

Welcome

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CALIFORNIA DENTAL PRACTICE ACT

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Course Objectives

- Describe the legal issues for license renewal, including Continuing Education requirements and criminal history reporting.
- Record keeping and staff management
- How to comply with the legal requirements of the Dental practice Act

Course Objectives

- Basic overview of the DPA and the new regulations, structure of the governing bodies of the DBC.
- Reviewing Citations, acts of violence, mandated reporters pertaining to the DPA.
- Current changes for education and new licensees

DENTAL PRACTICE ACT

Every state has a dental practice act. The mission statement for the California Dental Board states “Protection of the public shall be the highest priority, in exercising its licensing regulatory and disciplinary functions.

Dental Practice Act Mission

- **“Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount”**

Services to the Public

- As a professional we serve the public with quality, competent and timely care within the area of the clinical circumstances presented by the patient. We must behave with honor and decency towards are patient and commit to uphold the professional code of ethics.

DBC and Department of Consumer Affairs

- The consumer affairs is the umbrella that many different agencies fall under. The DBC is one of many. DCA oversees boards, committees, and bureaus. They regulate all health professions. I have to explain this more to meet the current requirements of this course. So let's move forward.

DBC and the DCA

- The DCA regulates Health professions and other professions as:
 - Home furnishings
 - Auto repairs
 - Thermal insulation and more
- The Legislature mandates that each of these Boards be evaluated every 4 years to determine if the public needs their existence. Ouch!

DBC

- The board consist of 14 members.
- 8 practicing Dentist (1 will be Faculty of Ca. dental school or nonprofit clinic)
- 4 public members
- 1 registered dental hygienist
- 1 registered dental assistant
- All dental professionals must be actively , legally engaged in the practice of dentistry in California for at least 5 years prior to their appointment

DBC

- The DBC has the authority to create and promulate regulations in regard to the practice of dentistry. They can request for new regulations or a change in current regulations coming from several different sources such as organizations, individuals, and state agencies.

Current Regulations

- Effective 12/7/2012
- Sponsored Free Health Care Events/section B&P code 901, It governs out of State dental practitioners with a valid, current, active licenses to participate in Free Health care Events in California. You must go onto the boards website and download Form 901-A and submit it 90 days prior to the event

Dental Hygiene Committee of California

- DHCC consists of nine-members appointed by the Governor=4 public members, one practicing dentist and 4 dental hygienists.
- DHCC responsibilities: issuing, reviewing, and revoking licenses as well as developing, administering examinations.
- DHCC adopts, regulates, and determines fees and CE requirements for all hygiene licensee categories.

DHCC-Top 500 Hygienist ?

The Dental Hygiene Committee of California has a list of 500 Hygienist that owe back taxes to Board of Equalization or Federal Tax Board.

DHCC

- You either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE.
- If you don't come into compliance they will have the DHCC suspend your license until the DHCC receives a release from the FTB or BOE.

DHCC

- Check this website for your name
- www.boe.ca.gov/cgi-bin/deliq.cgi
- **If your name is on this list by error call either one:**
- **FTB 866-418-3702**
- **BOE 916-445-5167**

Dental Hygiene Committee

- B&P code section 138 requires that all DHCC licenses provide notification to their patients that they are license by DHCC.
- Example: of course 48 point

DHCC Notification Example

- Notification to Consumers: Dental Hygienists are licensed and regulated by the Dental Hygiene Committee of California

DHCC Notification Example

- 916 263-1978
- www.DHCC.Ca.GOV

DHCC

- Discuss with the Dentist or manager as to what method of notification to use:
- 1. Posting a sign in an area where you practice, that is conspicuous to patients and their representatives.
- Must be 48 point type in Arial font. (so everyone can read it)

DHCC

- 2. Including the notification in a written statement, signed and dated by the patient or patient representative, and kept in the patient's file, stating the patient understands that you are licensed and regulated by the DHCC.

DHCC

- 3. Including the Notification in a statement on Letterhead, care instructions, or other documents given to the patient or representative, where the Notification is placed immediately above the signature line for the patient. Make sure its 14 point.

DHCC

- 4. You may wish to make the Notification available in other formats to accommodate your patients.

DHCC on RDHAP

- B&P code Division 2, chapter 4, Article 9 States that RDHAP are not permitted to incorporate pursuant to section 13401 & 1340.5 of the corporation code.
- DHCC will return Fictitious Name permit Applications "that include" incorporate as part of the fictitious name.
- Any questions call the DHCC @ 916-263-1978

Did you know?

- Effective Jan. 1, 2013
- A licensee who changes their email address is required to report the change in writing within 30 days.

DENTISTRY IS NOT...

- Anesthetic for cosmetic tattooing - eyeliner, lip liner, etc.
- BOTOX for cosmetic purposes
- Weight management
- HBV vaccines for employees or patients

Update on Botox

- Business & Professional Code 1625
- Botox or any related agents can only be used for the diagnosis & treatment of TMD/ Myofacial conditions as part of a comprehensive treatment plan. A Dentist may use any legally prescribed drugs to treat patients as long as the treatment is within scope of practice.

Update on Botox

- A licensed California Dentist who has been granted a Permit to perform elective facial surgery may utilize Botox and similar drugs purely for cosmetic purposes as long as it is legally prescribed and within the scope of practice for their permit. Some permit holders may not be authorized to perform all cosmetic surgery procedures

Update on Botox

- Business and professional Code 1638.1(f)
- It should be noted that all procedures authorized under the Elective Facial Cosmetic Surgery Permit must be performed in an acute care hospital or a certified surgical center as defined in this code.

Most recent abuses of the DPA

- Botox injections for "Smile improvement" has been a big issue.
- Strangest on was a Dentist doing breast exams for TMD diagnosis.
- Really out of Scope of practice

Scope of Practice in Other States

- **New York allows Dentists and Medical Doctors to split tongues**
- **Oregon allows Dentists to administer anesthesia for tattooing, lip and tongue piercing**

Recent abuses of the DPA

- Misusing of Allied Dental Health Professionals out of their scope of practice.
- Spa dentistry using non-licensed individuals to perform facials and pedicures.

CALIFORNIA DENTAL SCOPE OF PRACTICE

- **Includes ONLY Human teeth, jaws, and associated structures**
- **You may not clean or extract animal teeth**

DENTAL AUXILIARIES

- **Dental Assistant**
- **Registered Dental Assistant (RDA)**
- **Registered Dental Assistant in Extended Functions (RDAEF)**
- **Registered Dental Hygienist (RDH)**
- **Registered Dental Hygienist with Extended Functions (RDHEF)**
- **Registered Dental Hygienist in Alternative Practice (RDHAP)**

Boards Request

- The board is requesting all Dental License at renewal time to go online to fill out the Statistical Data/ California Business & Professional Code 1715.5 authorizes the Dental Board to collect information from the Dental Healthcare workers at the time of license renewal.

Boards Request

- Workers may self report His/hers employment status, post graduate training, practice specialty, cultural background and foreign language proficiency.
- This information will be reported annually on the Boards website follow the links at the Boards website

USE OF DENTAL AUXILIARIES

According to the California Dental Practice Act, a “dental auxiliary” is defined as a person who may perform dental assisting or dental hygiene procedures authorized by the act.

A Dental auxiliary also means a registered dental hygienist in alternative practice, who may provide authorized services by prescription provided by a dentist, physician or surgeon licensed to practice in California.

DENTAL ASSISTANT

■ A “DENTAL ASSISTANT” is a person who may perform basic supportive dental procedures under the supervision of a licensed dentist and who may perform basic supportive procedures as authorized under supervision of a registered dental hygienist in alternative practice.

2012 Changes For New RDA'S

- Dental Board Policy Changes:
- When filing to take the RDA Practical you must:
- Include proof of completion of X-ray and coronal polish certification, 8 hour infection Control course and CPR.
- Failure to provide will result in rejection and return.

What if the RDA wants to be a permit holder?

- An RDA may apply for either one or both by submitting written evidence of the following:
 1. Completion of a board approved ortho or dental sedation course
 2. Passing a written exam administered by the board that encompasses the knowledge, skills, and abilities necessary to competently perform duties of the particular permit.
- A RDA with either permit will be referred to as “RDA with ortho assistant permit” or “RDA with dental sedation assistant permit”
- CE requirements will be fulfilled for each permit

New RDAEF Category

- Currently, the 1,400 RDAEF's in the State of California can take impressions and place provisional crowns but not permanent restorations.
- As of Jan. 1, 2010 the new category will be called RDAEF-2
- They must be a current RDAEF and take a special course which only two Colleges in California are offering at this time. New ones are being added each month.

RDAEF-2

- This course will be a additional 280 hours and they must also pass the state exam.
 - When they become an RDAEF-2 they can now perform indirect and direct alloys and composites.
 - Endodontic points.
 - They can help cut in half the chair time for the Dentist.
- What a wonderful benefit!

RDAEF 2012 Upgrade

- All currently licensed RDAEF'S who wish to perform the new functions must complete a new board approved course in these duties.
- 380 hours or approx.29 days spread out in 8-9 months
- Some courses will involve online virtual classroom/ Sacramento City College

RDAEF2 Scope of Practice 2012

- 1. Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.
- 2. Perform oral health assessments in school-based, community health project settings under the direction of a DDS,
- RDH, RDHAP.

RDAEF2 Scope of Practice 2012

- 3. Cord retraction of gingiva for impression procedures.
- 4. Size and fit endodontic master points and accessory points.
- 5. Cement endodontic master points and accessory points
- 6. Take final impressions for permanent indirect restorations.

RDAEF2 Scope of Practice 2012

- 7. Take final impressions for tooth-borne removable prosthesis.
- 8. Polish and contour existing amalgam restorations.
- 9. Place, contour, finish, and adjust all direct restorations.
- 10. Adjust and cement permanent indirect restorations.

RDH

- RDH will not be able to perform any of the RDA, RDAEF, RDAEF-2 unless they keep each additional license current
- If an RDH would like to perform restorations:
 1. Obtain RDAEF license
 2. Complete the additional 280 hour course and pass the exam.
- At this time the Hygienist Association does not have the education programs in place

Registered Hygienist

- The practice of Dental hygiene includes:
 - Dental hygiene assessment
 - Developing planning
 - Implementation of dental hygiene care plan
 - Oral health education
 - Nutritional counseling
 - Oral health screenings

RDH specific duties

- Root planning
- Polish/contour restorations
- Oral exfoliative cytology
- Apply pit/fissure sealants
- Preliminary examination, including but not limited to:
 - Periodontal charting, intra-extra oral exam of the soft tissue
 - Charting, missing teeth, lesions, restorations, classifying occlusion, myofunctional evaluation
 - Irrigate sub-gingival with an antimicrobial/antibiotic

RDH duties with evidence of completion and Board approval

- Prior to performance the RDH must complete/pass courses approved by the board on the following
- Periodontal soft tissue curettage
- Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity. (Sorry no Botox)
- Admin of nitrous oxide and oxygen when used as an analgesic
- Utilizing fail-safe type machines containing no other general anesthetic agent.

RDH Question?

- RDH needs to give local anesthesia to a patient before lunch, but the Dentist needs to leave as soon as the RDH gives the injection. He/she says its OK as long as he/she is there during the injection. Is the Dentist correct?

RDH Correct Answer

- No! The administration of local anesthesia is a direct supervision duty. The Dentist is liable and responsible for the patient until treatment is complete.

RDH does not include

- Does not include:
 - Diagnosis & comprehensive treatment planning
 - Placing, condensing, carving or removal of permanent restorations
 - Surgery or cutting on hard/soft tissue including but not limited to removal of teeth and cutting and suturing of soft tissue.
 - Prescribing medications
 - Administering general anesthesia or oral, parenteral conscious sedation.

RDH Remember

- Remember that the supervising licensed Dentist is responsible to determining the competency of their Allied Dental Health Professional to perform allowable functions. Each ADHP must know his/her scope of practice. It's a criminal offense to perform illegal functions and grounds for license discipline on both Dentist and ADHP.
- If not on the list of allowable duties in the Dental Practice Act. It is not legal to perform.
- Example: Liposuction

REGISTERED DENTAL HYGIENIST

■ RDH may NOT perform RDA duties without a current RDA license (current dual licenses)

RDH Question?

- My employer dentist is away in Hawaii. Can I still treat patients and provide dental hygiene services?

RDH Correct Answer

- Yes! As long as you are performing only general supervision duties on patients of record .

Current Hygiene Duty table

- See handout

REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE - RDHAP

An RDHAP may perform dental hygiene services for a patient who has a written prescription for dental services issued by a dentist, physician, or surgeon licensed to practice in CA, and who has performed a physical examination and diagnosis of the patient prior to a prescription being provided. The prescription shall be valid for a time period based on the dentist's, physician's, or surgeon's professional judgment, not to exceed 18 months from the date of issue.

RDHAP

- New changes the DHCC states that RDHAP can apply for a mobile dental hygiene clinic permit
- A RDHAP who would like additional offices must apply ahead of time for an additional office permit.
- All RDHAP must report their locations to the DHCC

DEFINED LEVELS OF SUPERVISION - chap. 3, article 1, sec 1067

■**GENERAL** - supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising Dentist during the performance of those procedures.

■**DIRECT** - supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The Doctor is not there to monitor the technique, but to monitor the patient.

TABLE OF PERMITTED DUTIES

See attachment B&P 1750.1, Sec. 1750-1758 for new changes as of Jan.1, 2011

Remember if a function is not on the list of allowable duties it is not legal to perform

Posting Duties

Regulation Section 1068 requires posting of dental auxiliary duties in a common area of the office

Responsibilities Of The Supervising Dentist

- Determining the competency of the DA to perform basic supporting procedures**
- Assuring each DA, OAP, DSAP, RDH, RDHEF, RDA, and RDAEF completes within 6 months of employment date, board-approved courses in Infection Control, CAL Dental Practice Act, and basic life support by American Heart or Red Cross.**

Responsibilities Of The Supervising Dentist

- Must check and approve all direct-supervision procedures performed by an RDAEF or RDHEF prior to the patient's dismissal from the office**
- May utilize no more than three dental auxiliaries in extended functions**

Employer's Responsibility

- It's the employer's responsibility to verify that all licensed employees are currently licensed. You can do this online. It is a criminal offense to perform illegal functions and grounds for license discipline for both ADHP and DDS.**

“PERMIT HOLDER” Dental Assistants

TWO new “PERMIT HOLDER” license categories will be established:

- 1. Orthodontic Assistant Permit (OAP)**
- 2. Dental Sedation Assistant Permit (DSAP)**

Ortho Assistant Permit

DPA Section 1750.3a:

May perform, under direct supervision, all DA duties:

- Sizing, fitting, adjusting, prepositioning, curing in a position approved by the dentist, and removal of ortho bands and brackets
- Removing excess cement, supragingival

“Permit Holder” Dental Assistants

- Each permit holder licensee shall be subject to the existing continuing education and renewal requirements.
- Each applicant for a “permit holder” license must complete a Dental Board-approved course or courses.
- Must have 6 months OJT before starting course work and must complete the 12 months OJT before taking the final exam.

Ortho Assistant Permit

- Prepare teeth for bonding
- Activating bleaching agents with non laser, light-curing devices.
- Removal of excess cement from coronal surfaces of teeth under ortho treatment by means of an ultrasonic scaler
- Taking face bow transfers & bite registration

Dental Sedation Assistant Permit

- Any duties that a dental assistant may perform.
- Monitoring of patients during the preoperative, intraoperative, and post operative phases, using noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography.
- Taking impressions for guards/splints

Dental Sedation Assistant Permit

- Placement and removal of surgical dressings and sutures
- Adding medications to intravenous lines using a syringe, in the presence of a licensed dentist.
- Removal of intravenous lines
- Under the direct supervision of a license dentist or health care professionals authorized to administer conscious or general anesthesia in the dental office.

Permit Holders

■New with AB2637 law:

Two permits for orthodontic assistant and dental sedation assistant require the same renewal requirements as a licensee, including completion of 25 units biennially.

CE REQUIREMENTS FOR RENEWAL OF LICENSE - CCR 1017

- DENTISTS: 50 units/two years
- RDA 25 units/two years
- RDAEF 25 units/two years
- RDH 25 units/two years
- RDAEF 25 units/two years
- RDHAP 35 units/two years
- Maintain records for 5 years!!
 - Home study classes 50%
 - Attendance classes 50%

CE Courses

- Home study can be 20% and consists of : tape recorded
- Home study materials
- Video courses
- On-line computer courses
- Interactive-classroom-courses should be 80% consists;
- Lecture
- Telephone conferencing
- Live webinar

2010 CE Changes

■CE changes in 2010

■You may take up to 10 hours of CE per day.

■2008 you may only take 8 per day

Radiation Safety B&P 1656

The Dentist and anyone who operates x-ray units must either:

■Pass a Dental Board Approved x-ray safety course

or

■Have passed the board-administered radiation safety exam by Jan.1, 1985.

Most dental schools now include a course on radiation safety.

Dental Assistants & X-rays

- Although the Dental assistant is unlicensed each must have a California Radiation safety certificate if they are required to expose and process radiographs. Certification requiring successfully completing the Board approved course.

New Fingerprinting Law

- Title 16. Dental Board of California
Department of Consumer Affairs
- Effective July 1, 2011
- Sect.1007. If the Board asks Licensee to provide criminal history info., licensee shall respond with in 30 days. The licensee shall make available other documents and records with accurate information.

New Fingerprinting Law

- Section 1008.
- As a condition of renewal of a license,(license before Jan.1, 1999) or for whom an electronic record of fingerprints does not exist, shall furnish to the Department of Justice a full set of fingerprints for record keeping and obtaining a criminal history. You will receive info with your renewal notice.

New Fingerprinting Laws

- Failure to comply with the requirements of the section renders any renewal incomplete. Your license will not be renewed until compliance
- Failure to furnish a full set of fingerprints to the DOJ as required before or on the date of renewal is grounds for discipline by the Board.

New Fingerprinting Laws

- Licensee shall pay any costs for furnishing the fingerprints and conducting the searches.
- Condition of renewal, certify that your fingerprints have been furnished to the DOJ
- Requirement is waived if you are serving in the military outside the country

New Fingerprinting Law

- Licensee shall retain for at least 3 years from the renewal date, either a receipt showing the electronic transmission or receipt that the fingerprints were taken.
- Must disclose convictions, violations in this or any other state, or country, traffic fines under \$1000.00 not involving drugs, alcohol, or substance abuse, and disciplinary actions

Fingerprinting Help

- Live Scan is your best deal in fingerprinting and they have many locations in the state of California.
- Go on the CDA website or the Boards/ department of Consumer affairs or DOJ website for local addresses.
<http://ag.ca.gov/fingerprints/publications/contact.php>.
- You will need to download a Live Scan form for your licensee type

New Fingerprinting Law

- DDS pays for fingerprinting and searches.
- Keep your records of sending the prints to DOJ for 3 years to have proof you did it.
- Everyone license after Jan. 1, 1999 must have fingerprinting done.

LICENSURES

A Foreign license is not considered valid in the state of California

New information

- The DBC has been mandated by Cal. Legislature to accept applications from foreign dental schools for consideration. The process would allow any student from an approved foreign dental school to be eligible for licensure in California, with the same requirements as a US dental school graduate.

Licensure by Credentials

- Allows both the DDS & RDH to apply for licensure in California without completing the Ca. clinical exam process. Eligibility for LBC process is significant and limited to individuals who graduated from dental schools in the United States and have licenses from other states. These other state licenses must be current and in good standing. (no crimes or suspended, restricted)

License Violations

- Business & Professions code section 119 states that it is a misdemeanor for any person to:
- Display or cause or permit to be displayed or have in his/her possession either of the following: a canceled, revoked, suspended, or fraudulent altered license
- A fake license
- Lend his/her license to an other person, or knowing someone is using your license
- Displaying or represent someone's license to deceive.
- To duplicate or photograph or manufacture a license

Online Licensing "BreEZe"

- Online license renewal system called "BreEZe" will go live January 19, 2016.
- The Department of Consumers affairs(DCA) is anticipating the launch of a new computer licensing system. This will be their second launch. Medical and selected licensing groups were the first launch in 2013. Bugs have been worked out.

"BreEZe"

- You will be able to apply for or renew your dental license online.
- Pay with a credit card, track your status of an application or licensing request.
- Submit address changes and obtain proof of license status.
- Also enables consumers to verify a license and file complaints.

"BreEZe"

- The Dental Board of California anticipates a transition period during which licensure renewals will be interrupted when BreEZe goes live. The board will be unable to process any licensing request for approximately 5 days prior to the go live date.

License Renewal & BreEZe

- Renewals were sent out in Oct. 2015 for Renewals due in Dec. 2015 and for Jan.2016 due, renewals were sent Nov.2015.
- Mail options for license renewal will remain the same. Just a lot of down time in the mail process.
- You will still need to check the status and confirm the renewal has occurred @ dbc.ca.gov

"BreEZe"

- How to use BreEZe .
- Users must create a profile at breeze.ca.gov
- Website will help you with registering and subscribing to notifications and more.
- For credit card payment BreEZe will use a secured 3rd party vendor. Pretty Cool!

Permit processing

- Now with the "BreEZe" going live Jan.19, 2016 this process time will happen a lot faster.
- Just remember have some patients with it

EXPIRED LICENSE

- **No grace period on licenses**
- **Forfeit all professional liability coverage**
- **Renew your license on time**
- **Keep all your records-FOREVER!!!!**
- **With BreEZe we have no excuse now.**

Permit Processing Times by mail

- Dental License 90 days max. 90
- General Anesthesia Permit 30days max120
- Conscious Sedation Permit 30days max 75
- Fictitious Name Permit 30 days max 75
- Extramural Facilities 30 days max 75
- Referral Services 30 days max 30
- Radiation Safety 60days max 75

Permit Processing Times by mail

- Special Permits 30days max 75
- Mobile Dental Clinics 30 days max 75
- Continuing Ed providers 45 days max75
- Renewals 30 days max 75

REINSTATEMENT OF LICENSE

■DBC addresses each license on a case-by-case basis

■License may be reinstated within a 5-yr grace period

■Be prepared to make up all required CE units within that time

■In extreme cases reinstatement could mean going back to dental school

Renewal Question?

- I have been out of the country for a month on vacation. I forgot to renew my license before I left. It's only been over due by a couple weeks and my schedule of patients is full. I'm sure there is some sort of grace period. Right?

Renewal Answer

- Wrong. Put your instruments down and step away from the patient. You are out of compliance and not legal.

Enforcement by the Board

- Complaints regarding fees, billing disputes general business practices, personality conflicts are not handled by the board.
- The boards purpose of enforcement is to investigate reported criminal and administrative violations in the dental profession. Complaints can come from health care providers, consumers, law enforcement, insurance companies and other sources. The board receives thousands of complaints each year.

Oral Conscious Sedation Certificate for Pediatric Patients

■ **A certificate is required when a dentist intends to order or administer Oral Cons. Sedation to patients under 13 years old.**

■ **Applications can be based 3 ways**

■ **Completion of a program in oral/max surgery or pedo dentistry or perio dentistry**

■ **Complete practice residency or complete board approved oral max program**

■ **call 916 263-2300 ext.2333**

Updated name tag/ displaying

- **New changes:** Every dental licensee must communicate to patient his/her name, license type and highest level of academic degree by one or both of the following methods:
- In writing at the patients initial office visit. (24 point)
- In a prominent display in an area visible to patients in his/her place of practice
- Same info must be on the offices website that is controlled by the office.

Notice to Consumers

- Section 1065 effect: Nov.28, 2012
- A Licensed dentist engaged in the practice of dentistry shall provide notice to each patient of the fact that the dentist is licensed and regulated by the board. This notice shall include the following statement: Notice to consumers Dentist are licensed and regulated by the Dental Board of California. 48 point in public view

Notice to consumers

What it states:

- **Notice to Consumers**
- **Dentist are Licensed and regulated by the Dental Board of California. (877) 729-7789**
- **www.dbc.ca.gov**

Controlled Substance Utilization Review and Evaluation System

- C.U.R.E.S enrollment deadline has changed to July1, 2016.
- Changes comes after the governor signed AB679 (Allen). Cures program 2.0 is not fully operational at this time.
- All DDS who are authorized to prescribe , order, administer, furnish or dispense Controlled substances must register by 7/2016.

CURES

- Cures requirement was established as a part of a bill enacted 2014 (SB809 DeSaulneir) Legistration required the DOJ in conjunction with the DCA and DBC to develop a streamlined application and approval process to provide access to the CURES database, also known as the California Prescription Drug Monitoring Program (PDMP) for licensed health care Practioner's and Pharmacists.

Cures 2.0

- All California-licensed health care practitioners authorized to prescribe schedule II-IV controlled substance, and be registered to use Cures before July 1, 2016. You must register for Cures access if you meet these criteria, even if you are not prescribing or dispensing at this time. If you have a DEA # you must register.

CURES 2.0

- In order to use the CURES 2.0 system you must use a secured browser:
- Microsoft Internet Explorer version 11 or greater
- Google Chrome
- Mozilla Firefox
- Safari
- Regardless of the browser, you must register for CURES
- www.oag.ca.gov/cures

Existing CURES users

- If you do not use a secure browser, you can continue using CURES 1.0 on your current browser.
- Still need to confirm your account with DOJ and update security CURES on January 8, 2016.

CURES

- If you have any questions on CURES contact them on the web: cures@doj.ca.gov
- Dispensed controlled substances prescriptions can be recorded in CURES. This allows prescribers to look up a patients current and past history of controlled substance use.

Hydrocodone Drugs Reclassified

- The DEA's ruling comes from a U.S. Food and Drug Administration (FDA) recommendation that hydrocodone combination products have restrictive classification and schedule. Control over prescriptions from dentist and physicians is their goal.

Hydrocodone Drugs Reclassified

- Drug Enforcement Agency classify Hydrocodone combination products, Vicodin and Norco as schedule II drugs instead of Schedule III.
- These drugs and other Opioids, are being abused and misused.
- Dental Offices are a big target for abusers.
- In California more than 1 Billion doses of Hydrocodone combo were dispensed 2013

Hydrocodone Drugs Reclassified

- Steps to new DEA registration with a Schedule II classification:
- Go to the DEA registration website go under "Registration Support" select Registration Changes.
- Log in with your DEA registration info,
- Step 2 "Business Activity" select change
- Check applicable DEA schedules and select "Update"
- DEA registration schedule changes are posted in 24 hours Monday-Friday

Reclassification changes

- Telephone and faxed prescriptions of Schedule II drugs are not permitted. In an emergency only a prescriber (not your RDA, RDH, Office staff) may call in a prescription for up to a 72-hour supply and then follow up with a written prescription to the pharmacy.
- Go on the DOJ website has a list of state approved prescription form printers you can purchase from.

DEA Phone numbers in California

- | | |
|---|--|
| • Fresno/Central California (559) 487-5406 | • Riverside/Counties of Orange, Riverside, San Bernadino (951) 328-6200 |
| • Los Angeles Field Division, Counties of LA, Ventura, Santa Barbara, San Luis Obispo (213) 621-6942 | Sacramento /Northern CA. (916) 480-7250 |
| Oakland/Counties of Alameda, Contra Costa, Del Norte, Humboldt, Mendocino, Sonoma, Marin, Napa, Lake (510) 637-5665 | San Diego/Imperial (858) 616-4100 |
| | San Jose/Counties/Cities of SF, SC,SB, Santa Cruz, SM, Monterey (408) 282-3477 |

Labeling

- As of 2011 new labeling 50% label with 4 elements.
- Patients name
- Drug name and strength
- Directions for use
- Purpose or condition
- Remaining part of the label:
- Prescribers name and address
- Date medication was dispensed
- Quantity
- Expiration date of the effectiveness of the med

NEW FORMS

- New Rx form must come from approved printer. www.pharmacy.ca.gov/prescribe_dispense.htm
- Features include watermark, ink that changes color when heated
- "VOID" appears on form if faxed or copied

- Quantity check off boxes
- Dentist's name, profession, license and DEA numbers must be pre-printed
- Must state Rx is void if more than a one c.s. per Rx or void if number of c.s. is not noted.
- H&S 11162.1

Violation of the Dental Practice Act

Most common abuse in regards to the DPA:

- Over prescribing to patients, non-patients and self
- Lack of documentation, and not showing a relationship between the drug and dental treatment

DRUG VIOLATIONS

H&S 11170, B&P 1681

- State/Federal conviction (example DUI)
- Obtain drugs illegally
- Drug use during treatment of patients which may cause you to be dangerous
- For questions or you need to report abuse
- Dental Board of California Diversion Program
- 916-263-2300 ext. 2297
- **ALL AREAS OF YOUR LIFE REFLECT ON YOUR LICENSE!!!**

DRUG VIOLATIONS

YOU MUST NEVER PRESCRIBE, ADMINISTER, OR FURNISH A CONTROLLED SUBSTANCE FOR YOURSELF!
H&S 11154, 111170

It is illegal to prescribe a controlled substance not issued in the usual course of treatment....Or to prescribe to an addict or habitual user to keep him/her comfortable. (Penalty - max 1 year in prison and/or \$20,000 fine H&S 11153, 11156)

It is illegal to :
issue a prescription that is false or fictitious in any respect AND cannot antedate or postdate a prescription H&S 11157, 11174
Fill a prescription for a controlled substance more than six months after it was written. H&S 11166

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Dentist and 2 Friends indicted for Rx Conspiracy

A Federal Grand Jury in Colorado indicted a Denver dentist and his 2 friends for obtaining controlled substances by fraud. From 2004-2009 the two friends would go fill the prescriptions the Dentist gave them and then give him half for his personal use.

Drugs involved: Oxycodone, hydrocodone, lorazepam, and zolpidem.

Dental Board Diversion Program

- Each licentiate who request participation in a diversion program must agree to the following:
- Cooperate with the treatment program by the DBC
- Pay all costs related to the program
- Understand that failure to comply with the treatment program may result in termination .

Diversion Program

- Duties of the Diversion Committee:
- Evaluate licentiates using the guidelines prescribe by the board and consider recommendations of any licentiate who want to serve as consultants on the admission of board of the diversion program
- Review & designate those treatment facilities that a licentiate may be referred to as a diversion program
- Receive & review information concerning a licentiate participating in the program
- Consider each case whether they can continue or resume the practice of dentistry or duties

Diversion Records

- Upon completion of rehab/diversion program and the licentiate has been compliant. The committee will purge and destroy all records of diversion.

Diversion Answer

- The Board considers many things in your personal life to impact your professional life. If an investigation of a dental professional primarily involves drugs or alcohol situations that do not involve patient harm and the individual enters and completes the diversion program, the Board will close the investigation without further action.

Vital Signs

- **The National Standard of Care states that you must take blood pressure and a pulse rate on anyone 18 years or older before performing treatment, if you are using GENERAL or LOCAL anesthesia.**
- **Only exception is Nitrous Oxide.**
- **Make sure to note blood pressure and pulse rate reading in the chart**

Administering IV Drugs

- **When using IVs make sure to use a IV board to hold the patient's arm in place.**
- **A Dentist in New York didn't use an IV board. The patient began to feel like she was falling and grabbed the Dentist's privates and he had to pry her fingers off. One finger got broken in the process.**
- **She won the suit because he could of prevented all this by using a IV Board.**

ORAL CANCER SCREENING

- Standard of Care advises that everyone over 14 years of age should have a oral cancer exam.
- You can charge about \$24.00. Not all Insurance Companies will cover it.
- Lawsuits consist of wording stating failure to diagnosis.

ORAL CANCER

- To be able to bill out using this code you must be using a oral cancer device.
- Like the Velscope or brush test, new technologies appearing monthly.
- Not just a usual visual oral cancer check

ORAL CANCER SCREENING

- Velscope Vx Led Dental Camera System is a great unit to try
- Great for oral cancer screening and you can get it with a camera to document the exam.
- Brush Test: Send out to a lab
- Refer to an Oral Surgeon if you see something or feel that something is wrong.

PATIENT HEALTH HISTORY

- Add new emerging diseases
- Chart new prescriptions patient is taking.
- Add to patient's health history if patient is undergoing radiation treatment.

Dental Materials Fact Sheet

- Dentist must:
- Have form and verbal explanation
- Describe and compare the risks
- one per patient and upon request
- signed acknowledgment and placed in patient file
- Provide updated Fact sheet to patients
- Can have a laminated copy of Fact Sheet for patient review then have patient sign acknowledgment for patient file.

Requirements for Dental material Fact Sheet

- Only required for "structure or device intended to remain in the mouth indefinitely"
examples: amalgam rest.
- Not required for procedures where dental restorative materials are not used

PARENT ACCESS TO RECORDS

- Parent needs to provide written demand for records for minors or elderly patients
- Records are given only to custodian or guardian parent or parent that is financially responsible for the minor or elderly patient.
- Records can be given to both parents if both are financially responsible without a court order.

MINOR PATIENTS

- Dentist cannot disclose to parents if minor is pregnant or involved in disclosed drug use.
- Can document pregnancy or drug use in chart.
- Age of consent is 18

Patients

- You may not be intimate with any of your patients unless you are married to them.
- We are licensed to examine patients in our scope of practice
- A Dentist in Woodland, Ca. has been charged with fondling patients. His license has been suspended.

Electronic Records H&S 123149

- Safety and integrity of all patients records hard or electronic must be ensured.
- If you only have electronic files you must have a off site back up, image mechanism that is able to copy signature documents
- Mechanism must ensure once the record is imputed it is unalterable.
- DDS must develop and implement policies to include safeguards.

Electronic Records

- Original hard copies of patients records must be destroyed once the record has been electronically stored.
- The printout of the computerized version shall be the original
- More info at www.leginfo.ca.gov

HIPAA/HITECH compliance deadline

- September 23, 2013 was the deadline for the omnibus rule/HITECH amendments to the Health Insurance Portability and Accountability Act (HIPAA).
- ADA is offering an online C.E course for \$41.00 for 1 unit of credit.
- CDA Compass has a sample Notice of Privacy Practices and sample Business Associates agreement available and they can help you out online.
- Just a note: I do not teach any HIPAA stuff and will refer you to information only.

Diagnostic Code Changes ICD-10

- Effective Jan.1, 2016 International Classification of Diseases version 10, Clinical modification codes will affect limited California Dentist who treat these areas:
- Sleep Apnea, Oral Surgeons, Anesthesiologists, Pathologists. In the future all DDS in California will be required.
- Pediatric DDS who treat patients in hospitals/surgical centers will need to adopt the ICD-10 codes.

Diagnostic Code Changes

- Clinical modification Codes will be the standard set of diagnostic coding.
- But this will not impact the use of Dental Procedure codes (CDT= Current Dental Terminology).
- For more info go to: ada.org/ICD10
- cms.gov/ICD10

MANDATED REPORTERS

Section 11166 of the Penal Code requires any Health practitioner, which includes dental auxiliaries, who have knowledge of, or observes, a child in his/her professional capacity, employment whom he/she knows or suspects has been the victim of child abuse to report the instance to a child protective agency a.s.a.p..

Mandated Reporters

- Family Violence:
- Because of the familiar and sensitive connection between the victims and the abuser, family violence is uniquely different from any other crime.
- 25-30% of all Americans Families will experience domestic violence through caretaker to child, partner to partner and caretaker to elder abuse and violence
- Abuse can range from child to spouse, spousal beatings to sexual assaults to murder, family violence covers a wide range of crimes.

Mandated Reporting in Dentistry

- 75% of intimate partners with physical abuse & neglect will have injuries to the head, neck, face and mouth.
- 65% of physical abuse & neglect to children involves injuries to the head, neck, face and mouth.
- Individuals will more likely seek regular dental care in the dental office.
- Abusers and care providers may avoid the same doctor but will often return to the same dentist

Mandated Reporter Question?

- Lets say you're a hygienist, what can you do? You feel its none of your business about a patients personal business.

Mandated Reporter Answer

- It effects all of us and as a licensed individual you are a mandated reporter you must report it it's the law!

Elder Abuse/Dependent Adult Civil protection Act

- Ca. Penal code states Abuse: intentionally or recklessly causing or attempting to cause bodily injury or causing reasonable apprehensive of imminent serious bodily injury to himself, herself or another.
- Abuse of an Elder: Physical abuse, neglect, financial abuse, abandonment, isolation or physical pain, suffering, mental suffering

Elder Abuse Indicators

- Multiple injuries in various stages of healing
- Injuries to the trunk, stomach, genitalia, thighs and buttocks
- Injuries to the face, ear, neck, upper arm
- Control marks on the wrists, forearms, biceps
- Dehydration, malnutrition, bedsores, misuse of meds, or excessive dirt or odor
- Burns in odd locations/ shapes like cigar burns

Elder Abuse Statistics

- 90% of all abusers of elderly/dependent adults are family members
- Statistics from the House Select Committee on aging states one in twenty will be victims of elder abuse
- Women 75 or older are at the greatest risk who depend on daily care.

Elder Abuse/Dependent Adult

- Dependent Adult: any person between 18-64 years residing in California who has a physical or mental limitations that restrict ability to carry out normal activities, physical and mental abilities diminishes because of age.
- An Elder is anyone residing in California who is 65 years of age or older

Elder Abuse/ Dependent Adult

- Neglect: Failure to assist in personal hygiene, or in provision of food, clothing, shelter
- Failure to provide medical care for physical and mental health needs
- Failure to protect from health and safety hazards
- Failure to prevent malnutrition

Elder Abuse 5 types of offenders

- Overwhelmed offenders: They enter a care giving position and can't handle it. Too much work for them
- Impaired Offenders: They have problems mental/physical that renders them unqualified
- Narcissistic Offender: motivated by personal gain, not the desire to help others, but to exploit.
- Domineering: Bullying, they believe their actions are justified and the victim deserves the abuse
- Sadistic Offender: feelings of power and importance by humiliating, terrifying and harming others.

Elder abuse additional factors

- Stress of providing care
- Mental Illness
- Drug or alcohol abuse
- Unresolved family conflict
- History of family violence
- Vulnerability and dependence of the older person

Mandated Reporters Radar

R= Recognize: Signs and symptoms of abuse/neglect, make it a routine to screen.

A= Ask direct: questions with compassion not judging.

D= Document your findings

A= Assess patient safety

R= Review, refer, report

Establish Office Procedures

- Approach mandated reporter responsibilities as a team effort.
- One reporter can make a report on behalf of the team
- Employers are required to discuss with each mandated reporter what their responsibilities are
- Employers should have each mandated reporter sign and acknowledge the awareness and place it in the employee's file

Mandated Reporter Compliance

- Train new mandated reporters
- In responsibilities and maintain signed statements in employee files
- Discuss abuse and neglect at staff meetings
- Provide clinical articles to staff members
- Encourage staff to discuss concerns within the office
- Remember you could be fined for noncompliance

Clinical Protocol

- To gather "objective" observations begins when the patient enter the door of your practice.
- Protocol should include:
 - General physical assessment
 - Behavior assessment
 - Patient histories
 - Oral examination
 - Documentation
 - Consultation
 - Determination if "action" is necessary

Remember

- We are not investigators. We make report of our suspicions and the appropriate agency will investigate. Ask yourself Do I have reasonable suspicion that this individual is being abused or neglected? If yes make the report.

Reporting Question?

- We had a 11 year old child come into our office a week ago. She had a large bruise on her soft palate and had trouble sitting down into the dental chair. She was very shy. When I asked her about the bruise she started to cry. Wow what was I to do?

Reporting Answer.

- First off be supportive and don't judge her and let her know she has done no wrong and you are there to help her. Start documenting what you see, her behavior, and take photographs. This child may have been sexually abused. Report with your office team and call the authorities. This child needs your help.

Abuse Red Flags

- Repeated injuries (multiple bruises)
- Inappropriate behavior
- Neglected appearance
- Strict, super critical parents or caregiver
- Extremely isolated families
- Mental and physical disabilities
- Be aware that any of these situations could be present and not be abuse or neglect.

Abuse "Red Flags"

- Are all bruises indications of abuse? No
- Could they be indicators of abuse? Yes
- This where you as a professional need to make an judgment call.
- Approaching the parent or care provider: Remember this is a very delicate area and one that can be very intimidating to dental professionals.
- Sharing your concern with either one may be exactly what the abuser needs.

Child Abuse or Neglect

- Includes: sexual abuse, sexual exploitation, other physical or emotional abuse, severe general neglect of the child's needs: food, clothing, shelter medical care.
- Willful cruelty or unjustifiable punishment of a child

Dental Neglect

- Dental neglect is defined as the willful failure by a person or guardian to seek and obtain appropriate treatment for caries or infection or any other conditions of the teeth or supporting structures that:
 - Makes routine eating difficult or impossible
 - Cause chronic pain
 - Delays or retards a child's growth or development

Dental Neglect

- Makes it difficult or impossible for a child to perform daily activities as playing or going to school.
- Lack of care that medically endangers the person

Dental Neglect includes:

- Untreated rampant caries easily detected by a layperson
- Untreated pain, infection, bleeding or trauma affecting the oral-facial region
- History of a lack of follow through care with identified dental pathology

Confronting the “Abuser”

- The parent or care-provider might be relieved to finally be given assistance in dealing with problems that they may have suspected but had no idea on how to confirm them or deal with it.
- Most often its not confrontational
- You do have the option of telling the parent that it is your legal obligation to report suspected abuse/neglect and that you are trying to assist the family / victim.

Safety for Reporter and Victim

- If you have concern for the immediate safety of you or the victim call 911 and report it to law enforcement.
- If you are concern about your safety and staffs you can call Child Protection Services without telling the parent.
- Obtain histories from patient & care provider separately if possible. Do they match? Is the injury consistent with the history? Is this similar to injuries in the past?

Reporters Confidentiality

- When a report is made your identity is kept confidential.
- If your case goes to court your identity will be known to court through written documents.
- Many cases don't make it to court and your appearance is not required.
- **Immunity:** Mandated reporter is immune from Civil or criminal liability when filing a report, whether or not it turns out the abuse has occurred.

Patient/Provider Privilege

- Remember anyone can be sued. But if you are after reporting the State Law says you can petition the State for up to \$50,000 in compensatory legal fees.
- In the case of mandated reporting for abuse and neglect, the health care provider/patient privilege does not apply.
- If a child, parent, caregiver, elder, dependent adult, or Domestic violence victim confides in you that abuse or neglect has occurred you must report it and are not required to keep the information confidential.

Just a note

- It is best to warn the patient that you are required to make a report, but it is not necessary. This is exempt from HIPAA regulations.

Penalties for not reporting

- If a Dental Professional suspects abuse and or neglect and does not report it and the abuse is discovered to have occurred the professional can be liable for civil or criminal prosecution which can result in a fine of \$100,000 or jail up to 6 months. If the neglect or abuse results in death or bodily injury the penalty is up to 1 year in jail or \$5000.00 or both. This is new.
- This is true in these situations: Child abuse & neglect
- Elder abuse & neglect
- Dependent adult abuse & neglect
- Domestic violence physical assault only

Reporting Question?

You're a hygienist and you treated a patient that you know was being abused. You want to report it, but your Dentist doesn't want to get involved. Bad for business. What do you do?

Reporting Answer

- Follow the steps that you have learned. Remember it is against the penal code of California not to report suspected abuse.
- If you have reasonable suspicions of abuse you must report it. You're a Mandated Reporter!

When to call?

- If a victim reports any symptoms, call the paramedics. Important questions to ask:
- Are you having trouble breathing?
- Are you having trouble swallowing?
- Is there any pain or tenderness?
- Who? Children to 18 years
- Elders age 65 and older
- Dependent adults of any age
- Violence in adults 18-65

Community Resources

- Child help USA National child abuse hotline
- 1-800-422-4453 www.childhelpusa.com
- California Long term Care Ombudsmen Crisis Line
- 1-800-231-4024
- Dental Professionals Against Violence
- 1-800-CDA-SMILE ext. 4921

Profit on a Referral, Violation?

- Offers such as "bundle deal" on CT scans, radiographs from outside source or other referral for profit for patients is a violation of the California Dental Practice Act.
- When your office gets a financial kick back from an referral you are being paid for it and that is a violation of the CDPA. Be cautious and make sure you are in compliance with CDPA, call the DBC , or check with cda.org/practicesupport.

Referrals for profit?

- Dentist/Family member who owns imaging companies outside their office need to make sure they are in compliance with the CDPA.
- CDPA prohibits referrals for "diagnostic imaging goods or services if the licensee or immediate family has a financial interest with the person or in the entity that receives the referral.
- Follow the two exceptions, if not you could face civil penalties for \$5,000 per patient, and or misdemeanor violation.

CDPA compliance with Referrals

- 1. If the service is performed in the office, prohibition of Section 650.01 shall not apply to any service for a specific patient that is performed within, or goods supplied by, a licensee's office or the office of a group practice.
- 2. Personal Services arrangement has been established. It must be in writing, specify all of the services to be performed, and the compensation to be paid must be set in advance, not to exceed fair market value, not determined by accounts volume or value of referrals.

Legal case 3rd molar extraction

- Here is an example of when we should send the patient to an oral surgeon.
- Third-molar extraction: 23 year old patient sees her general DDS for #17, it had been swelling/painful on and off for months. X-ray shows partially impacted. Patient was advised to have #17 and other 3rd wisdoms extracted. Patient opted to have all 4 extracted. Patient was given the option to go to an oral surgeon for extraction and IV sedation, but she declined.

Impacted #17 Case continued

- Patient returned one week later for extraction of #16 & #17. After extracting #16, the DDS gave a mandibular block injection to numb #17. He incise a layer of tissue covering the crown of 17. Eggshell-like bone was exposed covering a portion of the crown, and this bone was "chipped" away with an elevator. Next he used a high-speed handpiece to remove some bone on the buccal side. He elevated the tooth out of the socket without difficulty. No Sectioning or sutures were needed. Patient was given post op instructions and a prescription for Motrin and amoxicillin. Patient called the next day complaining of numbness and a altered taste on the left-side of her tongue.

Legal case 3rd molar extraction

- Patient was back into the office and advised that this would clear up over days/weeks, but if it didn't to go see a oral surgeon. After 2 weeks post-op no improvement, the patient is referred to an oral surgeon who determined the left lingual nerve had been transected. At 4 months post-extraction, microsurgical repair by the oral surgeon improvement is reported only moderate.
- Patient filed suit, claiming lack of informed consent and the DDS deviated from the standard of care by causing a complete transection of the lingual nerve. Plaintiff claimed pain and suffering, loss of enjoyment for 50 years.

Legal case 3rd molar extraction

- A trial, the Patient's attorneys were seeking \$1 million policy to settle the case. The Dentist refused to settle.
- Patient claimed she was not advised of any alternatives or the risk of extractions. Dentist testified he did not have a informed consent in writing but that he discussed all risks and alternatives with patient. He also did not document these discussions in the chart.
- Now the jury will have to decide on who to believe.
- This case was in new York City.

Legal case 3rd molar extraction

- Section 1682 of the Code states unprofessional conduct for: (e) Any Dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation.
- Many cases on the dbc.gov go under informed consent where the boards had to revoke licenses and permits.
- Issues raised in the case were; Informed consent, surgical technique, x-rays, charting, failure to refer.

Legal Case 3rd molar extraction

- Verdict was for the Dentist. But this case could have gone either way. The plaintiff's expert was caught embellishing the injuries during cross examination and this might have caused the jury to rethink the case.
- What to learn from this: understanding the CDPA hopefully will prevent us from taking short cuts in documentation, informed consent and proper x-rays.

Informed Consent

- **Required for general anesthesia and conscious sedation.**
- **Doctor must educate patient about the:**
- **Consequences of non treatment**
- **Diagnosis, treatment options and the risks and benefits associated with each option**
- **Costs and long-term prognosis of each option**
- **Have patient read and sign informed consent/put in chart**

Written Orders to Dental Technicians

- Section 1063. Any written authorization issued by a licensed Dentist to a dental technician must include the following:
- A. the date of its issuance
- B. A description of the work authorized by the dentist to be done by the tech.
- C. The signature of the dentist issuing the written authorization
- D. The license number of the dentist

Hiring new employees?

When interviewing new employees make sure that their license is current and a California Dental License.

Check online at the Dental Boards website

Remember your employees should be a reflection of you