

State Board of Dentistry

Meeting Summary

May 12, 2023

Affiliated Monitors, Inc. Presentation

- Representatives from Affiliated Monitors presented information about its program, which provides oversight of practitioners who are on probation, per the consent agreement agreed to by the board. This service is provided free of charge to the board.
- A practitioner's professional peer from the area serves as a monitor and reports the practitioner's progress to Affiliated Monitors, which in turn generates a report for the board. Monitors are vetted and trained to ensure competency and that there are no conflicts of interest. They must also be approved by the board.
- The goal of the monitoring program is to give licensees an opportunity to improve their skills and practice so that they are better clinicians and managers of their practice when their probationary period ends.
- The monitor closely follows the terms of the consent agreement so that they are only monitoring the corrective action needed per the agreement.

The board thanked Affiliated Monitors representatives for their presentation but did not have any further discussion during the public session.

Pennie Presentation

- Representatives from Pennie, the state's health insurance marketplace, provided an overview of the program and encouraged board members and others to promote the program to patients. The state will send promotional materials, free-of-charge, for dental offices and clinics to make available to patients.
- Pennie provides financial aid to patients in the form of tax credits and cost-sharing. One in four patients pay less than \$1 a day, 14 percent pay less than \$1 a month, and 40 percent of patients pay less than \$75 a month.
- There are at least seven dental insurers offering plans through Pennie.

Budget Presentation

- There has been a significant decrease of more than 2,000 licenses granted this current renewal period compared to the previous renewal period.
- The board's expenses will exceed the amount budgeted by the end of the fiscal year. However, the board is in the first stage of a three-stage fee increase for licenses and permits, and it is starting to slowly emerge out of a deficit. The gains have been slow because of the decrease in the number of license renewals.

Prosecutorial Report

- A dentist who treated a minor patient from 2016-2019 provided restorations without first taking radiographs while failing to treat dental decay. This is the dentist's first offense, and he is in the process of upgrading his radiology equipment while no longer accepting minor patients in his office. Consent agreement: 15 hours of CE on pediatric diagnosis, record keeping, and radiology. Public reprimand, civil penalty, and cost of investigation. Approved.
- An oral and maxillofacial surgeon tried to prescribe eye prescription and failed with keeping proper records on his prescriptive practices. The OMS hired a monitor for his practice to track his prescription practices. Consent agreement: three-year probation, \$5,000 civil penalty, \$600 cost of investigation, and remedial education. Approved.
- Dentist was charged with rape and sexual deviant intercourse with a minor. The Probable Cause Committee had immediately suspended his license and he was later found guilty of charges. He was sentenced to 9-23 months in prison, followed by probation. Consent agreement: suspension of license for no less than 5 years. Approved.

Board Counsel Report

- Counsel provided background on the dentist and dental hygienist licensing compact model language. Iowa, Tennessee, and Washington have already enacted compact legislation and four more must do so before the compact becomes operational.
- Counsel provided an update on the new training requirements under the federal MATE Act for any licensee with a DEA registration.
- Counsel noted that legislation was introduced in the General Assembly that would require practitioners licensed by the dental board, and other boards, to complete continuing education on cultural sensitivity and bias on a biennial basis. This legislation has not received any consideration to date.

Regulatory Update

- **General Revisions:** The board discussed comments from stakeholders on the exposure draft revising existing regulations to include new requirements for certificate holders and licensees. The draft includes a requirement for EFDA students to pass a clinical examination, for all dental offices to have at least one AED, among other things. The board spent some time discussing the dental school deans' letter to the board regarding licensing requirements for foreign-trained dentists and their suggestions for legislative and/or regulatory action that will improve their ability to recruit and retain qualified practitioners who were trained and educated in other counties or territories. The board also discussed the concern raised by stakeholders (including PDA and the Pennsylvania Academy of General Dentistry) about an addition to the section on Unprofessional Conduct that would subject a dentist to disciplinary action should the board find a "pervasive pattern" in declining to treat patients "because of an actual or perceived disability." Counsel will work with the board to tweak the exposure draft.
- **Anesthesia:** The board discussed comments from stakeholders on the exposure draft updating regulations for anesthesia permit holders and additional requirements for permit II holders (to include two hours of CE in the modality of nitrous oxide/oxygen analgesia biennially) and dental hygienists who monitor patients while providing hygiene services to patients under nitrous oxide/oxygen analgesia (to include additional training and education to apply for a permit). Regarding PDA's comments, the board responded:
 - that the exposure draft does restrict the age for hygienists to monitor minors to six years of age and that it does not believe it necessary to include a weight requirement.
 - that they agree with PDA that dental hygienists from other states should not have to monitor 10 live patients after moving to Pennsylvania to apply for a permit, so long as they monitored a minimum of 10 patients when practicing in the other state.
 - that a requirement for permit II holders to complete two hours of CE in nitrous oxide/oxygen analgesia biennially aligns with their belief that CE should be a requirement for all three levels of permits, as well as for non-permit holders using an itinerant's services.

Committee Updates

- Ms. Donna Murray, co-chair of the Scope of Practice Committee, reported that the committee met in April to discuss three issues. The first issue was about whether to promulgate regulations that would allow dental hygienists to use lasers. They discussed how hygienists would use a specific setting so that they would only decontaminate, not cut, tissue, and that a permit would be required. The committee would like to further other states' laws and the curriculum used in hygiene programs to teach the use of lasers. The other two issues, teledentistry and allowing hygienists to take digital screening/imaging, were tabled for a future meeting.

2023 Meeting Dates

July 14

September 8

November 17