



South Dakota State Board of Dentistry

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SOUTH DAKOTA STATE BOARD OF DENTISTRY NOTICE OF MEETING The Public is Welcome to Attend

South Dakota State Board of Dentistry

Board Meeting Agenda

10:00 a.m. Friday January 15, 2016

SD Housing Development Authority Board Room – 3060 E. Elizabeth St. Pierre, SD

- 1) **Call to Order**
- 2) **Open Forum:** *5 minutes for the public to address the Board*
- 3) **Approval of Minutes:** October 16, 2015
- 4) **Adoption of Agenda**
- 5) **Financial Report and FY 2015 Financial Audit**
- 6) **Office Update**
- 7) **Executive Session - SDCL 1-25-2(3) and 1-25-2(4)**
- 8) **License Applications:**
- 9) **Old Business:**
 - a. **Advisory Opinion - SDCL 36-6A-40 – Request from Pat Aylward - Educational Services**
- 10) **New Business:**
 - a. **Applicant Interview – Dr. Andrew Kirsis - 1:00pm**
 - b. **Western Dakota Technical Institute – Dental Assisting Program – 1:30pm**
 - c. **Louisiana State University School of Dentistry Assessment – Dr. David Simmons – 2:00pm**
 - d. **American Association of Dental Boards (AADB) Assessment Service Program – Mr. Jim Tarrant – 2:30pm**
 - e. **South Dakota Dental Association – Ethics Committee – Mr. Paul Knecht – 3:00pm**
 - f. **2016 Legislative Session**
 - g. **Scope of Practice Requests**
 - h. **Regional Examinations**
 - i. **Continued Competency – Anesthesia**
 - j. **ARSD Feedback – Interested Parties**
 - k. **Proposed Changes – ARSD 20:43:01, 20:43:02 and 20:43:05**
- 11) **Announcements:** Next Meetings – June 17, 2016; October 14, 2016
- 12) **Adjourn**

South Dakota State Board of Dentistry

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- 6) **Office Update**
- 7) **Executive Session - SDCL 1-25-2(3) and 1-25-2(4)**
- 8) **License Applications:**
 - a. **Credential Verification Applications** (Applications are uploaded)
 - i. *Dentists: 5 -- Dental Hygienists: 1*
 - b. **Regular Applications** (Please see excel list)
 - i. *Dentists: 1 -- Dental Hygienists: 3*
 - c. **Corporation/LLC Applications:** -- (Applications are uploaded) 3
- 9) **Old Business:**
 - a. **Advisory Opinion - SDCL 36-6A-40 – Request from Pat Aylward - Educational Services:** *Pat Aylward has requested clarification regarding what constitutes education per SDCL 36-6A-40 that could be provided without the supervision of a dentist.*
- 10) **New Business:**
 - a. **Applicant Interview – Dr. Andrew Kirsis - 1:00pm**
 - b. **Western Dakota Technical Institute – Dental Assisting Program – 1:30pm**
 - i. *Enclosed please find materials related to the WDTI Dental Assisting program. Stephen Bucholz will be joining via teleconference to discuss the changes to the program and is seeking Board approval of this program pursuant to ARSD 20:43:08:03 and 20:43:08:05.*
 - c. **Louisiana State University School of Dentistry Assessment – Dr. David Simmons – 2:00pm**
 - i. *Dr. David Simmons with the LSU School of Dentistry will join via teleconference to discuss the LSU assessment.*
 - d. **American Association of Dental Boards (AADB) Assessment Service Program – Mr. Jim Tarrant – 2:30pm**
 - i. *Jim Tarrant with the AADB will join via teleconference to discuss the Assessment Service Program, including the Dentist-Professional Review and Evaluation Program (D-PREP), the Expert Review Assessment (ERA) and Remediation.*
 - e. **South Dakota Dental Association – Ethics Committee – Mr. Paul Knecht – 3:00pm**
 - i. *Paul Knecht will discuss the SDDA Ethics Committee and its Policy on Professional Discipline.*
 - f. **2016 Legislative Session**
 - i. *The Board will discuss the 2016 Legislative Session and potential issues that would impact the Dental Practice Act.*
 - g. **Scope of Practice Requests**
 - i. *Enclosed please find two requests for clarification related to protective restorations and sleep apnea.*
 - h. **Regional Examinations**
 - i. *The Board will discuss recent developments related to the CRDTS examination and other matters related to regional examinations.*
 - i. **Continued Competency – Anesthesia**
 - i. *The Board will discuss the requirements to satisfy continued competency per ARSD 20:43:09:08. Attached please find information from surrounding state.*

j. ARSD Feedback – Interested Parties

i. Attached please find feedback received related to the administrative rules project.

k. Proposed Changes – ARSD 20:43:01, 20:43:02 and 20:43:05

i. Attached please find draft revisions to ARSD 20:43:01, 20:43:02 and 20:43:05.

11) Announcements: Next Meetings – June 17, 2016; October 14, 2016

12) Adjourn

SD State Board of Dentistry
Board Meeting
SD Housing Development Authority Conference Room
Friday, October 16, 2015 10:00am

President Roger Wilson called the meeting to order at 12:07 pm Central.

Present were: Dr. Roger Wilson, Dr. Roy Seaverson, Audrey Ticknor, Dr. Tara Schaack, Dr. Robin Hattervig, Dr. Amber Determan, Tina Van Camp, Kris O'Connell, Brittany Novotny, Rachel Day and Lisa Harsma.

Guests included: Paul Knecht, Dr. Tim Kappenman, Dr. Mark Kampfe, Pat Aylward, Nicole Glines, and Maria Eining.

The Board reviewed the minutes from the June 19, 2015 meeting. Motion to approve the minutes of June 19, 2015 by Van Camp. Second by Seaverson. Motion carried.

Motion to approve the agenda as presented by Seaverson. Second by Schaack. Motion carried.

Novotny presented the financial statements. Motion to approve the financial statements by Hattervig. Second by Seaverson. Motion carried.

Maria Eining with the Health Professionals Assistance Program (HPAP) provided an overview of the program.

Motion to go into Executive Session pursuant to SDCL 1-25-2(3) and (4) by Seaverson. Second by Van Camp. Motion carried. The board went into Executive Session at 12:31 pm.

Motion to move out of Executive Session by Seaverson. Second by Schaack. Motion carried. The board moved out of Executive Session at 1:21 pm.

Motion to approve the agreed disposition for case 16.1112 by Seaverson. Second by Schaack. Motion carried. Dr. Wilson was recused.

Motion to dismiss complaint 15.1415 by Determan. Second by Hattervig. Motion carried.

Motion to approve a contract with Albertson Consulting in the amount of \$25,000 by Seaverson. Second by Hattervig. Motion carried.

Paul Knecht provided the Board with a Collaborative Supervision Task Force Report.

Novotny provided an office update.

Motion to approve the dentist credential verification applications of: Bradley David Jordan, Timothy J. Quirt, and John William Frerich by Hattervig. Second by Schaack. Motion carried.

Motion to approve the dental hygienist credential verification applications of: Kristen J. Cullers, Laurilyn Balfour, and Lindsey Lunnin by Ticknor. Second by Seaverson. Motion carried.

Motion by Van Camp to approve the dentist reinstatement application of John L. Schneller contingent on him completing an evaluation and/or continuing education program through a CODA accredited dental

school that verifies clinical competency and is approved by Dr. Hattervig. Second by Determan. Motion carried. The Board requested that Dr. Schneller confirm his registration for the evaluation or program by January 12, 2016.

Motion to approve the dentist reinstatement application of Kamyar Saeian by Ticknor. Second by Hattervig. Motion carried.

Motion to approve the dentist applications of: Michael Harold Doerr, Zachary Isaiah Perman, Brock Fred Tidstrom, Krista Marie Johnson, and Nick Thome by Seaverson. Second by Schaack. Motion carried.

Motion to approve the dental hygienist applications of: Holly L. Gittings, Mijkan Strain, Hilary A. Frericks, Katie Lindner, and Christina Syrstad by Ticknor. Second by Hattervig. Motion carried.

Motion to approve the corporation applications of: McCready Dental Inc., Wiswall Adams Endodontics, Prof. LLC, Nathaniel M. Miller, D.D.S, P.C., Bradley Jordan, DDS, PLLC and Dr. Jim Slattery, P.C. by Seaverson. Second by Determan. Motion carried.

Motion to approve the Collaborative Supervision agreement of Jan Willard by Ticknor. Second by Hattervig. Motion carried.

Motion to have a draft advisory opinion prepared pursuant to the request of Pat Aylward by Ticknor. Second by Hattervig. Motion carried. Determan voted no.

Motion to approve the application questions related to criminal history and discipline by Seaverson. Second by Determan. Motion carried.

Motion to approve the renewal questions related to criminal history and discipline by Seaverson. Second by Hattervig. Motion carried.

Motion to approve the American Red Cross for the Healthcare Provider as a CPR course by Van Camp. Second by Ticknor. Motion carried.

Motion to send a notification to dentists regarding the dental corporation and LLC regulations and allow a period of time in which dental corporations and LLCs may register by Hattervig. Second by Seaverson. Motion carried.

Motion to approve the Records Retention Policy by Seaverson. Second by Hattervig. Motion carried.

Dr. Wilson made the executive decision that the newly appointed dental hygiene Board member will review and approve dental hygiene and dental auxiliary applications upon the completion of Audrey Ticknor's term.

Motion to adjourn by Ticknor. Second by Seaverson. Motion carried. The meeting was adjourned at 3:14 pm.

Audrey Ticknor, Secretary

3:37 PM
 01/06/16
 Cash Basis

South Dakota State Board of Dentistry
Profit & Loss Prev Year Comparison
 July 1, 2015 through January 6, 2016

	Jul 1, '15 - Jan 6, 16	Jul 1, '14 - Jan 6, 15
Income		
4100 · DENTIST LICENSURE		
4105 · Dentist New	750.00	300.00
4110 · Dentist Renewal	6,970.00	5,610.00
4115 · Dentist JP Exam	3,600.00	2,025.00
4125 · Dentist Reinstate	4,275.00	6,750.00
4135 · Dentist Nitrous Oxide	280.00	240.00
4137 · Dentist Nitrous Oxide Renewal	1,000.00	1,320.00
4142 · Moderate Sed- Ped/Adult Renewal	50.00	0.00
4145 · Moderate Sedation - Adult only	0.00	200.00
4147 · Moderate Sed-Adult only Renewal	50.00	0.00
4152 · GA/Deep Sedation Renewal	100.00	50.00
Total 4100 · DENTIST LICENSURE	17,075.00	16,495.00
4200 · HYGIENIST LICENSURE		
4205 · Hygienist New	500.00	800.00
4210 · Hygienist Renewal	8,550.00	7,030.00
4215 · Hygienist JP Exam	920.00	2,070.00
4220 · Hygienist Anesthesia Renewal	1,680.00	1,520.00
4222 · Hygienist Anesthesia New	360.00	600.00
4225 · Hygienist Reinstate	2,070.00	3,105.00
4235 · Hygienist Nitrous Oxide	280.00	480.00
4237 · Hygienist Nitrous Oxide Renewal	1,240.00	1,200.00
Total 4200 · HYGIENIST LICENSURE	15,600.00	16,805.00
4300 · RADIOLOGY LICENSURE		
4305 · Radiology New	3,800.00	3,560.00
4307 · Radiology Renewal	1,760.00	1,580.00
4315 · Radiology Reinstate	2,240.00	880.00
Total 4300 · RADIOLOGY LICENSURE	7,800.00	6,020.00
4400 · EXPANDED FUNCTIONS LICENSURE		
4405 · EF New	2,600.00	2,640.00
4410 · EF Renewal	1,440.00	1,060.00
4415 · EF Reinstate	1,560.00	1,000.00
4420 · EF Nitrous Oxide	1,640.00	1,840.00
4422 · EF Nitrous Oxide Renewal	900.00	520.00
Total 4400 · EXPANDED FUNCTIONS LICENSURE	8,140.00	7,060.00
4500 · CORPORATION LICENSURE		
4505 · Corporation New	700.00	300.00
4510 · Corporation Renewal	4,198.35	4,450.00
Total 4500 · CORPORATION LICENSURE	4,898.35	4,750.00
4600 · TEMPORARY LICENSE	500.00	1,150.00
4700 · CREDENTIAL VERIFICATION		
4705 · Dentist Cred. Verification	5,500.00	3,000.00
4715 · Hygienist Cred. Verification	600.00	1,600.00
Total 4700 · CREDENTIAL VERIFICATION	6,100.00	4,600.00
4800 · LIST	4,650.00	4,050.00
4850 · COLLABORATIVE SUPERVISION	0.00	20.00
4925 · REPLACEMENT CERT	30.00	75.00
4950 · MISCELLANEOUS		
4965 · Anes Insp (St. Code 124100) A/R	504.36	330.60
Total 4950 · MISCELLANEOUS	504.36	330.60
4975 · INTEREST	7,065.27	5,098.88
5000 · VERIFICATION LETTERS	575.00	700.00
5025 · Processing Fee	315.00	525.00
Total Income	73,252.98	67,679.48
Expense		
124100 · Anesthesia Inspection - A/R	504.36	830.60
5203140 · Taxable Meals/In-State	11.00	0.00
5204510 · Rents-Other	75.00	0.00

3:37 PM
 01/06/16
 Cash Basis

South Dakota State Board of Dentistry
Profit & Loss Prev Year Comparison
 July 1, 2015 through January 6, 2016

	Jul 1, '15 - Jan 6, 16	Jul 1, '14 - Jan 6, 15
8000 · SALARIES		
510103 · Board & Comm Mbrs Fees	1,260.00	1,140.00
Total 8000 · SALARIES	1,260.00	1,140.00
8100 · BENEFITS (BOARD'S SHARE)		
5102010 · OASI-Employer's Share	97.23	87.21
Total 8100 · BENEFITS (BOARD'S SHARE)	97.23	87.21
8200 · TRAVEL (EMPL & BOARD)		
520303 · Auto-Priv(In-St) H/Rte	650.58	404.04
520307 · Air-Charter-In State	8,972.93	8,144.68
520313 · Non-Employ Travel-In St.	215.00	1,475.92
Total 8200 · TRAVEL (EMPL & BOARD)	9,838.51	10,024.64
8300 · CONTRACTUAL SERVICES		
520401 · Subscriptions	0.00	529.67
520402 · Dues&Membership Fees	0.00	13,571.00
520405 · Computer Consultant	0.00	1,203.14
520406 · Ed&Training Consultant	8,000.00	0.00
520408 · Legal Consultant	13,929.75	16,847.83
520409 · Management Consultant	84,660.79	81,250.02
520410 · Medical Consultant	4,484.73	0.00
520413 · Other Consulting -- Complaints/Investigations	0.00	800.00
520413 · Other Consulting - Other	1,833.91	1,200.00
Total 520413 · Other Consulting	1,833.91	2,000.00
5204190 · Computer Services-Private	120.00	0.00
5204200 · Central Services	561.56	308.07
5204203 · Purchasing Central Serv	16.06	21.44
5204204 · Central Services-Records Mngmt	183.68	228.52
5204207 · Central Services-Human Resource	294.94	373.57
520433 · Computer Software Lease	0.00	8,920.50
5204340 · Computure Software Maintenance	196.88	0.00
520436 · Advertising-Newspaper	691.60	626.33
520453 · Telecommunications Srvcs	1,148.69	1,824.73
520474 · Bank Fees and Charges	995.39	1,114.39
520496 · Other Contractual	340.88	0.00
Total 8300 · CONTRACTUAL SERVICES	117,458.86	128,819.21
8400 · SUPPLIES AND MATERIALS		
520502 · Office Supplies	88.16	539.81
520531 · Printing-State	220.00	395.09
520532 · Printing-Commercial	560.00	2,445.50
520535 · Postage	1,794.49	1,356.65
520539 · Food Stuffs	0.00	115.03
Total 8400 · SUPPLIES AND MATERIALS	2,662.65	4,852.08
8600 · OTHER		
520801 · Other	75.00	174.00
Total 8600 · OTHER	75.00	174.00
Total Expense	131,982.61	145,927.74
Net Income	-58,729.63	-78,248.26

Remaining Authority by Object/Subobject

Expenditures current through 01/02/2016 09:51:17 AM

HEALTH -- Summary

FY 2016 Version -- AS -- Budgeted and Informational

FY Remaining: 49.6 %

09202 Subobject	Board of Dentistry - Info	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
EMPLOYEE SALARIES							
5101030	Board & Comm Mbrs Fees	8,474	1,260	0	0	7,214	85.1
Subtotal		8,474	1,260	0	0	7,214	85.1
EMPLOYEE BENEFITS							
5102010	Oasi-employer's Share	1,248	97	0	0	1,151	92.2
Subtotal		1,248	97	0	0	1,151	92.2
51 Personal Services							
Subtotal		9,722	1,357	0	0	8,365	86.0
TRAVEL							
5203030	Auto-priv (in-st.) H/rte	1,500	651	0	0	849	56.6
5203070	Air-charter-in State	16,000	8,973	0	0	7,027	43.9
5203100	Lodging/in-state	1,000	0	0	0	1,000	100.0
5203130	Non-employ. Travel-in St.	2,500	215	0	0	2,285	91.4
5203140	Meals/taxable/in-state	0	11	0	0	-11	0.0
5203260	Air-comm-out-of-state	2,000	0	0	0	2,000	100.0
5203330	Non-employ Travel-out-st.	5,000	0	0	0	5,000	100.0
Subtotal		28,000	9,850	0	0	18,150	64.8
CONTRACTUAL SERVICES							
5204010	Subscriptions	300	0	0	0	300	100.0
5204020	Dues & Membership Fees	11,000	0	0	0	11,000	100.0
5204050	Computer Consultant	7,500	0	0	0	7,500	100.0
5204060	Ed & Training Consultant	0	8,000	0	0	-8,000	0.0
5204080	Legal Consultant	25,000	13,942	0	0	11,058	44.2
5204090	Management Consultant	136,410	84,661	80,689	0	-28,940	0.0
5204100	Medical Consultant	0	4,485	23,015	0	-27,500	0.0
5204130	Other Consulting	45,500	1,834	50,666	0	-7,000	0.0
5204190	Computer Services-private	0	120	0	0	-120	0.0
5204200	Central Services	1,000	562	0	0	438	43.8
5204203	Central Services	0	16	0	0	-16	0.0
5204204	Central Services	700	184	0	0	516	73.7
5204207	Central Services	1,000	295	0	0	705	70.5
5204310	Audit Services-state	4,000	0	0	0	4,000	100.0
5204330	Computer Software Lease	9,500	0	0	0	9,500	100.0
5204340	Computer Software Maint	0	197	0	0	-197	0.0
5204360	Advertising-newspaper	400	692	0	0	-292	0.0

Remaining Authority by Object/Subobject

Expenditures current through 01/02/2016 09:51:17 AM

HEALTH -- Summary

FY 2016 Version -- AS -- Budgeted and Informational

FY Remaining: 49.6 %

09202 Board of Dentistry - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		AVL
5204510 Rents-other	0	75	0	0	-75		0.0
5204530 Telecommunications Srvc	2,500	1,149	0	0	1,351		54.0
5204590 Ins Premiums & Surety Bds	1,000	0	0	0	1,000		100.0
5204740 Bank Fees And Charges	7,500	935	0	0	6,565		87.5
5204960 Other Contractual Service	0	484	0	0	-484		0.0
Subtotal	253,310	117,631	154,370	0	-18,691		0.0
SUPPLIES & MATERIALS							
5205020 Office Supplies	2,100	88	0	0	2,012		95.8
5205310 Printing-state	1,500	220	0	0	1,280		85.3
5205320 Printing-commercial	4,600	560	0	0	4,040		87.8
5205350 Postage	4,500	1,794	0	0	2,706		60.1
Subtotal	12,700	2,662	0	0	10,038		79.0
GRANTS AND SUBSIDIES							
5206070 Grants To Non-profit Org	7,500	0	0	0	7,500		100.0
Subtotal	7,500	0	0	0	7,500		100.0
OTHER							
5208010 Other	1,000	93	0	0	907		90.7
Subtotal	1,000	93	0	0	907		90.7
52 Operating Subtotal	302,510	130,236	154,370	0	17,904		5.9
Total	312,232	131,593	154,370	0	26,269		8.4

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 12/31/2015

AGENCY 09 HEALTH
 BUDGET UNIT 09202 BOARD OF DENTISTRY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO		6503				
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS				
092020061807	6503	4293510	CORPORATE RENEWAL	3,475.00	3,475.00	
092020061807	6503	4293916	RENEWAL - DENTAL	2,665.00	54,105.00	
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		6,140.00	57,580.00	*
092020061807	6503	4299000	OTHER LIC., PRMTS, & FEES	2,465.31-	866.52	
ACCT:	4299	OTHER LIC, PRMTS, & FEES (NON-GOVERNMENTAL)		2,465.31-	866.52	*
ACCT:	42	LICENSES, PERMITS & FEES		3,674.69	58,446.52	**
092020061807	6503	4491000	INTEREST & DIVIDENDS-PRGM	.00	7,065.27	
ACCT:	4491	INTEREST & DIVIDENDS (NON-GOVERNMENTAL)		.00	7,065.27	*
ACCT:	44	REVENUE FROM THE USE OF MONEY & PROPERTY		.00	7,065.27	**
CNTR:	092020061807			3,674.69	65,511.79	***
CNTR:	092020061			3,674.69	65,511.79	****
CNTR:	0920200			3,674.69	65,511.79	*****
COMP:	6503			3,674.69	65,511.79	*****
B UNIT:	09202			3,674.69	65,511.79	*****

BA1409R1

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 12/31/2015

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AGENCY: 09 HEALTH
BUDGET UNIT: 09202 BOARD OF DENTISTRY

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	09200061807	1140000	601,027.05	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			601,027.05	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			601,027.05	DR **	
BUDGET UNIT TOTAL 09202			601,027.05	DR ***	

SOUTH DAKOTA STATE BOARD OF DENTISTRY

FINANCIAL STATEMENTS

JUNE 30, 2015

RONALD G. TEDROW
Certified Public Accountant

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RONALD G. TEDROW
CERTIFIED PUBLIC ACCOUNTANT

INDEPENDENT AUDITOR'S REPORT

The Honorable Dennis Daugaard
Governor of South Dakota

and

South Dakota State Board of Dentistry

I have audited the accompanying cash-basis financial statements of the South Dakota Board of Dentistry (Board), an enterprise fund of the State of South Dakota, as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements as listed in the Table of Contents.

Management's Responsibility for the Financial Statements

The Board's management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting described in Note 1; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is responsible for the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Board's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position on a cash basis of accounting of the South Dakota State Board of Dentistry, an enterprise fund of the State of South Dakota, as of June 30, 2015 and the changes in its financial position and its cash flows for the year then ended in accordance with the cash basis of accounting described in Note 1 to the financial statements.

Basis of Accounting

I draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. My opinion is not modified with respect to this matter.

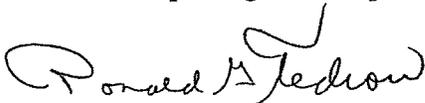
Other Matters

All Required Supplementary Information Omitted

Management has omitted a Management's Discussion and Analysis for the enterprise fund that accounting principles generally accepted in the United State of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. My opinion on the basic financial statements is not affected by this missing information.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, I have also issued my report dated September 14, 2015, on my consideration of the South Dakota State Board of Dentistry's internal control over financial reporting and my tests of its compliance with certain provisions of laws, regulations, contracts, and other matters. The purpose of that report is to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the South Dakota State Board of Dentistry's internal control over financial reporting and compliance.



Pierre, South Dakota
September 14, 2015

SOUTH DAKOTA STATE BOARD OF DENTISTRY
STATEMENT OF NET POSITION – CASH BASIS
June 30, 2015

	2015
ASSETS	
Cash, checking	\$ 14,982
Investments in State Treasury	652,171
Total Current Assets	\$ 667,153
LIABILITIES	
-	\$ -
NET POSITION	
Net Position, unrestricted	667,153
Total liabilities and net position	\$ 667,153

See notes to financial statements.

SOUTH DAKOTA STATE BOARD OF DENTISTRY
STATEMENT OF REVENUES, EXPENSES, AND CHANGES
IN NET POSITION – CASH BASIS
For the Year Ended June 30, 2015

	2015
Operating Revenues:	
Dentist licenses	\$ 103,231
Expanded/Radiology licenses	49,460
Hygienist licenses	103,245
Temporary licenses	1,950
Credential verifications	8,300
Anesthesia	-
Fines	-
Corporate licenses	6,150
Membership list	6,300
Other	5,672
Total operating revenues	284,308
Operating Expenses	
Anesthesia Inspection	2,687
Board member services	2,067
Travel	16,247
Grant	5,500
Contractual Services	241,051
Office supplies and materials	10,581
Dues and memberships	-
Other	347
Total operating expenses	278,480
Operating Income	5,828
Nonoperating Revenue	
Interest income	5,099
Total nonoperating revenue	5,099
Increase in net position	10,927
Net position, beginning of year	656,226
Net position, end of year	\$ 667,153

See notes to the financial statements.

SOUTH DAKOTA STATE BOARD OF DENTISTRY

**STATEMENT OF CASH FLOWS – CASH BASIS
For the Year Ended June 30, 2015**

	<u>2015</u>
Cash flows from Operating Activities	
Received from licensure, inspection fees and permits	\$ 284,308
Payments for:	
Anesthesia Inspection	(2,687)
Board member services	(2,067)
Travel	(16,247)
Grant	(5,500)
Contractual Services	(241,051)
Office supplies and materials	(10,581)
Dues and memberships	-
Other	(347)
Net cash provided by operating activities	<u>5,828</u>
Cash Flows from Investing Activities	
Interest Income	<u>5,099</u>
Net cash provided by investing activities	<u>5,099</u>
Net increase in cash and cash equivalents	10,927
Cash and Cash Equivalents	
Beginning of year	<u>656,226</u>
End of year	<u>\$ 667,153</u>

See notes to financial statements.

SOUTH DAKOTA STATE BOARD OF DENTISTRY

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies

Reporting Entity

The South Dakota State Board of Dentistry (the "Board") was created by South Dakota Codified Laws Chapter 36-6A to license and regulate all dentists, dental hygienists, and dental assistants. The Board is attached to the Department of Health for reporting purposes. These financial statements present only the South Dakota State Board of Dentistry.

Enterprise Fund

The accounts of the Board are organized as an enterprise fund of the State of South Dakota of which is considered a separate accounting entity, with its own self-balancing accounts that comprise its assets, liabilities, net position, revenues, and expenses, as appropriate. Enterprise funds are used to account for activities for which fees are charged to external users for goods or services to the general public on a continuing basis.

Cash Equivalents

The Board considers cash equivalents to include the State Treasury fund, which is recorded at fair value.

Basis of Accounting

The Board's accounts are maintained, and the accompanying financial statements are presented on the cash basis which is another comprehensive basis of accounting. Under this basis, revenues are recognized when collected rather than when earned, and expenses are recognized when paid rather than when incurred. Consequently, receivables, accounts payable, and other accrued expenses are not included in the financial statements. Accordingly, the accompanying financial statements are not intended to present financial position and results of operation and changes in net position balance in conformity with generally accepted accounting principles.

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies (continued)

Classification

The South Dakota State Board of Dentistry distinguishes operating revenues and expenses from nonoperating items. Operating revenues relate to activities associated with the licensure and regulation of dentistry. Expenses include the costs of operating the South Dakota State Board of Dentistry, including contractual services and administration. All revenues and expenses not meeting these definitions are reported as nonoperating revenues and expenses. Nonoperating revenues include interest income from such cash invested in state accounts.

In the Statement of Revenues, Expenses, and Changes in Net Position – Cash Basis, revenues and expenses are classified in a manner consistent with how they are classified in the Statement of Cash Flows – Cash Basis. That is, transactions for which related cash flows are reported as capital and related financing activities, noncapital financing activities, or investing activities are not reported as components of operating revenues and expenses.

Deposits

The Board follows the practice of aggregating the cash assets of various funds to maximize cash management efficiency and returns. Various restrictions on deposits and investments are imposed by statutes. These restrictions are summarized below:

Deposits – The Board deposits are made in qualified public depositories as defined by SDCL 4-6A-1.

Qualified depositories are required by SDCL 4-6A-3 to maintain at all times, segregated from their other assets, eligible collateral having a value equal to at least 100 percent of the public deposit accounts which exceed deposit insurance such as the FDIC and NCUA.

Deposits are reported at cost, plus interest, if the account is of the add-on type.

The bank balances at June 30, 2015, were as follows:

	2015
Insured (FDIC/NCAU)	\$ 20,399
Deposits held in State Treasury	652,171
	<u>\$ 672,570</u>

The carrying amount of deposits on the June 30, 2015, statement of net assets were \$ 667,153 respectively.

NOTES TO FINANCIAL STATEMENTS

Note 2. Cash

Cash at June 30, 2015 was comprised of the following:

	<u>2015</u>
Cash in Bank	\$ 14,982
Cash in State Treasury	<u>652,171</u>
	<u>\$ 667,153</u>

Management of the State's internal investment pool is the statutory responsibility of the South Dakota Investment Council (SDIC). The investment policy and required risk disclosures for the State's internal investment pool are presented in the SDIC's audit report, which can be obtained by contacting the South Dakota Department of Legislative Audit.

Note 3. Risk Management

The Board is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to personnel; and natural disasters. The Board is uninsured for property loss. The Board participates in various programs administered by the State of South Dakota. These risk management programs are funded through assessments charged to participating entities. The risk management programs include coverage for risks associated with automobile liability and general tort liability (including public officials' errors and omissions liability, medical malpractice liability, law enforcement liability, and products liability) through the State's Public Entity Pool for Liability Fund. Financial information relative to the self-insurance funds administered by the State is presented in the State of South Dakota Comprehensive Annual Financial Report.

RONALD G. TEDROW
CERTIFIED PUBLIC ACCOUNTANT

**SOUTH DAKOTA STATE BOARD OF DENTISTRY
INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

The Honorable Dennis Daugaard
Governor of South Dakota

and

South Dakota State Board of Dentistry

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the cash basis of accounting financial statements of the South Dakota State Board of Dentistry (Board), an enterprise fund of the State of South Dakota, as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements and have issued my report thereon dated September 14, 2015.

Internal Control over Financial Reporting

In planning and performing my audit of the financial statements, I considered South Dakota State Board of Dentistry's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the South Dakota State Board of Dentistry's internal control. Accordingly, I do not express an opinion on the effectiveness of the South Dakota State Board of Dentistry's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

My consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations,

during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether South Dakota State Board of Dentistry's financial statements are free from material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, and contracts, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of my testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. As required by South Dakota Codified Law 4-11-11, this report is a matter of public record and its distribution is not limited.



Pierre, South Dakota
September 14, 2015

SOUTH DAKOTA STATE BOARD OF DENTISTRY
SCHEDULE OF CURRENT AUDIT FINDINGS AND RESPONSES
For the Year Ended June 30, 2015

CURRENT AUDIT FINDING:

There are no findings in the current year.

SOUTH DAKOTA STATE BOARD OF DENTISTRY

SCHEDULE OF PRIOR AUDIT FINDING

For the Year Ended June 30, 2015

PRIOR AUDIT FINDING:

The prior audit finding related to the segregation of duties for the revenue and financial reporting functions. No similar finding is reported in the current year.

MEMO

TO: Brittany Novotny and the South Dakota Board of Dentistry
FROM: Kristine K. O'Connell
RE: Advisory Opinion
DATE: October 30, 2015

Whether it is within the scope of practice of dental hygienists to provide teeth brushing, flossing, interproximal plaque control or the use of disclosing solution along with education to persons in nursing homes, private homes, hospitals, clinics or schools – Advisory Opinion

It is the opinion of the Board of Dentistry (“Board”) that if a dental hygienist is holding himself/herself out as a hygienist in performing any diagnostic, therapeutic, preventative, or related educational services as outlined above, they are authorized to do so only under a collaborative agreement with a dentist pursuant to SDCL §§ 36-6A-40 and 36-6A-40.1. To provide dental services above without the appropriate oversight as required by the statute would be a violation of the Dental Practice Act.

It is the opinion of the Board that if any person, including a dental hygienist or former hygienist, is holding himself/herself out as a volunteer and/or layperson, it is permissible for them to provide the above outlined activities. If, in the capacity as a volunteer or layperson, the individual holds himself/herself out as practicing as a dental hygienist or purports to be a dental hygienist while providing such activities, they would be considered to be engaging in the unauthorized practice of a dental hygienist pursuant to SDCL § 36-6A-28 and could be subject to discipline by the Board or guilty of a class 1 misdemeanor as applicable.

This advisory opinion was rendered by the Board upon submission of a written request. Although advisory opinions are not judicially reviewable and do not have the force and effect of law, they do serve as a guideline for dental hygienists who wish to engage in safe dental hygiene practices. This advisory opinion was adopted at the meeting of the South Dakota Board of Dentistry on _____, 2015.

Dental Assisting Program – Course Summaries

DEN XXX Dental Sciences I

Dental Sciences I is an introduction to dental assisting with a focus on patient health and safety. Students will learn the fundamentals of dental anatomy and terminology. Emphasis will be placed on preventive education, oral hygiene instruction, common oral diseases, and basic dental pharmacology.

DEN XXX Dental Procedures I

Dental Procedures I provides the student with an understanding of materials, instruments, and equipment used in intra-oral, extra-oral, and laboratory procedures. Concepts covered will include obtaining and recording a medical history and vital signs, recording the dental history, preparation of armamentarium for a variety of procedures, and an introduction to assisting with dental procedures.

DEN XXX Dental Radiography I

Dental Radiography I focuses on the theory and exposure of dental radiographs with a focus on the history, physics, and safety of radiation as well as techniques for proper film placement and exposure techniques for obtaining optimal intra and extra-oral dental radiographs. Students will study the scientific principles of dental radiography.

DEN XXX Dental Sciences II

Dental Sciences II provides students with a deeper understanding of materials used in intra-oral, extra-oral, and laboratory procedures. Experience will include the manipulation of the development, form, and function of oral structures, interpretation of oral disease, and pharmacology related to dental assisting procedures.

DEN XXX Dental Procedures II

Dental Procedures II as related to general dentistry and oral surgery will focus on specific duties associated with chairside dental assisting while working with a dentist. Patient seating, charting, anesthesia, oral evacuation, instrument delivery, and pre-and post-operative instructions as prescribed by a dentist will be emphasized. Dental unit maintenance will also be reviewed.

DEN XXX Dental Office Management

Dental Office Management is the study of the dental office while assisting patients and dental staff. Record keeping, scheduling, insurance, billing, and collections will be emphasized. Dental Office Management includes patient communication skills as well as administrative functions.

DEN XXX Dental Radiography II

Dental Radiography II provides a supplementation and continuation of information learned in Dental Radiology I with continued hands-on adaptation of film placement, proper positioning of the position indicating device, and proper mounting of dental radiographs. Students will be instructed in exposing, processing, scanning, and mounting diagnostically acceptable radiographs.

DEN XXX Dental Clinical Practice

Dental Clinical Practice involves practical, hands-on clinical experiences. Students will work beside dental assistants and dentists as they examine and treat patients as well as assist the administrative staff in patient scheduling and bookkeeping functions.

Dental Assisting Program – Curriculum Sequence, Credits, and Hours						
	First Semester – Fall	Credits	Lecture Hours per Week	Lab Hours per Week	Clinical Hours for semester	Total Hours for semester
DENXXX	Dental Sciences I (Health, Safety, Materials, Anatomy, ...)	3	3	0	0	48
DENXXX	Dental Procedures I	4	0	8	0	128
DENXXX	Dental Radiography I	2	1	2	0	48
MATH100	Elementary Algebra or higher	3	3	0	0	48
CIS 105	Microcomputer Software Applications I	3	3	0	0	48
	TOTAL CREDITS	15	10	10	0	320
	Second Semester - Spring					
DENXXX	Dental Sciences II	3	3	0	0	48
DENXXX	Dental Procedures II	3	0	6	0	96
DENXXX	Dental Office Management	2	2	0	0	32
DENXXX	Dental Radiography II	2	1	2	0	48
PSYCH 103/101	Human Relations in the Workplace or General Psych	3	3	0	0	48
ENGL201/101	Technical Writing or Composition	3	3	0	0	48
	TOTAL CREDITS	16	12	8	0	320
	Third Semester – Summer					
*DENXXX	Dental Clinical Practice	8	0	0	320	320
	Total Credits	8				320
	Total Program Credits	39				

*Must provide evidence of a current American Heart Association CPR card before DENXXX Dental Clinical Practice.

PLEASE POST IMMEDIATELY - OPEN UNTIL FILLED

**PRE-EMPLOYMENT REQUIREMENTS INCLUDE:
Fingerprinting/Background Check**

RAPID CITY AREA SCHOOLS

RAPID CITY, SOUTH DAKOTA

POSITION AVAILABLE

POSITION TITLE: Dental Assisting Instructor

BUILDING: Western Dakota Technical Institute (WDT)

QUALIFICATIONS: Requires a minimum of an Associate's Degree or higher and must be a registered dental assistant and dental radiographer by the SD Board of Dentistry with a minimum of 3 years industry experience. Must be familiar with federal and state dental assisting requirements along with OSHA and HIPAA regulations governing dental assisting.

BASIC FUNCTION: Dental Assisting instructor will instruct students in the dental assisting program. The instructional program occurs in both classroom and clinical settings.

WORK YEAR: 175 days (Academic Year) Start date - ASAP

STARTING SALARY: \$26.81 - \$31.92 per hour DOE
Plus medical, dental, life, retirement, education

HOURS OF WORK: 7.5 hrs per day

CLOSING DATE: Open Until Filled

Application Review November 30, 2015

APPLY TO: Human Resources Manager
Rapid City Area Schools
300 6th Street
Rapid City, SD 57701
(605) 718-2402 or 2407 – Western Dakota Tech
[wdthumanresources@wdt.edu](mailto:wthumanresources@wdt.edu)

Before consideration for position can be made, an updated “**Certified**” application, resume, copies of transcripts (officials upon hire), and three letters of references must be on file in the Office of Human Resources at the end of the day on the position close date. **It is the applicant's responsibility to see that all of these are provided.** Any applicant requiring accommodation of a disability during any part of the interviewing process should make arrangements with Human Resources. To complete an application online, visit www.wdt.edu and click on the employers tab.

**AN EQUAL OPPORTUNITY EMPLOYER
MUST COMPLY WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986**

November 6, 2015

American Association of Dental Boards

A
S
P

Assessment Services Program

211 E. Chicago Ave., Ste. 760 • Chicago, IL 60611 • 312.440.7464



The American Association of Dental Board's (AADB) Assessment Services Program (ASP) is a comprehensive program of services designed to assist dental boards throughout the discipline process. It includes two major components: Dentist-Professional Review and Evaluation Program (D-PREP), the Expert Review Assessment (ERA), and Remediation.

Dental Board Directed

In collaboration with state dental boards, AADB works to promote patient safety and the highest possible quality of patient care. Our mission is to offer dental professionals assessment and remediation services as directed by the state dental board. These assessments can be performed on those who are seeking to return to practice or obtain initial licensure and to assess the safety and competence of a physician to practice dentistry.

ASP is recognized by dental boards as a comprehensive assessment and remediation program for dental professionals in the country. If you would like to know more about ASP, feel free to contact us at staff@dentalboards.org.

ERA

The Expert Review Assessment program is a service provided to dental boards in need of an independent expert case review and potential witness in disciplinary case review. The AADB will collect and package a respondent's information provided by the board and refer the file to a specially trained expert assessor who will review the practitioner's patient care and treatment, as well as the practitioner's conduct, offering an opinion regarding whether or not that care, treatment and conduct met acceptable standards. Cases may be reviewed by a general dentist or a specialist, depending on the specific case and provide a review by a similar practitioner.

D-PREP

D-PREP offers state dental boards a nationally standardized, independent third party process for respondents. The intent of D-PREP is to conduct a comprehensive evaluation of dental practitioners referred to the program by their boards and suggest appropriate remediation curriculum to address identified deficiencies in these practitioners. In the ongoing effort to protect the public, this program is designed to identify practitioners who need remediation or who, in rare cases, should not continue in the practice of dentistry. Dental practitioners referred to this program by their boards will be assessed and, if qualified, have the opportunity to participate in an enhancement program that will address their deficiencies and enable them to return to dental practice. The assessment is an intense 3-5 day evaluation and any recommended remediation is an intense topical refresher with potentially multiple segments; it is not a CE course. The AADB has partnered with the University Of Maryland School Of Dentistry, Marquette University School of Dentistry and Louisiana State University School of Dentistry who will act as the assessment centers for practitioners referred to the program.

The role of the AADB is to act as a liaison between the state dental boards and our partnered schools of dentistry. Throughout each respondent's D-PREP process, the AADB will be responsible for record collection, case packaging, and Clearinghouse Report reviews for both the AADB and the NPDB. The AADB is independent from our partnered dental schools.

Remediation

In many cases, the outcome of the D-PREP assessment is Remediation. Based on the assessment, a customized curriculum to address the specific deficiencies is developed by an AADB approved dental school. Remediation is not a series of typical continuing education programs. The remediation courses are intense refresher courses in the identified areas requiring in-depth study to bring the candidate's knowledge up to the standard of practice.

In collaboration the University of Maryland, Louisiana State University, Marquette University and Nova Southeastern University, AADB has developed a Remediation Guidebook/Manual adapted from the Florida Remediation Manual as an outline for interested dental schools indicating the depth of instruction and the parameters for curriculum to comply with the dental boards' expectation for remediation.

Each component of the assessment program will address areas which need remediation with an expectation the activities will assist in changing the candidate's ethical and clinical behavior and knowledge.

Background:

AADB

Incorporated in 1883, the AADB is the national organization representing state dental boards whose responsibility is to ensure the public's safety by monitoring practitioners who do not meet acceptable standards of dental practice.

ERA

ERA

The American Association of Dental Boards (AADB) has launched a comprehensive program of review services designed to assist dental boards throughout the discipline process. One of the major components of the Assessment Services Program is the Expert Review Assessment (ERA). Please note that this program is for dental boards only.

The ERA is a service provided to dental boards in need of an independent expert witness in disciplinary case review. The AADB will collect and package a respondent's information provided by the board and refer the file to a specially trained expert assessor who will review the practitioner's patient care and treatment and/or the practitioner's conduct and offer an opinion regarding whether or not that care, treatment and conduct met acceptable standards.

The ERA provides dental boards with a source of consistent case reviews for an opinion regarding whether or not a practitioner's care, treatment and conduct met acceptable standards. AADB worked with a cadre of individuals to develop a format and process to train reviewers to maintain the quality of the review no matter which AADB reviewer completes the case.

Since its inception ERA has expanded its reviewers to include all specialties to provide expert review to match the practitioner's practice setting. Geography is also considered in the assignment of a reviewer, when possible, in the event they later are called to be an expert witness.

Those boards interested in participating in ERA will fill out a request form accompanied by a nonrefundable \$1,500 fee sent directly to the American Association of Dental Boards. The form will be reviewed and documents needed for the assessment will be specified. It will be the state dental board's responsibility to supply the AADB with all necessary documents which will be forwarded to the expert assessor.

This fee is generally paid by the dental board.

Assessment

The universities involved are among the premier dental schools in the country with state-of-the-art equipment and the highest caliber of dental professionals.

After completion of the disciplinary process, state dental boards are sometimes faced with a decision on whether or not a practitioner can return to practice and if there's a remediation protocol to address the clinical deficiencies which resulted in the board actions. Current assessments do not adequately address the evaluation of a dentist's general clinical knowledge and judgment and its impact on clinical treatment. In the case where a respondent's deficiencies are so significant as to restrict the ability to practice or

provide a complete discipline of service, D-PREP will provide dental boards with a standardized and comprehensive assessment and remediation curriculum, if appropriate.

Critical care can be compromised by cognitive issues, deficiency in the knowledge of appropriate clinical techniques and milestones, hand skills, general clinical knowledge, ethical issues and appropriate judgment in diagnosis and treatment planning. During a disciplinary and hearing process, state dental boards most often focus on the treatment provided and are usually ill-equipped to determine the reasons for poor clinical care. This program will address the question, "Is remediation possible?" If it is determined that remediation is appropriate, the applicant will complete the remediation curriculum at an AADB approved or a state board approved location.

Currently, state dental boards often prescribe remediation without a background analysis or rationale. Most assessment services offer a hand skills performance examination, usually on a simulated platform such as a mannequin. This process provides little information not already determined by the hearing process when examining the actual clinical treatment on patients. A comprehensive assessment of clinical knowledge and judgment and its application to treatment has not been available until now. In a standardized four to five day process, D-PREP evaluators will provide dental boards with assessment and remediation recommendations designed to address comprehensively deficiencies contributing to poor clinical care.

D-PREP

Phase I

Practitioners, either referred by their state dental boards or self-referred with board approval/acknowledgment, will complete the application including release forms and a copy of the board order/consent agreements, accompanied by a nonrefundable \$1,000 application fee payable to the American Association of Dental Boards (AADB). The practitioner will be asked to provide contact information, practice information and a signed release form.

Phase II

The practitioner will then schedule a complete medical history and physical examination. This includes information on whether or not there is any condition or disease that would affect hand/eye coordination, and if any condition exists that would result in diminishing motor skills. Furthermore, the practitioner will undergo a MicroCog™ or a St. Louis University Mental Status exam (SLUMS) which are tools used to assess cognitive function. The providers of the medical H&P and the evaluation of the cognitive exam must be performed by a provider acceptable to the dental board. The appointments should be made as soon as possible to meet the assessment center's schedule requirements. All material must be received by the AADB within a maximum of 45 days of the initial application. The physical exam and cognitive exam fees will be determined by the providers of the examinations. (Please note: To facilitate the process - board orders/consent agreements and typed patient records should be sent to the AADB as soon as possible for summarization by an AADB expert reviewer.)

Phase III

The AADB will assemble the assessment focus packet for the applicant analyzing all board materials submitted by state dental boards, all relevant reports from the AADB Clearinghouse for Board Actions, reports from the National Practitioner Data Bank, the

MicroCog™ or SLUMS (cognitive exams) analysis, the medical H&P, typed patient records and any other relevant materials from the practitioner or dental board. (Please note that it is the applicant's responsibility to have the patient records typed for legibility.) The nonrefundable fee for this phase is \$3,000 remittable to AADB.

Phase IV

The assessment packet from AADB will be provided to the relevant university partner for review. If the applicant is appropriate for the assessment process, the applicant will go to one of the centers for an in-depth assessment (usually 4-5 days). The respondent's fees for this phase are \$15,000 and payable to AADB who will reimburse the university assessment center.

Phase V

Within 45 - 60 days of the assessment's completion, the center will provide a comprehensive analysis, assessment of any deficiencies, and a recommended remediation curriculum, if appropriate, directly to the state dental board or referring agency with a copy to AADB.

Phase VI

If the recommendations of the assessment centers are approved by the board, the applicant will complete the remediation curriculum at an AADB approved remediation center or a state board approved location.

Fees

All cost of the D-PREP program is the responsibility of the practitioner.

Remediation

In many cases, the outcome of the D-PREP assessment leads to Remediation. Based on the assessment, a customized curriculum to address specific deficiencies is developed by an AADB approved dental school. Remediation is not a series of typical continuing education programs. Remediation courses are intense, curriculum-based courses that focus on identified deficiencies. They require in-depth study to bring the respondent's knowledge up to standard of practice.

In collaboration with all involved parties, AADB has developed a Remediation Guidebook/Manual adapted from the Florida Remediation Manual. This guidebook is an outline for participating dental schools indicating the depth of instruction and the parameters for curriculum to comply with the dental boards' expectation for remediation.

Each component of the assessment program will address identified areas for remediation, with an expectation the activities will assist in changing the candidate's ethical and clinical behavior and knowledge.

Later in booklet where there is more detail of the components (page 7) Also added to Appendix the application, etc. to match D-PREP.

Currently, state dental boards use continuing education as their primary tool for respondents needing remediation. A comprehensive assessment of clinical knowledge and judgment, and its application to treatment has not been available until now. D-PREP evaluators will respond in a standardized, in-person four to five day process and will provide dental boards with assessment and remediation recommendations comprehensively designed to address deficiencies contributing to poor clinical care.

The remediation program is not a continuing education course. It is an intense, customized program, intended to improve the participant's knowledge and understanding of critical components of high quality dental care and achieving accepted levels of the standard of care. The AADB Remediation Program is national in scope, using premier dental schools as sites and a shared curriculum guide to create minimum standards for the training component. The program is recognized by state dental boards as meeting remediation expectations for a dental professional to be considered for relicensure.

Entry - Individuals may be referred directly to remediation for clearly identified deficiencies based on board investigation or as a result of D-PREP assessment.

The Remediation program reviews the D-PREP assessment report or the dental board's directives for identified deficiencies and tailors the curriculum for each participant to address the specific deficiencies noted in the report. AADB with its consulting assessment and remediation sites has developed a curriculum guide as a starting point and to maintain consistency quality.

The remediation program may include any combination of topic areas including but not limited to:

1. Ethics
2. Evidence Based Dentistry/Literature Review
3. Risk Management
 - a. Record Keeping
 - b. Charting and Documentation
4. OSHA/Infection Control
5. Diagnosis & Treatment Planning
 - a. Dental Assessment
 - b. Medical Assessment
 - c. Medical Consultation
6. Pharmacology
7. Radiology
8. Oral Pathology/Oral medicine
 - a. Oral Cancer Screening
9. OMS
10. Periodontics
11. Restorative Dentistry
 - a. Operative
 - b. Fixed
 - c. Removable
 - d. Implants
12. Endodontics
13. Orthodontics
14. Pediatric Dentistry

Attending the remediation program is not a guarantee a dental professional will have their license reinstated, but rather an assurance State Boards have done their job protecting the public by using a third party, academic based solution.

D-PREP Application Process

Part 1

A non-refundable fee of \$1,000 is required to process Part 1 of the D-PREP application. You will be asked to provide **contact information, practice information, and a signed release.**

Part 2

You must provide a complete medical history and physical examination reports by a physician(s) acceptable to the dental board. These include:

- **MicroCog™ or St. Louis University Mental Status exam (SLUMS):** cognitive assessments administered by a psychologist/psychiatrist acceptable to the dental board.
- **National Practitioner Data Bank** self-query (it is recommended that you send and receive the query by overnight mail)
- Signed **HIPAA release form(s)** supplied by your medical providers so that the medical history, physical exam and cognitive assessment reports can be sent to AADB.

Part 3

Once all forms have been submitted, and if you are admitted into the program, additional documents may be requested to be sent to the AADB. There will be an additional non-refundable \$3,000 fee to the AADB at this time for preparation of the assessment focus package which includes all materials submitted by state dental boards, all relevant reports from the AADB Clearinghouse for Board Actions, reports from the National Practitioner Data Bank, a summary of your board action and all other necessary materials and records pertinent to the case. These reports will be added to a secure website set up for your records that can be retrieved by the reviewing center. The AADB will coordinate the date and location for your assessment. Neither you nor a family member can have any affiliation with the selected assessment center; i.e., alumnus, board member, contributor, faculty, etc.

**SAMPLE - Schedule of Assessment Activities
(Subject to modification)**

Day 1

9:00 a.m. - 10:15 a.m.	Intake Interview
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 12:00 p.m.	Patient Skills Assessment
12:00 p.m. - 1:00 p.m.	Lunch Break
1:00 p.m. - 2:30 p.m.	Continuation of Patient Skills Assessment
2:30 p.m. - 2:45 p.m.	Break
2:45 p.m. - 4:00 p.m.	Continuation of Patient Skills Assessment

Day 2

9:00 a.m. - 10:30 a.m.	Simulated Dental Patient Examination
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Continuation of Simulated Dental Patient Examination
12:00 a.m. - 1:00 p.m.	Lunch Break
1:00 p.m. - 2:45 p.m.	Continuation of Simulated Dental Patient Examination
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 4:00 p.m.	Evidence-based Literature Review Exercise

Day 3

9:00 a.m. - 10:30 a.m.	Comprehensive General Knowledge of Dentistry Examination (240 questions)
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Continuation of Comprehensive General Knowledge of Dentistry Examination
12:00 - 1:00 p.m.	Lunch Break
1:00 p.m. - 2:45 p.m.	Continuation of Comprehensive General Knowledge of Dentistry Examination
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 4:00 p.m.	Ethics Review Questions

Day 4

9:00 a.m. - 10:00 a.m.	Written Examination Completion (if needed)
10:00 a.m. - 10:15 a.m.	Break
10:15 a.m. - 12:00 p.m.	Exit Interview

Please note:

- Scheduled activity times are approximate and may be modified based on respondent performance/need.
- Break periods are provided during assessment activities.
- Unscheduled break periods during an activity are discouraged and will be noted on the assessment report.

Post-Assessment Timeline

Due to the complexity of dentist competence assessments, issuing a final report typically takes 45-60 days after completion of the assessment. While every effort is made to complete the program as quickly as possible, ensuring the accuracy and reliability of the assessment process remains our first priority.

Dental Boards acceptance

The ASP program has been well received by dental boards across the country. Many dental boards have had AADB present at a board meeting to gain a greater understanding of the programs and the benefits for the disciplinary process.

Uniformly, dental boards have indicated positive response to the program being pleased AADB has developed this tool for the boards.

Remediation

AADB is creating a process for dental schools to become involved in the ASP program as remediation centers. Dental schools will apply for acceptance outlining the school's capability to conduct rigorous remediation curriculum to address the serious deficiencies determined in the assessment phase. The creation of a network of remediation centers is focused on maintaining a high quality, consistent result which dental boards can accept as meeting the completion of the deficiencies.

Reassessment

In some cases the assessment center may recommend a reassessment of the practitioner after completing the remediation. This is to determine whether the practitioner has assimilated the material during the remediation phase and behavior has changed as a result.

Application Process

Step I - Practitioners, either referred by their state dental boards or self-referred with board approval, will fill out the application and release forms accompanied by a nonrefundable \$1,000 processing fee payable to the American Association of Dental Boards. The practitioner will be asked to provide contact information, practice information and a signed release form.

Step II - The practitioner once determined eligible for the program will submit materials. All material must be received by the AADB within a maximum of 45 days of the initial application. (Please note: To facilitate the process - board should forward orders/consent agreements and assessment report should be sent to the AADB as soon as possible.)

Step III - The AADB will assemble, all relevant reports and materials from the applicant and submitted by state dental boards; the assessment report; AADB Clearinghouse for Board Actions, reports from the National Practitioner Data Bank, the MicroCog™ or SLUMS (cognitive exams) analysis, the medical H&P, typed patient records and any other relevant materials. The nonrefundable fee for this phase is \$2,500 remittable to AADB.

Step IV - The materials from AADB will be provided to the relevant university partner for review and preparation of curriculum, duration and estimate of fee for the required remediation.

Step V – If the recommendations of the assessment centers are approved by the board, the applicant will complete the remediation curriculum at a state board or ASP approved location. The appointments should be made as soon as possible to meet the remediation site's schedule requirements.

If curriculum is approved, the applicant will attend the program at the available site. The respondent's fees for this step are typically \$440 per hour as determined by the remediation site and payable to AADB.

Step VI - Within 30 - 60 days of the remediation's completion, the site will provide a comprehensive summary of candidate's progress and any continuing deficiencies, and a recommend for licensing status for board consideration or further remediation curriculum, if appropriate.

APPENDIX A

ERA Request Form

A non-refundable fee of \$1,500 is required to process the Expert Review Assessment (ERA) request form. The board will be asked to provide contact information, all background information on the practitioner's case and the state's immunity provision in law or waiver for ERA assessors and the AADB which includes the date and signature of the party providing the immunity provision/waiver. Once this information has been reviewed, additional documents may be requested. These documents will be analyzed by a specially trained expert who will summarize the findings and provide the board with an opinion.

Board Contact Information

Board Name:

Contact Name (First and Last Name):

Contact E-mail:

Contact Phone Number:

Board Address (Please do NOT use P.O. Boxes as a destination for correspondence)

Board Address - Line 1:

Board Address - Line 2:

Board City:

Board State/Province:

Board Zip:

Board Main Phone Number:

Please provide appropriate links and/or references to your state immunity provision for the Expert Review Assessors and the AADB.

You may also email ASP@dentalboards.org or fax this information (312-440-3525) to the AADB Central Office: American Association of Dental Boards - 211 E Chicago Ave, Suite 760 - Chicago, IL 60611

Phone: (800) 621-8099 ext 2894 - E-mail: ASP@dentalboards.org

APPENDIX B

**DENTIST PROFESSIONAL REVIEW AND EVALUATION PROGRAM
(D-PREP)
CONSENT AND RELEASE OF INFORMATION**

I authorize the Dentist Professional Review and Evaluation Program to disclose and exchange information pertaining to my participation in the Dentist Professional Review and Evaluation Program and any of its offerings with (please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):

I understand that one or more of the standard testing modalities that I will participate in will be videotaped for documentation as part of the routine assessment protocol. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that information about my participation in the D-PREP program shall be available for inspection and review by above agencies and/or persons or by their designee at any time, and agree that it shall not be privileged in any way to the above agencies and/or designees.

By my signature below, I agree to hold harmless the American Association of Dental Boards, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

Signature _____

Print Name _____

Date _____

Your application is complete. Please click on the link below for payment options:

[Please click here for access to our secure payment center.](#)

THIS IS A PRELIMINARY APPLICATION. ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A CONFIRMATION LETTER WITH FURTHER INSTRUCTIONS.

MAILING ADDRESS:

American Association of Dental Boards
211 E. Chicago Ave., Ste. 760
Chicago, IL 60611

**FOR MORE INFORMATION OR TO
CONTACT US:**

Voice: 800-621-8099, ext. 2894
Fax: 312-440-3525
E-mail: asp@dentalasp.org
Internet: www.dentalasp.org

Appendix C

Please include a non-refundable \$1,000 processing fee with this application. At the end of the application form there is a link that will take you to our secure payment center. Once admitted to the program, there will be an additional \$3,000 fee to the AADB for preparation of the assessment focus package analyzing all materials submitted by state dental boards, all relevant reports from the AADB Clearinghouse for Board Actions; reports from the National Practitioner Data Bank; and all other relevant materials and records pertinent to the case.

CONTACT INFORMATION NAME: _____
Last First Middle Initial

Gender : Male Female

Date of Birth: _____

HOME ADDRESS (Please do not use P.O. Boxes as a destination for correspondence):

Street Address _____

City State Zip Code

WORK ADDRESS (Please do not use P.O. Boxes as a destination for correspondence):

Company Name (If applicable) _____

Street Address _____

City State Zip Code

Correspondence should be sent to: Email Address Home Address Work Address

Please indicate the best way to reach you and preferred fax number:

Home Phone: _____ Home Fax: _____

Work Phone: _____ Work Fax: _____

Mobile Phone: _____ Email: _____

Pager: _____

PRACTICE INFORMATION

Degree (Please check one): DDS DMD Other _____

School attended: _____

Year of graduation: _____ SS# (if available): _____

Type of practice: _____

Types of clinical services provided: _____

Specialty: _____

Board eligible in: _____

Board certified in: _____

Date of last recertification: _____

State License Number(s): _____ DEA Number _____ Are you currently practicing dentistry? Yes No – If no, please briefly state why:

Do you have a Probation Monitor? No Yes – If Yes, please provide his/her name and contact information:

Who referred you to the D-PREP Program (please select one)?

State Dental Board (please identify): _____

Private Hospital (Name of Hospital): _____

Attorney: _____

Self – How did you hear about our program?

Other: _____

If you have been referred by a hospital, are you coming as a requirement of the medical/dental staff or Medical/Dental Quality Assurance or Credentials Committee? Yes
No

If you selected "yes" to the previous question, we will need to contact the chair of the referring committee. Please provide his/her name and contact information in the space below:

What are the circumstances that led up to your referral or application to the D-PREP Program? (If more space is needed, please write on the back of this page or on a separate piece of paper.)

If accepted into the D-PREP Program, please rank in order of preference the following centers.

You may not select a center from which you are an alumni, donor, or have any significant conflict of interest or a family member who would have a similar conflict of interest as determined by D-PREP:

Louisiana State University School of Dentistry ____

Marquette University School of Dentistry ____

University of Maryland School of Dentistry ____

Self-Queries:

As part of this program, you must have a self-query submitted directly from the National Practitioner Data Bank. Please follow this link to access the instructions and self-query form.

<https://www.npdb-hipdb.hrsa.gov/ext/servlet/SQStartInitialServlet>

PRACTICE INFORMATION

Degree (Please check one): DDS DMD Other _____

School attended: _____

Year of graduation: _____ SS# (if available): _____

Type of practice: _____

Types of clinical services provided: _____

Specialty: _____

Board eligible in: _____

Board certified in: _____

Date of last recertification: _____

State License Number(s): _____ DEA Number _____

Are you currently practicing dentistry? Yes No – If no, please briefly state why:

Do you have a Probation Monitor? No Yes – If Yes, please provide his/her name and contact information:

Who referred you to the Remediation Program (please select one)?

State Dental Board (please identify): _____

Private Hospital (Name of Hospital): _____

Attorney: _____

Self – How did you hear about our program?

Other: _____

If you have been referred by a hospital, are you coming as a requirement of the medical/dental staff or Medical/Dental Quality Assurance or Credentials Committee?

Yes No

If you selected “yes” to the previous question, we will need to contact the chair of the referring committee. Please provide his/her name and contact information in the space below:

What are the circumstances that led up to your referral or application to the Remediation Program? (If more space is needed, please write on the back of this page or on a separate piece of paper.)

I certify that the foregoing statement are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause to rejection of this application.

Signature _____

Print Name _____

Date _____

If accepted into the Remediation Program, please rank in order of preference the following centers.

You may not select a center from which you are an alumni, donor, or have any significant conflict of interest or a family member who would have a similar conflict of interest as determined by ASP:

___ Louisiana State University School of Dentistry

___ Marquette University School of Dentistry

___ University of Maryland School of Dentistry

___ Nova Southeastern University

Self-Queries:

As part of this program, you must have a self-query submitted directly from the National Practitioner Data Bank. Please follow this link to access the instructions and self-query form.

<https://www.npdb-hipdb.hrsa.gov/ext/servlet/SQStartInitialServlet>

Assessment Services Program Process

D-PREP – From the BOARD:

- Notify AADB that a consent order has been prepared directing a respondent to D-PREP
- Provide AADB with the signed order
- Counsel with the respondent on what patient records need to be included in the assessment so that they can be typed and redacted
- Board reviews material sent to AADB to ensure that it is complete
- Provide any other background material that the board would like to be considered

D-PREP - From the RESPONDENT:

- Completed application and \$1,000 nonrefundable application fee; signed release form
- Typed, redacted patient records – as determined by the BOARD
- NPDB self-query forwarded unopened to the AADB
- Physical exam results from a board-approved physician
- Mental assessment (St. Louis University Mental Status exam or MicroCog) from a board approved psychologist/psychiatrist
- All material will be reviewed and summarized by a trained expert reviewer; reviewer has 30-60 days to review information and summarize the case for the assessment center -\$3,000 nonrefundable review fee
- Once review has been completed, the AADB will set up the appointment with the assessment center and respondent
- Once the respondent has completed the assessment program, the assessment center will provide a detailed report with suggested remediation directly to the state board with a copy to AADB

American Dental Association

PRINCIPLES OF

Ethics

A N D

C O D E O F

Professional Conduct

With official advisory opinions revised to April 2012.

ADA American Dental Association®

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I. INTRODUCTION

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the *ADA Principles of Ethics and Code of Professional Conduct (ADA Code)*. The *ADA Code* is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society.

Members of the ADA voluntarily agree to abide by the *ADA Code* as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The *ADA Code* has three main components: The **Principles of Ethics**, the **Code of Professional Conduct** and the **Advisory Opinions**.

The **Principles of Ethics** are the aspirational goals of the profession. They provide guidance and offer justification for the *Code of Professional Conduct* and the *Advisory Opinions*. There are five fundamental principles that form the foundation of the *ADA Code*: patient autonomy, nonmaleficence, beneficence, justice and veracity. Principles can overlap each other as well as compete with each other for priority. More than one principle can justify a given element of the *Code of Professional Conduct*. Principles may at times need to be balanced against each other, but, otherwise, they are the profession's firm guideposts.

The **Code of Professional Conduct** is an expression of specific types of conduct that are either required or prohibited. The *Code of Professional Conduct* is a product of the ADA's legislative system. All elements of the *Code of Professional Conduct* result from resolutions that are adopted by the ADA's House of Delegates. The *Code of Professional Conduct* is binding on members of the ADA, and violations may result in disciplinary action.

The **Advisory Opinions** are interpretations that apply the *Code of Professional Conduct* to specific fact situations. They are adopted by the ADA's Council on Ethics, Bylaws and Judicial Affairs to provide guidance to the membership on how the Council might interpret the *Code of Professional Conduct* in a disciplinary proceeding.

The *ADA Code* is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. The *ADA Code* is the result of an ongoing dialogue between the dental profession and society, and as such, is subject to continuous review.

Although ethics and the law are closely related, they are not the same. Ethical obligations may—and often do—exceed legal duties. In resolving any ethical problem not explicitly covered by the *ADA Code*, dentists should consider the ethical principles, the patient's needs and interests, and any applicable laws.

II. PREAMBLE

The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. In recognition of this goal, the education and training of a dentist has resulted in society affording to the profession the privilege and obligation of self-government. To fulfill this privilege, these high ethical standards should be adopted and practiced throughout the dental school educational process and subsequent professional career.

The Association believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances.

The ethical dentist strives to do that which is right and good. The *ADA Code* is an instrument to help the dentist in this quest.

III. PRINCIPLES, CODE OF PROFESSIONAL CONDUCT AND ADVISORY OPINIONS

Section 1 PRINCIPLE: PATIENT AUTONOMY (“self-governance”). The dentist has a duty to respect the patient’s rights to self-determination and confidentiality.

This principle expresses the concept that professionals have a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to protect the patient’s confidentiality. Under this principle, the dentist’s primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient’s needs, desires and abilities, and safeguarding the patient’s privacy.

CODE OF PROFESSIONAL CONDUCT

1.A. PATIENT INVOLVEMENT.

The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

1.B. PATIENT RECORDS.

Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

ADVISORY OPINIONS

1.B.1. FURNISHING COPIES OF RECORDS.

A dentist has the ethical obligation on request of either the patient or the patient’s new dentist to furnish in accordance with applicable law, either gratuitously or for nominal cost, such dental records or copies or summaries of them, including dental X-rays or copies of them, as will be beneficial for the future treatment of that patient. This obligation exists whether or not the patient’s account is paid in full.

1.B.2. CONFIDENTIALITY OF PATIENT RECORDS.

The dominant theme in Code Section 1.B is the protection of the confidentiality of a patient’s records. The statement in this section that relevant information in the records should be released to another dental practitioner assumes that the dentist requesting the information is the patient’s present dentist. There may be circumstances where the former dentist has an ethical obligation to inform the present dentist of certain facts. Code Section 1.B assumes that the dentist releasing relevant information is acting in accordance with applicable law. Dentists

should be aware that the laws of the various jurisdictions in the United States are not uniform and some confidentiality laws appear to prohibit the transfer of pertinent information, such as HIV seropositivity. Absent certain knowledge that the laws of the dentist's jurisdiction permit the forwarding of this information, a dentist should obtain the patient's written permission before forwarding health records which contain information of a sensitive nature, such as HIV seropositivity, chemical dependency or sexual preference. If it is necessary for a treating dentist to consult with another dentist or physician with respect to the patient, and the circumstances do not permit the patient to remain anonymous, the treating dentist should seek the permission of the patient prior to the release of data from the patient's records to the consulting practitioner. If the patient refuses, the treating dentist should then contemplate obtaining legal advice regarding the termination of the dentist-patient relationship.

Section 2 PRINCIPLE: NONMALEFICENCE ("do no harm"). The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

CODE OF PROFESSIONAL CONDUCT

2.A. EDUCATION.

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

2.B. CONSULTATION AND REFERRAL.

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care.
2. The specialists shall be obliged when there is no referring dentist and upon a completion of their treatment to inform patients when there is a need for further dental care.

ADVISORY OPINION

2.B.1. SECOND OPINIONS.

A dentist who has a patient referred by a third party¹ for a "second opinion" regarding a diagnosis or treatment plan recommended by the patient's treating dentist should render the requested second opinion in accordance with this *Code of Ethics*. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

2.C. USE OF AUXILIARY PERSONNEL.

Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

2.D. PERSONAL IMPAIRMENT.

It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

ADVISORY OPINION

2.D.1. ABILITY TO PRACTICE.

A dentist who contracts any disease or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or dental staff. A dentist who has been advised to limit the activities of his or her practice should monitor the aforementioned disease or impairment and make additional limitations to the activities of the dentist's practice, as indicated.

2.E. POSTEXPOSURE, BLOODBORNE PATHOGENS.

All dentists, regardless of their bloodborne pathogen status, have an ethical obligation to immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide postexposure services. The dentist's ethical obligation in the event of an exposure incident extends to providing information concerning the dentist's own bloodborne pathogen status to the evaluating health care practitioner, if the dentist is the source individual, and to submitting to testing that will assist in the evaluation of the patient. If a staff member or other third person is the source individual, the dentist should encourage that person to cooperate as needed for the patient's evaluation.

2.F. PATIENT ABANDONMENT.

Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

2.G. PERSONAL RELATIONSHIPS WITH PATIENTS.

Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

Section 3 PRINCIPLE: BENEFICENCE (“do good”). The dentist has a duty to promote the patient’s welfare.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient’s welfare first.

CODE OF PROFESSIONAL CONDUCT

3.A. COMMUNITY SERVICE.

Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

3.B. GOVERNMENT OF A PROFESSION.

Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

3.C. RESEARCH AND DEVELOPMENT.

Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

3.D. PATENTS AND COPYRIGHTS.

Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

3.E. ABUSE AND NEGLECT.

Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

ADVISORY OPINION

3.E.1. REPORTING ABUSE AND NEGLECT.

The public and the profession are best served by dentists who are familiar with identifying the signs of abuse and neglect and knowledgeable about the appropriate intervention resources for all populations.

A dentist’s ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with a dentist’s legal obligation in the jurisdiction where the dentist practices. Dentists, therefore, are ethically obliged to identify and report suspected cases of abuse and neglect to the same extent as they are legally obliged to do so in the jurisdiction where they practice. Dentists have a concurrent ethical obligation to respect an adult patient’s right to

self-determination and confidentiality and to promote the welfare of all patients. Care should be exercised to respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported, where such a report is not mandated by law. With the patient's permission, other possible solutions may be sought.

Dentists should be aware that jurisdictional laws vary in their definitions of abuse and neglect, in their reporting requirements and the extent to which immunity is granted to good faith reporters. The variances may raise potential legal and other risks that should be considered, while keeping in mind the duty to put the welfare of the patient first. Therefore a dentist's ethical obligation to identify and report suspected cases of abuse and neglect can vary from one jurisdiction to another.

Dentists are ethically obligated to keep current their knowledge of both identifying abuse and neglect and reporting it in the jurisdiction(s) where they practice.

3.F. PROFESSIONAL Demeanor IN THE WORKPLACE.

Dentists have the obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care.

ADVISORY OPINION

3.F.1. DISRUPTIVE BEHAVIOR IN THE WORKPLACE.

Dentists are the leaders of the oral healthcare team. As such, their behavior in the workplace is instrumental in establishing and maintaining a practice environment that supports the mutual respect, good communication, and high levels of collaboration among team members required to optimize the quality of patient care provided. Dentists who engage in disruptive behavior in the workplace risk undermining professional relationships among team members, decreasing the quality of patient care provided, and undermining the public's trust and confidence in the profession.

Section 4 PRINCIPLE: JUSTICE ("fairness"). The dentist has a duty to treat people fairly.

This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

CODE OF PROFESSIONAL CONDUCT

4.A. PATIENT SELECTION.

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

ADVISORY OPINION

4.A.1. PATIENTS WITH BLOODBORNE PATHOGENS.

A dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual is infected with Human

Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another bloodborne pathogen, based solely on that fact, is unethical. Decisions with regard to the type of dental treatment provided or referrals made or suggested should be made on the same basis as they are made with other patients. As is the case with all patients, the individual dentist should determine if he or she has the need of another's skills, knowledge, equipment or experience. The dentist should also determine, after consultation with the patient's physician, if appropriate, if the patient's health status would be significantly compromised by the provision of dental treatment.

4.B. EMERGENCY SERVICE.

Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

4.C. JUSTIFIABLE CRITICISM.

Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.

ADVISORY OPINION

4.C.1. MEANING OF "JUSTIFIABLE."

Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This should, if possible, involve consultation with the previous treating dentist(s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment. There will necessarily be cases where it will be difficult to determine whether the comments made are justifiable. Therefore, this section is phrased to address the discretion of dentists and advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.

4.D. EXPERT TESTIMONY.

Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

ADVISORY OPINION

4.D.1. CONTINGENT FEES.

It is unethical for a dentist to agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a dental expert.

4.E. REBATES AND SPLIT FEES.

Dentists shall not accept or tender “rebates” or “split fees.”

ADVISORY OPINION

4.E.1. SPLIT FEES IN ADVERTISING AND MARKETING SERVICES.

The prohibition against a dentist’s accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via “social coupons” if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services.

Section 5 PRINCIPLE: VERACITY (“truthfulness”). The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist–patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

CODE OF PROFESSIONAL CONDUCT

5.A. REPRESENTATION OF CARE.

Dentists shall not represent the care being rendered to their patients in a false or misleading manner.

ADVISORY OPINIONS

5.A.1. DENTAL AMALGAM AND OTHER RESTORATIVE MATERIALS.

Based on current scientific data, the ADA has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation of the dentist, is improper and unethical. The same principle of veracity applies to the dentist’s recommendation concerning the removal of any dental restorative material.

5.A.2. UNSUBSTANTIATED REPRESENTATIONS.

A dentist who represents that dental treatment or diagnostic techniques

recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically.

5.B. REPRESENTATION OF FEES.

Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

ADVISORY OPINIONS

5.B.1. WAIVER OF COPAYMENT.

A dentist who accepts a third party¹ payment under a copayment plan as payment in full without disclosing to the third party¹ that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party¹ that the charge to the patient for services rendered is higher than it actually is.

5.B.2. OVERBILLING.

It is unethical for a dentist to increase a fee to a patient solely because the patient is covered under a dental benefits plan.

5.B.3. FEE DIFFERENTIAL.

The fee for a patient without dental benefits shall be considered a dentist's full fee.² This is the fee that should be represented to all benefit carriers regardless of any negotiated fee discount. Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society-sponsored access program, or a participating agreement entered into under a program with a third party shall not be considered or construed as evidence of overbilling in determining whether a charge to a patient, or to another third party¹ in behalf of a patient not covered under any of the aforementioned programs constitutes overbilling under this section of the *Code*.

5.B.4. TREATMENT DATES.

A dentist who submits a claim form to a third party¹ reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaged in making an unethical, false or misleading representation to such third party.¹

5.B.5. DENTAL PROCEDURES.

A dentist who incorrectly describes on a third party¹ claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.¹

5.B.6. UNNECESSARY SERVICES.

A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist's ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which he or she provides patient care.

5.C. DISCLOSURE OF CONFLICT OF INTEREST.

A dentist who presents educational or scientific information in an article, seminar or other program shall disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation. Disclosure shall be made in any promotional material and in the presentation itself.

5.D. DEVICES AND THERAPEUTIC METHODS.

Except for formal investigative studies, dentists shall be obliged to prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall have the further obligation of not holding out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

ADVISORY OPINIONS

5.D.1. REPORTING ADVERSE REACTIONS.

A dentist who suspects the occurrence of an adverse reaction to a drug or dental device has an obligation to communicate that information to the broader medical and dental community, including, in the case of a serious adverse event, the Food and Drug Administration (FDA).

5.D.2. MARKETING OR SALE OF PRODUCTS OR PROCEDURES.

Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients must take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists should not induce their patients to purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure.

In the case of a health-related product, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist has an independent obligation to inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research.

Dentists should disclose to their patients all relevant information the patient needs to make an informed purchase decision, including whether the product is available elsewhere and whether there are any financial incentives for the dentist to recommend the product that would not be evident to the patient.

5.E. PROFESSIONAL ANNOUNCEMENT.

In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.³

5.F. ADVERTISING.

Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.³

ADVISORY OPINIONS

5.F.1. PUBLISHED COMMUNICATIONS.

If a dental health article, message or newsletter is published in print or electronic media under a dentist's byline to the public without making truthful disclosure of the source and authorship or is designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dentist, the dentist is engaged in making a false or misleading representation to the public in a material respect.³

5.F.2. EXAMPLES OF "FALSE OR MISLEADING."

The following examples are set forth to provide insight into the meaning of the term "false or misleading in a material respect."³ These examples are not meant to be all-inclusive. Rather, by restating the concept in alternative language and giving general examples, it is hoped that the membership will gain a better understanding of the term. With this in mind, statements shall be avoided which would:

a) contain a material misrepresentation of fact, b) omit a fact necessary to make the statement considered as a whole not materially misleading, c) be intended or be likely to create an unjustified expectation about results the dentist can achieve, and d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.

Subjective statements about the quality of dental services can also raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.³

5.F.3. UNEARNED, NONHEALTH DEGREES.

A dentist may use the title Doctor or Dentist, D.D.S., D.M.D. or any additional earned, advanced academic degrees in health service areas in an announcement to the public. The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate status.

For purposes of this advisory opinion, an unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree.

The use of a nonhealth degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner.

Some organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry.

Generally, unearned or nonhealth degrees and fellowships that designate association, rather than attainment, should be limited to scientific papers and

curriculum vitae. In all instances, state law should be consulted. In any review by the council of the use of designations in advertising to the public, the council will apply the standard of whether the use of such is false or misleading in a material respect.³

5.F.4. REFERRAL SERVICES.

There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expenses of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. Prospective patients calling the service may be referred to a single subscribing dentist in the geographic area and the respective dentist billed for each patient referred. Commercial referral services often advertise to the public stressing that there is no charge for use of the service and the patient may not be informed of the referral fee paid by the dentist. There is a connotation to such advertisements that the referral that is being made is in the nature of a public service. A dentist is allowed to pay for any advertising permitted by the *Code*, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services. While the particular facts and circumstances relating to an individual commercial referral service will vary, the council believes that the aspects outlined above for commercial referral services violate the *Code* in that it constitutes advertising which is false or misleading in a material respect and violates the prohibitions in the *Code* against fee splitting.³

5.F.5. INFECTIOUS DISEASE TEST RESULTS.

An advertisement or other communication intended to solicit patients which omits a material fact or facts necessary to put the information conveyed in the advertisement in a proper context can be misleading in a material respect. A dental practice should not seek to attract patients on the basis of partial truths which create a false impression.³

For example, an advertisement to the public of HIV negative test results, without conveying additional information that will clarify the scientific significance of this fact contains a misleading omission. A dentist could satisfy his or her obligation under this advisory opinion to convey additional information by clearly stating in the advertisement or other communication: "This negative HIV test cannot guarantee that I am currently free of HIV."

5.G. NAME OF PRACTICE.

Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.³

ADVISORY OPINION

5.G.1. DENTIST LEAVING PRACTICE.

Dentists leaving a practice who authorize continued use of their names should receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after

the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentist has retired from the practice.

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

This section and Section 5.I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The dental specialties recognized by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization should use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced dental specialties, provided at the time of the announcement such dentists have met in each recognized specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

GENERAL STANDARDS.

The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

- 1.** The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association.
- 2.** Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist’s practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
- 3.** The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.

STANDARDS FOR MULTIPLE-SPECIALTY ANNOUNCEMENTS.

The educational criterion for announcement of limitation of practice in additional specialty areas is the successful completion of an advanced educational program accredited by the Commission on Dental Accreditation (or its equivalent if completed prior to 1967)⁴ in each area for which the dentist wishes to announce. Dentists who are presently ethically announcing limitation of practice in a specialty area and who wish to announce in an additional specialty area must submit to the appropriate constituent society documentation of successful completion of the requisite education in specialty programs listed by the Council on Dental Education and Licensure or certification as a diplomate in each area for which they wish to announce.

ADVISORY OPINIONS

5.H.1. DUAL DEGREED DENTISTS.

Nothing in Section 5.H shall be interpreted to prohibit a dual degreed dentist who practices medicine or osteopathy under a valid state license from announcing to the public as a dental specialist provided the dentist meets the educational, experience and other standards set forth in the *Code* for specialty announcement and further providing that the announcement is truthful and not materially misleading.

5.H.2. SPECIALIST ANNOUNCEMENT OF CREDENTIALS IN NON-SPECIALTY INTEREST AREAS.

A dentist who is qualified to announce specialization under this section may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months' duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles; and
2. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.

Nothing in this advisory opinion affects the right of a properly qualified dentist to announce specialization in an ADA-recognized specialty area(s) as provided for under Section 5.H of this *Code* or the responsibility of such dentist to limit his or her practice exclusively to the special area(s) of dental practice announced. Specialists shall not announce their credentials in a manner that implies specialization in a non-specialty interest area.

5.I. GENERAL PRACTITIONER ANNOUNCEMENT OF SERVICES.

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect.³

ADVISORY OPINIONS

5.I.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS IN INTEREST AREAS IN GENERAL DENTISTRY.

A general dentist may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;
2. The dentist discloses that he or she is a general dentist; and

3. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.

5.I.2. CREDENTIALS IN GENERAL DENTISTRY.

General dentists may announce fellowships or other credentials earned in the area of general dentistry so long as they avoid any communications that express or imply specialization and the announcement includes the disclaimer that the dentist is a general dentist. The use of abbreviations to designate credentials shall be avoided when such use would lead the reasonable person to believe that the designation represents an academic degree, when such is not the case.

NOTES:

1. A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative services.
2. A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment.
3. Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any *ADA Principles of Ethics and Code of Professional Conduct* or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the *ADA Principles of Ethics and Code of Professional Conduct*.
4. Completion of three years of advanced training in oral and maxillofacial surgery or two years of advanced training in one of the other recognized dental specialties prior to 1967.

IV. INTERPRETATION AND APPLICATION OF PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT.

The foregoing *ADA Principles of Ethics and Code of Professional Conduct* set forth the ethical duties that are binding on members of the American Dental Association. The component and constituent societies may adopt additional requirements or interpretations not in conflict with the *ADA Code*.

Anyone who believes that a member-dentist has acted unethically should bring the matter to the attention of the appropriate constituent (state) or component (local) dental society. Whenever possible, problems involving questions of ethics should be resolved at the state or local level. If a satisfactory resolution cannot be reached, the dental society may decide, after proper investigation, that the matter warrants issuing formal charges and conducting a disciplinary hearing pursuant to the procedures set forth in the *ADA Bylaws*, Chapter XII. PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE. The Council on Ethics, Bylaws and Judicial Affairs reminds constituent and component societies that before a dentist can be found to have breached any ethical obligation the dentist is entitled to a fair hearing.

A member who is found guilty of unethical conduct proscribed by the *ADA Code* or code of ethics of the constituent or component society, may be placed under a sentence of censure or suspension or may be expelled from membership in the Association. A member under a sentence of censure, suspension or expulsion has the right to appeal the decision to his or her constituent society and the ADA Council on Ethics, Bylaws and Judicial Affairs, as provided in Chapter XII of the *ADA Bylaws*.

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American Dental Association
Council on Ethics, Bylaws and Judicial Affairs
211 East Chicago Avenue
Chicago, Illinois 60611

A current electronic version of this document
is available at ADA.org.

South Dakota Dental Association Policy on Professional Discipline

1. Introduction. The *American Dental Association Principles of Ethics and Code of Professional Conduct* shall govern the professional conduct of all members of the South Dakota Dental Association.

A member may be disciplined by the Ethics Committee of this Association in accordance with this Association's Policy on Professional Discipline for:

1. having been found guilty of a felony;
2. having been found guilty of violating the Dental Practice Act of a state, District of Columbia, territory, dependency or country;
3. having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, or
4. violating the provisions of this policy, the *Bylaws of the South Dakota Dental Association*, or the *American Dental Association Principles of Ethics and Code of Professional Conduct*.

2. Sanctions. A member may be placed under a sanction of letter of counsel, probation, censure, suspension or expulsion of membership, or any combination, for any of the offenses enumerated previously.

3. Proceedings. The Ethics Committee may consider only those charges submitted to the Committee through a written statement containing supporting evidence and signed by one or more members of this Association. Before a disciplinary sanction is invoked against a member, the following procedures shall be followed by the Ethics Committee:

- a. Hearing: The accused member shall be entitled to a hearing before the Ethics Committee at which he/she shall be given the opportunity to present his/her defense to all charges brought against him/her.
- b. Notice: The accused member shall be notified in writing of the charges brought against him/her and of the time and place of the hearing, such notice to be sent by registered letter addressed to his/her last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing. The Board of Directors of the constituent society of the accused member shall be notified in writing of the charges brought against the accused member.
- c. Charges: The written charges shall include an officially certified copy of the alleged conviction or determination of guilt, or a specification of the Bylaws or ethical provisions alleged to have been violated, as the case may be, and a description of the conduct alleged to constitute each violation.

d. Decision: Every decision which shall result in a letter of counsel, probation, censure, suspension or expulsion shall be reduced to writing and shall specify the charges made against the member, the facts which substantiate any or all of the charges, the verdict rendered and the sanction imposed. A notice shall be mailed to the accused member informing the member of their right of appeal. Within ten (10) days of the date on which the decision is rendered, a copy thereof shall be sent by registered mail to the last known address of each of the following parties: the accused member, the Executive Director of this Association, the chairperson of the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association and the Executive Director of the American Dental Association.

4. Appeals. An accused member under sanction of a letter of counsel, probation, censure, suspension or expulsion for (1) having been found guilty of a felony, (2) having been found guilty of violating the Dental Practice Act of a state, the District of Columbia, territory, dependency or country, (3) having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, or (4) violating provisions of this policy, the *Bylaws of the South Dakota Dental Association*, or the *ADA Principles of Ethics and Code of Professional Conduct*, shall have the right to appeal a decision of the Ethics Committee to the Executive Committee of the Board of Trustees of this Association by filing an appeal in affidavit form with the Executive Director of this Association. Such an accused member, or the component society concerned, shall have the right to appeal from a decision of the Executive Committee of the Board of Trustees of this Association to the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association, by filing an appeal in affidavit form with the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association. An appeal from any decision shall not be valid unless notice of the appeal is filed within thirty (30) days and the supporting brief is filed within ninety (90) days after such decision has been rendered. No decision shall become final while an appeal therefrom is pending or until the thirty (30) day period for filing notice of appeal has elapsed. The following procedure shall be used in processing appeals:

a. Hearing on Appeal: The accused member of the society (or societies) concerned shall be entitled to a hearing on an appeal, provided that such appeal is taken in accordance with, and satisfies the requirements of Section 4 of this policy.

b. Notice: The association receiving an appeal shall notify the society (or societies) concerned and the accused member of the time and place of the hearing, such notice to be sent by registered letter to the last known address of the parties to the appeal and mailed not less than thirty (30) days prior to date set for the hearing.

c. Briefs: Every party to an appeal shall be entitled to submit a brief in support of his/her or its position. The party initiating the appeal shall submit his/her or its brief to the Executive Director of this Association or the chairperson of the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association, as

the case may be, within ninety (90) days of the date upon which the decision appealed was rendered.

d. Record of Disciplinary Proceedings: Upon notice of an appeal, the society which preferred charges Ethics Committee shall furnish to the body which has received the appeal and to the accused member a transcript of, or an officially certified copy of, the minutes of the hearing accorded the accused member. The transcript or minutes shall be accompanied by certified copies of any affidavit or other documents submitted as evidence to support the charges against the accused member or submitted by the accused member as part of his/her defense.

e. Appeals Jurisdiction: The Executive Committee of the Board of Trustees shall be required to review the decision appealed to determine whether the evidence against the accused member supports that decision or warrants the penalty imposed. The appeal association shall not be required to consider additional evidence unless there is a clear showing that either party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

f. Decision on Appeals: Every decision on appeal shall be reduced to writing and shall state clearly the conclusion of the appeal association and the reasons for reaching that conclusion. The Executive Committee of the Board of Trustees shall have the discretion (1) to uphold the decision against the accused member; (2) to reverse the decision and thereby exonerate the accused member; (3) to deny an appeal which fails to satisfy the requirements of Section 4 of this policy; (4) to refer the case back to the Ethics Committee for new proceedings, if the rights of the accused member under applicable provisions of this policy were not accorded the member; or (5) to refer the case back to the Ethics Committee with a recommendation to mete out a lesser penalty.

Within ten (10) days of the date on which a decision on appeal is rendered, a copy thereof shall be sent by registered mail to the last known address of each of the following parties: the accused member, the Secretary-Treasurer of the component society of which he/she is a member, the Executive Director of this Association, the chairperson of the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association, and the Executive Director of the American Dental Association.

To: South Dakota Board of Dentistry

From: Cindy Dellman, Chair, South Dakota Dental Hygiene Association
Linda Ross, CEO, Community HealthCare Association of the Dakotas
Paul Knecht, Executive Director, South Dakota Dental Association
Leslie Heinemann, DDS, South Dakota State Legislator

Regarding: Recommended Legislative Change – Collaborative Supervision

Thank you for the opportunity to update the Board of Dentistry on new developments regarding Collaborative Supervision in South Dakota. We have been asked by the Collaborative Supervision Task Force (See Attached Membership Listing) to present some background regarding legislation moving forward for consideration by the South Dakota State Legislature.

Approximately four months ago, a task force of oral health leaders was convened to discuss changes to the Collaborative Supervision Law in South Dakota. This action was taken in light of supervision legislation due to sunset in 2016 and a need to look beyond that date to allow for continued oral health prevention services for children who would otherwise not be unlikely to have access to care due to economic factors, geographic isolation, lack of knowledge, or personal proactive motivation/capacity.

The South Dakota Oral Health Coalition discussed and approved the recommendations brought forward by the Collaborative Supervision Task Force.

The recommended legislation will have impact on the governing rules under the purview of the South Dakota Board of Dentistry. We are ~~seeking your attention and~~ asking your consideration of how the legislation being proposed might impact the rules set forth by the Board of Dentistry

The emphasis of the proposed change is the option for an oral health review by the dentist in lieu of a complete evaluation. The oral health review is only viable if it follows a clinical inspection of the patient by the collaborative hygienist. The term “limited clinical assessment” comes from the CDT Dental Procedural Code #0191 and defines the actions taken by a dental hygienist to assess a patient’s oral health.

The proposed changes in the legislation and rule are attached. These changes will require minimal modifications to the rules set forth by the Board of Dentistry.

The rationale for our work include:

- The proposed legislative modification allows for increased access to care for those who otherwise would not have access to care.
- The legislative modification is inclusive and applicable statewide.

- The legislative modification supports the work of dental hygienists within their current scope of practice.
- The legislative modification promotes prevention and early intervention which helps people (children, adults, elderly) and is fiscally responsible.
- The legislative modification supports nationally recognized "Healthy People 2020" goals.
- The legislative modification directly supports the 2015-2020 South Dakota Oral Health Plan.
- The legislative modification is written in such a way that it assures that dental hygienists working within a collaborative supervision relationship with a dentist are using the nationally recognized standard of care.
- The legislative modification allows for an oral health review by a dentist. Service providers on the task force are confident that an oral health review is clinically sound and provides access to people who might not otherwise have access to care.
- The legislative modification requires only a very minimal change in the promulgated rules already operational for the current legislation set forth by the South Dakota Board of Dentistry.
- Safeguards are already in place within the Dental Practice Act to assure individuals receive appropriate referral and service.

We would ask that the South Dakota Board of Dentistry review the work that has been done to date in consideration for legislative change being proposed. Your input is critical to assure that the continued best practices in oral health care are considered and that the proposed legislation is well understood as it moves forward.

We are available for discussion or to answer any questions you may have on this issue. Your input is appreciated and will be incorporated into planning for next steps in the legislative process.

Task Force members working on this issue include:

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Practicing Dentist

Attachment of proposed bill language:

Law

36-6A-1. Definitions. Terms used in this chapter mean:

(31) Oral health review," a limited assessment of a person's oral health through a dentist's review of dental and medical history following a limited clinical inspection by a dental hygienist working under collaborative supervision.

36-6A-40. License required to practice dental hygiene--Supervision of preventive and therapeutic services. Only a dental hygienist licensed to practice pursuant to this chapter may practice dental hygiene unless otherwise stated in this chapter. A dental hygienist may perform those services which are diagnostic, therapeutic, or preventive in nature and are authorized by the board and any educational services provided pursuant to those authorized services. Such services may not include the establishment of a final diagnosis or treatment plan for a dental patient. The services shall be performed under the supervision of a dentist.

A dental hygienist may perform preventive and therapeutic services under general supervision if all individuals treated are patients of record and all care rendered by the dental hygienist is completed under the definition of patient of record. A dental hygienist may perform preventive and therapeutic services under collaborative supervision if the requirements of § 36-6A-40.1 are met. However, no dental hygienist may perform preventive and therapeutic services under collaborative supervision for more than thirteen months for any person who has not had a complete evaluation or an oral health review by a dentist, ~~unless employed by Delta Dental Plan of South Dakota, a nonprofit dental service corporation organized under chapter 58-39, providing services through written agreement with the Indian Health Service or a federally recognized tribe in South Dakota. The exemption for a dental hygienist employed by Delta Dental Plan of South Dakota providing services through written agreement with the Indian Health Service or a federally recognized tribe in South Dakota expires on June 30, 2016.~~

Rule

20:43:10:04. Collaborative agreement. When working together in a collaborative supervision relationship, a dentist and dental hygienist shall enter into a written, board approved collaborative agreement that specifies the following responsibilities:

(1) A dentist providing collaborative supervision must:

(a) Provide appropriate communication, ~~and~~ consultation with, and direction to the dental hygienist;

(b) Have age and procedure specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(c) Specify a period of time, no more than 13 months, in which an examination or oral health review by a dentist must occur prior to providing further hygiene services;

(d) Limit the number of dental hygienists that he or she has a collaborative agreement with to four or less;

(2) A dental hygienist providing services under collaborative supervision may provide all preventative and therapeutic services that a hygienist is allowed to provide pursuant to SDCL chapter 36-6A and this chapter, except for the administration of local anesthesia and nitrous oxide inhalation analgesia, and must:

(a) Maintain appropriate contact and communication with the dentist providing collaborative supervision;

(b) Practice according to age and procedure specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(c) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(d) Have each patient sign a consent form that notifies the patient that the services that will be provided do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and

(e) Specify a procedure for creating and maintaining dental records for patients that are treated by the dental hygienist, including where these records are to be located;

(3) A copy of the collaborative agreement shall be filed with the board. If any changes are made to the collaborative agreement, an updated copy of the agreement shall be filed with the board and must be approved;

(4) If the agreement is terminated by the dentist or dental hygienist, the board shall be notified in writing within 30 days. A termination of the collaborative agreement constitutes a suspension of the registration;

(5) The collaborative agreement must be maintained by the dentist and the dental hygienist in each location where collaborative supervision is provided and must be made available to the board upon request. The dentist and dental hygienist must review the agreement annually.

State of South Dakota

NINETY-FIRST SESSION LEGISLATIVE ASSEMBLY, 2016

438X0156

HOUSE BILL NO. _____

Introduced by: _____

1 FOR AN ACT ENTITLED, An Act to exempt certain nonprofit health care delivery
2 organizations from the licensure requirements for practice of dentistry.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 Section 1. That § 36-6A-33 be amended to read as follows:

5 36-6A-33. The provisions of §§ 36-6A-30 and 36-6A-31 do not apply to:

6 (1) Any dentist licensed in another state making a clinical presentation sponsored by a
7 board approved dental society or association or an American Dental Association
8 Commission on Dental Accreditation accredited dental educational institution;

9 (2) Any person enrolled in any American Dental Association Commission on Dental
10 Accreditation accredited dental or allied dental educational program or board
11 approved dental assisting educational program who works within a formal
12 educational facility or at a site remote from that educational facility under the
13 supervision of a faculty member of that program who is appropriately credentialed
14 or licensed in a state;

15 (3) Any dental instructor, whether full-time or part-time, while engaged in teaching
16 activities while employed by or contracting with any dental or allied dental



- 1 educational program accredited by the American Dental Association Commission on
2 Dental Accreditation or any dental assisting instructor, whether full-time or part-time,
3 while engaged in teaching activities while employed by or contracting with any board
4 approved dental assisting educational program;
- 5 (4) Any person licensed or registered as a dentist, dental hygienist, or registered dental
6 assistant in another state who renders emergency care or assistance at the scene of the
7 emergency to any person so in need;
- 8 (5) Any dental hygienist or dental auxiliary who is acting in accordance with this
9 chapter;
- 10 (6) Any service, other than service performed directly upon the person of a patient, of
11 constructing, altering, repairing, or duplicating any denture, partial denture, crown,
12 bridge, splint, orthodontic, prosthetic, or other dental appliance, if performed
13 pursuant to an order from a dentist in accordance with § 36-6A-43;
- 14 (7) The practice of dentistry by any dentist in the discharge of the dentist's official duties
15 in any branch of the armed services of the United States, the United States Public
16 Health Service, or the United States Veterans Administration;
- 17 (8) The practice of dentistry by any licensed dentist of another state or country while
18 appearing as a clinician under the auspices of an American Dental Association
19 Commission on Dental Accreditation accredited dental school or college, or a board
20 approved dental society, or a board approved dental study club composed of dentists;
- 21 (9) The practice of dentistry provided by a community-based primary health care
22 delivery organization, which is operating as a community health center or migrant
23 health center, receiving funding assistance under § 329 or 330 of the United States
24 Public Health Service Act;

- 1 (10) The practice of dentistry provided by any mobile or portable dental unit operated by
2 any nonprofit organization affiliated with a nonprofit dental service corporation
3 organized pursuant to chapter 58-39;
- 4 (11) The practice of dentistry provided by any dental or allied dental educational program
5 accredited by the American Dental Association Commission on Dental Accreditation
6 and any dental assisting educational program approved by the board;
- 7 (12) The practice of dentistry provided by the state in any state owned and operated
8 institution;
- 9 (13) The practice of dentistry provided by the federal government in any institution owned
10 and operated by the federal government;
- 11 (14) The practice of dentistry provided by a hospital, nursing facility, or critical access
12 hospital licensed pursuant to chapter 34-12;
- 13 (15) Any person who ministers or treats the sick or suffering or who treats for the purpose
14 of preventing sickness or suffering by mental or spiritual means exclusively; or
- 15 ~~(15)~~(16) The estate or agent for a deceased or substantially disabled dentist contracting
16 with or employing a dentist to manage the deceased or substantially disabled
17 dentist's practice for a period not to exceed twenty-four months following the
18 date of death or substantial disability of the dentist, until the entity can be sold
19 or closed.

The Management, Ownership, or Operation of a Dental Practice

Amend SDCL 47-12 as follows:

47-12-7. Certificate of registration required--Application for certificate--Contents. No corporation shall open, operate, or maintain an establishment for any of the purposes set forth in § 47-12-1 without a certificate of registration from the State Board of Dentistry, hereinafter referred to as the board. Application for such registration shall be made to said board in writing and shall contain the name and address of the corporation and such other information as may be required by the board. The Board of Dentistry may require any contracts including personal services contracts between a dental corporation and a person licensed pursuant to the Dental Practice Act to be filed with the Board. The contracts may be filed under confidential seal.

47-12-8. Action on application--Conditions to issuance of certificate--Duration of certificate. Upon receipt of an application under § 47-12-7, the State Board of Dentistry shall make an investigation of the corporation. If the board finds that the incorporators, officers, directors, and shareholders are each licensed pursuant to the Dental Practice Act and if no disciplinary action is pending before the board or any other dental licensing board or agency against any of them, and if it appears that the corporation will be conducted in compliance with law and the regulations of the board, the board ~~shall~~ may issue, upon payment of a registration fee of one hundred dollars, a certificate of registration which shall remain effective until January first following the date of such registration.

47-12-9. Posting of certificate required. The certificate of registration including a listing of all shareholders, directors and officers and their city and state of residence shall be conspicuously posted upon the premises to which it is applicable.

Amend SDCL 36-6A as follows:

36-6A-29. Fraudulent or misleading advertising--Misdemeanor. No advertising pertaining to the practice of dentistry may be fraudulent or misleading. A violation of this section is a Class 1 misdemeanor.

36-6A-29.1. Any advertisement for the provision of dental services must include a statement of the name of the licensee providing the services offered. This disclaimer shall be clearly legible with print equal to or larger than the print advertising the service or clearly audible with speech volume and pace equal to the advertisement.

Add a new section as follows:

A dentist that is the owner of a dental practice or a shareholder of a dental corporation must provide direct patient care at each dental clinic owned by the dentist or dental corporation. The board shall, by rules promulgated pursuant to chapter 1-26, establish minimum requirements.

SCOPE OF PRACTICE

The Board received a request from Robin Worley with Black Hills Pediatric Dentistry requesting clarification related to the scope of a dental hygienist, specifically whether a dental hygienist able to place a protective restoration such as application of Fuji Triage, ZOE, or Miracle Mix Sedative Filling and under what level of supervision. D2940-Protective Restoration.

The Board received a request from April Gabbert at Midwest Ear, Nose and Throat, PC requesting clarification related to the scope of a dentist, specifically whether a dentist is able to order a sleep study/diagnose or treat sleep apnea pursuant to a diagnosis by a physician.

State	Sleep Apnea
ND	Dentist are allowed to treat sleep apnea, but they cannot diagnose it. Dentists are not allowed to order a sleep study.
MN	The diagnosis of obstructive sleep apnea must be made by a qualified physician prior to collaborative treatment of the condition by a dentist.
IA	Dentists are not allowed to diagnose, but they are allowed to make appliances.
NE	Dentists are not allowed to diagnose, but they can create the mouth guard if an MD orders it.
WY	Not prohibited or allowed. It is not addressed in their rules.
MT	Not specifically addressed in statue.
CO	No response.

State	Continued Competency/Requirements
ND	Permit holders are required 4 hours of anesthesia related CE every renewal period, which is every 2 years. Site evaluations done every 1-3 years for moderate and minimal; evaluator (CRNA) determines when they need one again. Deep sedation/general anesthesia permit holders are required 4 hours of anesthesia related CE and must have an evaluation done every 5 years.
MN	Permit holders are required to renew every two years and they have to have a sedation inspection every 5 years.
IA	ACLS Certification and a minimum of 6 hours of sedation related CE every 2 years.
NE	Currently no; If regulations pass starting July 1, 2016 they would have to have 6 hours of anesthesia related CE every 2 years.
WY	Required 50 sedation cases a year (some could not meet that quota), thus they did an emergency ruling to remove that requirement. It was too many cases for those who do pediatric patients. Eight hours of sedation related CE is required every year for those who do not have a speciality (general dentist).
MT	Deep or General: minimum of 20 hours of anesthesia related CE every 3 years. Moderate: minimum of 12 hours of anesthesia related CE every 3 years. (They have to attest that they understand the rules.)
CO	Effective March 1, 2016, a dentist must complete 17 CE credits specific to anesthesia or sedation administration during the 5-year permit period.