
Nebraska Board of Dentistry

Newsletter

MAY 2014

Chairperson's Message

Terry Wilwerding, DDS
Chairperson
Omaha

R. Mark Hinrichs, DDS
Vice-Chairperson
Lincoln

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Hastings

David Blaha, DDS
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Judith Kissell, PhD
Omaha

Jane Lott, RDH
York

Joan Sivers, DDS
Lincoln

Mary Sneckenberg
Lincoln

In general, it has been a fairly uneventful year for the Board of Dentistry. We did not have any turnover of members this year, and I am very grateful for the fine members that I serve with.

There were an unusually large number of bills introduced in the legislature this year that had some dental component. Some of the bills we monitored were LBs 54, 187, 338, 355, 421, 422, 484, 535 and 564. Only LB 484 passed in 2013, which relates to the scope of practice of hygienists, and allows them some measure of extramural practice. Sometimes the Board of Dentistry will get involved with these bills expressing either support, neutrality or non-support. We try not to get involved with the "politics" of these bills, but only express our opinion as it relates to the dental well-being of the public. The state associations (NDA, NDHA and NDAA) also closely monitor this legislation, and can provide advocacy or opposition as best serves their members.

After a great deal of work, our anesthesia committee is finalizing the process of updating the state statutes. There has been some national standardization of these rules, and this change will put us in general agreement with the regulations of other states. This is a long process in our state, and I am grateful to our members that have taken on this arduous task.

We occasionally still see complaints about advertising. These generally involve truthfulness, specialties or listing of the names of the practitioners in the advertising. A recent NDA article addressed these issues. You can also refer to the Regulations Governing Professional Advertising by Dentists (172 NAC 54) on the Department of Health and Human Services (DHHS) website at http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-054.pdf.

Ensuring continuing competency is one the latest items on the national dental scene. There have been many proposals, but most depend on some action at the state level. So we will be looking at these issues also in the upcoming year.

Our board also continues to be actively involved with the organizations that test license applicants, and many of our members and other practitioners invest considerable time in developing and administering these examinations. As we all know, the pace of change is rapid, and these testing organizations strive to make their exams relevant to the modern practice of dentistry. Nationally, we are seeing considerable variation in state licensing requirements.

In closing, I would like to mention that we are incredibly fortunate that dentistry has such a large number of people who are willing to invest their own time and resources for the good of the profession and the public. I would like to offer a hearty "thank you"



Dental Anesthesia and Sedation

By Charles Bauer, D.D.S.

The Board of Dentistry has initiated a proposal to update the anesthesia and sedation statutes in the Dentistry Practice Act. The last update to the anesthesia and sedation statutes occurred in 1986. New techniques, advanced/economical monitoring equipment, new definitions concerning the levels of dental sedation and anesthesia, and the 2007 update by the American Dental Association (ADA) have influenced the Board of Dentistry's decision to proceed with the statute change. A Dental Anesthesia Subcommittee was appointed by the Board of Dentistry. Its' function was to research how other states have updated their statutes, review the ADA's position statement, review current techniques and equipment, and obtain input from the various Nebraska associations and societies that would be influenced by the change in statutes.

The Dental Anesthesia Subcommittee submitted recommendations to the Board of Dentistry for consideration. The recommendations and a modified version of the original recommendations were voted on and accepted by the full Board.

Briefly, the recommendations change general anesthesia to "deep sedation," change parenteral sedation to "moderate sedation," add "minimal sedation," and eliminate inhalation analgesia permits. Due to testimony from the oral surgeons and the NDHA, all proposals relating to dental assistants and dental hygienists were removed from the original proposal.

The DHHS was contacted to initiate the 407 Credentialing Review process. This is a series of at least 6 open meetings to review and take testimony from the Board of Dentistry and the public. The Board of Dentistry strongly encourages you to study the entire proposal, documentation and public opinions on the following web site:

http://dhhs.ne.gov/Pages/reg_admcrr.aspx
(scroll down to Dental Anesthesia)

If you are currently using or are consider administering analgesia, sedation or anesthesia in your practice, please read the proposal. The Board of Dentistry and the Dental Anesthesia Subcommittee welcome your opinions.

TREATMENT OF JUVENILES

A fairly common problem in the dental office is the age at which patients do not need parental approval for treatment. For practical purposes, this age is 19 based on the following statute:

Nebraska Revised Statute Section 43-2101 (2012 Cum. Supp.) states, "All persons under nineteen years of age are declared to be minors, but in case any person marries under the age of nineteen years, his or her minority ends. Upon becoming the age of majority, a person is considered an

adult and acquires all rights and responsibilities granted or imposed by statute or common law, except that a person eighteen years of age or older and who is not a ward of the state may enter into a binding contract or lease of whatever kind or nature and shall be legally responsible therefor."

Meeting Highlights From 2013

January 18, 2013 – The Board reviewed proposed legislative changes to the Dental Hygienist Public Health Authorizations. The Board gave an opinion regarding the use of Botox for therapeutic purposes.

March 22, 2013 – The Board discussed pending legislation. The Board gave an opinion regarding the use of a high speed hand-piece by dental assistants or dental hygienists for debonding.

June 28, 2013 – Central Regional Dental Testing Service (CRDTS) staff gave a presentation to the Board. The Board received reports from the Office of Oral Health regarding Dental Hygienist Public Health Authorizations. The Board gave an opinion regarding the use of dermal fillers and/or Botox for cosmetic purposes.

July 31, 2013 – The Board discussed the Open Meetings Act regarding notification to the public of their Board meetings. The Board approved the Application for Credentialing Review Pertaining to Dental Anesthesia.

August 19, 2013 –The Board discussed and approved proposed amendments to the Application for Credentialing Review Pertaining to Dental Anesthesia.

October 11, 2013 – The Board approved acceptable clinical examinations for dental and dental hygiene licensure applicants. Department staff provided the Board with an overview of the implementation of LB 484 regarding Dental Hygienist Public Health Authorizations to provide certain services to children. The Board gave an opinion regarding the use of Botox for cosmetic/esthetic purposes.

Minutes are available on the Department website at:
http://dhhs.ne.gov/publichealth/Pages/crl_brdminutes.aspx

Current Board Opinions Regarding the Use of Botox and Dermal Fillers

- It is appropriate for a dentist to use neuromodulators (Botox) for therapeutic purposes such as temporomandibular joint disorder (TMJ) or muscle dysfunction and for cosmetic/esthetic purposes, and it is the practitioner's responsibility to be competent in the use of neuromodulators (Botox).
- It is appropriate for a dentist to use dermal fillers for cosmetic/esthetic purposes, and it is the practitioner's responsibility to be competent in the use of dermal fillers.

MEETING DATES FOR 2014:

July 11, 2014
October 24, 2014

You can find the 2014 meeting dates posted on the Department website at:

http://dhhs.ne.gov/publichealth/Pages/crl_brdmtgs.aspx

The Board will be scheduling 2015 meeting dates at the October 2014 meeting.

Board of Dentistry Officers:

Terry Wilwerding, DDS, Chair
Mark Hinrichs, DDS, Vice-Chair
Cynthia Gaskill, RDH, Secretary

BOARD SUBCOMMITTEE APPOINTMENTS

Dental Anesthesia Subcommittee members:
Charles Bauer, DDS; David Blaha, DDS; and Jane Lott, RDH

Nebraska Examination Review Subcommittee members:
R. Mark Hinrichs, DDS; Terry Wilwerding, DDS; and Jane Lott, RDH

The Continuing Education Review Subcommittee members:
Terry Wilwerding, DDS; Dennis Anderson, DDS; and Cynthia Gaskill, RDH

Office of Medical & Specialized Health

Becky Wisell
Program Manager

Vonda Apking
Health Licensing Coordinator

Tressa Waterman
Health Licensing Specialist

License Statistics

License/Permit/Certification Totals (as of 12/31/2013)

*This column is based on those licenses/permits/certifications issued since 2/1/2012.

	<u>Total Active</u>	<u>Issued*</u>	<u>Issued by Reciprocity</u>
Dentist Licenses	1511	101	26
Dental Hygienist Licenses	1271	129	21
General Anesthesia Permits	50	3	
Parenteral Sedation Permits	38	7	
Inhalation Analgesia Permits	565	106	
Local Anesthesia Certifications	1014	150	
Public Health Authorizations			
• For Treating Children	3	3	
• For Treating Children & Adults	77	23	
Dental Temporary Licenses	18	15	
Dental Faculty Licenses	10	0	
Locum Tenens	0	31	

Licensure Actions

The following is a list of licensure actions taken between January 2012 to December 2013, additional information on any of these actions is available on the Department website at http://dhhs.ne.gov/publichealth/Pages/crl_MonthlyDisciplineReports.aspx or by calling 402/471-4923.

Licensee	Action(s)	Violation(s)
Scott Green, DDS	1 year Probation	Reinstatement after a disciplinary suspension.
Francis Odoriso, DDS	Civil Penalty \$1,000	Unprofessional Conduct.
Sean Sullivan, DDS	2 year Probation	Alcohol Dependence.
Jacqueline Lueders, RDH	12 month Suspension	Dishonorable Conduct; Opioid Dependence; and Violation the Uniform Controlled Substances Act.
Richard Stacey, DDS	Censure Civil Penalty \$1,000 Record Keeping Course	Unprofessional Conduct.
Stephen Zikmund, DDS	Voluntary Surrender without a formal, public hearing	Alcohol Dependence; Impaired Practice; and Unprofessional Conduct.
James Branchaud, DDS	5 year Probation	Alcohol Dependence and Active Addiction.
Deann Drahota, RDH	6 month Probation Civil Penalty \$5,000	Practicing as a dental hygienist on an expired license since March 2, 2007.
Emily McMann	1 year Probation	Initial license placed on probation for a misdemeanor conviction.
Kenneth Hagen, Jr, DDS	Limitation	Misdemeanor conviction.
Thomas Swartz, DDS	6 month Suspension	Dishonorable Conduct Evidencing Unfitness to Practice; Alcohol and Opioid Dependence; Violation of the Uniform Controlled Substances Act; Misdemeanor Conviction; Unprofessional Conduct

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APPROVAL OF CONTINUING EDUCATION COURSES

Under the current regulations (172 NAC 56), the Department is no longer approving continuing education courses. It is the licensee's responsibility to obtain 30 hours of acceptable continuing education during each renewal period. After each renewal, a percentage (chosen at random) of licensees will be selected for audit. If the licensee submits copies of course certificates and there are questionable courses, Department staff will request the licensee to provide an explanation of how the course(s) relate to the theory/clinical practice of dentistry or dental hygiene. A description of acceptable continuing competency activities can be found in 172 NAC 56-005 Regulations for Licensure of Dentists and Dental Hygienists at the following web address:
http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-056.pdf

Tips from the Board of Dentistry *By Dennis Anderson, DDS*

Business of the Board includes many items related to the practice of dentistry and dental hygiene, and often the items of interest provide a whole new education into the statutes and rules and regulations. Tips: Be aware that the age of majority in the state of Nebraska is 19. You must be 19 years old to sign informed consents and sign off on comprehensive treatment plans, i.e. orthodontic treatments. You are not allowed to write prescriptions for controlled substances for members of your immediate family, or anyone permanently residing in your household, EXCEPT in the case of an emergency. It is not legal to prescribe medications for persons who have only made contact with you over the phone, internet, or FAX. The patient needs to be examined and become a patient of record prior to prescribing medications. Look out for persons calling you at home, when you do not have access to all of your records, pretending to be a patient of record and requesting medications. Remember to sign, date and provide dental records that are legible and available for review if requested. Look for more tips in future issues.

MANDATORY REPORTING

172 NAC 5 – Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations and Insurers (Neb. Rev. Stat. §38-1,125)

- Mandatory Reporting – General Requirements
 - Written reports must be submitted to the Department within 30 days of occurrence/action
 - Reports made to the Department are confidential
 - Immunity from criminal or civil liability
 - Reports based on first-hand knowledge
- Exceptions to Reporting
 - Spouse of the Practitioner
 - Practitioner-Consumer Relationship, unless danger to public health and safety
 - Chemically Impaired Credential Holders who enter the Licensee Assistance Program (LAP)

What to Report	Who Must Report
<ul style="list-style-type: none"> • Loss of privileges in a hospital or other health care facility due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment; • Voluntary limitation of privileges or resignation from a health care facility staff while under investigation or evaluation for issues of clinical competence, unprofessional conduct or physical, mental or chemical impairment; • Loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment; • Adverse judgment, settlement or award arising out of professional liability claim; • Adverse action by an insurance company affecting professional liability coverage; • Denial of a credential or other form of authorization to practice; and • Misdemeanor or felony convictions. 	Report Self
<ul style="list-style-type: none"> • Gross incompetence or gross negligence; • Pattern of incompetent or negligent conduct; • Unprofessional conduct; • Practice while ability is impaired by alcohol, controlled substances, mind-altering substances or physical, mental or emotional disability; and • Otherwise violated regulatory provisions of the profession. 	Report Others of the SAME Profession
<ul style="list-style-type: none"> • Gross incompetence or gross negligence; and • Practice while ability is impaired by alcohol, controlled substances, mind-altering substances or physical, mental or emotional disability. 	Report Others of a DIFFERENT Profession
<ul style="list-style-type: none"> • Payment made due to adverse judgment, settlement or award of a professional liability claim against a credential holder; and • Adverse action affecting privileges or membership of a credential holder due to alleged incompetence, negligence, unprofessional conduct or physical, mental, or chemical impairment. 	Health Facilities, Peer Review Organizations, and Professional Associations
<ul style="list-style-type: none"> • Violation of the Uniform Credentialing Act; • Payment made due to adverse judgment, settlement or award resulting from a professional liability claim; and • Adverse action affecting coverage due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment. 	Insurers
<ul style="list-style-type: none"> • Misdemeanor or felony convictions of a credential holder for use, sale, distribution, administration or dispensing of a controlled substance, alcohol or chemical impairment, or substance abuse; and • Judgments against a credential holder from professional liability claims. 	Clerk of County or District Court

Change of Address?

If you have moved or changed your business or mailing address, please remember to contact the Department staff with the new information Or you can update your address online by using the following link: <https://nebraska.mylicense.com/> . The US Postal Service has limitations on forwarding mail to a new address. You are responsible for meeting all renewal dates. If our mailings do not reach you, this does not release you from your professional responsibilities to maintain your license.

Any questions? Please contact the staff at:
Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall South
PO Box 94986
Lincoln NE 68509-4986

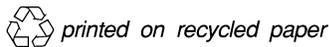
Phone: 402/471-2118
Fax: 402/471-8614
E-Mail: tressa.waterman@nebraska.gov

Department of Health & Human Services



N E B R A S K A

The Nebraska Department of Health and Human Services
is committed to affirmative action/equal employment
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benefits or services.



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