which the inventory is done and signed by the dentist. Prudence would dictate the taking of this inventory at least annually.

