DENTAL QUALITY ASSURANCE COMMISSION
DENTAL CONTINUING COMPETENCY COMMITTEE
MEETING AGENDA

DATE: Friday, March 6, 2020
TIME: 8:00 a.m.
LOCATION: Department of Health
Creekside Two at Centerpoint
20425 72nd Ave S, Suite 310, Room 309
Kent, Washington 98032

Webinar Available

CONTACT: Jennifer Santiago, Health Services Consultant 4
Phone: (360) 236-4893
Fax: (360) 236-2901

In accordance with the Open Public Meetings Act, notices were mailed electronically to individuals who requested notification of meetings of the Dental Quality Assurance Commission.

Smoking is prohibited at this meeting. This meeting is fragrance free. We ask that you please refrain from applying perfume, hairspray, cologne or aftershave prior to your visit. Your cooperation is appreciated.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advanced request. Advance request for special aids and services must be made no later than one week before the meeting. If you wish general information about this meeting, please call the program at 360-236-4893. If you need assistance with special needs and services, you may leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State 360-236-4052. TDD may also be accessed by calling the TDD relay service at 1-800-833-6388. If you need assistance due to a speech disability, Speech-to-Speech provides human voicers for people with difficulty being understood. The Washington Speech-to-Speech toll free access number is 1-877-833-6341.

Note: Times are approximate. This agenda schedule may change and items may not be taken in order of the agenda. Disciplinary hearings may settle or be continued prior to this meeting. You may call Jennifer Santiago, Program Manager, at 360-236-4893 before the meeting day to confirm the status of any agenda item or hearing.

Please Note: Comments From The Public In Attendance Will Be Solicited After Each Agenda Item.
OPEN SESSION - 8:00 a.m.

1. CALL TO ORDER

   1.1. Introduction of attendees.
   1.2. Approval of agenda.
   1.3. The committee will review for approval October 25, 2019 meeting minutes.

2. SPECIALTY ADVERTISING RULE

   2.1. The committee will discuss, commission, committee, and stakeholder comments.
   2.2. The committee will discuss rule modifications to WAC 246-817-420 Specialty representation.

3. FUTURE BUSINESS

   3.1. International Commission on Dental Accreditation (CODA).
   3.2. Determine information needed for the next committee meeting.

4. ADJOURN

Directions to:
Department of Health
Creekside Two at Centerpoint
20425 72nd Ave S, Suite 310, Room 309
Kent, WA 98032

Take the S 188th St Exit – Exit number 152 toward Orillia Rd
I-5 North – Turn Right onto S 188th St
I-5 South – Turn Left onto S 188th St

Turn Right onto Orillia Rd S
Turn Left on S 200th St
S 200th St becomes S 196th St
Turn Right onto W Valley Hwy/68th Ave S/WA-181
Turn Left onto S 204th St
Turn Right onto 72nd Ave S
End at 20425 72nd Ave S, Kent WA

www.mapquest.com may provide direct route directions.

Webinar Instructions:
To ensure space is available, contact Jennifer Santiago at jennifer.santiago@doh.wa.gov or 360-236-4893 for the approved webinar information.
MEMBERS PRESENT
Julia Richman, DDS, Committee Chair
Ronald Marsh, DDS, Committee Vice-Chair
Lyle McClellan, DDS
David Carsten, DDS
Karla Briggs, Public Member

STAFF PRESENT
Jennifer Santiago, Program Manager
Trina Crawford, Executive Director
Becky McElhiney, Assistant Program Manager
Heather Carter, Assistant Attorney General

OTHERS PRESENT
Emily Lovell, Washington State Dental Association (WSDA)
Sophie Doumit, WSDA
Bryan Edgar, DDS, WSDA
Bracken Killpack, WSDA
Michelle Neal, Washington State Society of Orthodontists (WSSO)
Michael Kevin Joe, Washington State Society of Prosthodontists (WSSP)
Jennifer Zbaraschuk, Washington Dental Hygienists’ Association (WDHA)
Timothy Hess, University of Washington School of Dentistry (UWSOD)
Mark Drangsholt, UWSOD
John Gibbons, DMD
Andrew Wiltsch, American Association of Orthodontists
Thomas Dodson, Washington Academy of Pediatric Dentistry
Suzy Tracy, Washington State Society of Oral and Maxillofacial Surgeons

OPEN SESSION

1. CALL TO ORDER – The meeting was called to order at 8:02 a.m.
   1.1. Committee and attendees were introduced.
   1.2. The committee approved the agenda as presented.
   1.3. The committee elected Dr. Marsh as new chairperson.
1.4. The committee approved the August 28, 2019 meeting minutes as presented.

2. **SPECIALTY ADVERTISING RULE**

2.1. The committee discussed commission, committee and stakeholder comments.

- Dr. Marsh supports most of the recommendations proposed by the Washington State Dental Association (WSDA).
- Dr. Richman supports the first three edits WSDA proposed.
- The committee discussed options for section 4(d).
  - Dr. McClellan indicated that this was a good option, but too narrow as currently written and suggested broadening it.
  - Ms. Carter advised that the rule has a provision to approve and suggested adding criteria.
  - Dr. Richman would like to ensure the rule is defensible.
  - Dr. Carsten agrees with the principal and shared a discussion he had on the topic at an Oregon School of Dentistry for geriatric specialty.
  - Ms. Briggs expressed concerns that the public should have knowledge of their providers.
  - Dr. Marsh suggested if this section is included, a two-year requirement should be added.
  - Dr. Edgar disagreed that this would protect the public, and expressed concerns that the Federal Trade Commission’s national level criteria already conflicts with the proposed rule language.
  - Ms. Lovell asked whether section 4(b) would grant approval authority. Ms. Carter clarified that it would not.
  - The American Dental Association issued a statement that their recommendations would alleviate any first amendment concerns. Ms. Carter does not agree.
  - Ms. Lovell asked if we needed section 4(d) if we include 4(b).
  - Dr. Neal expressed a concern that 4(d) does not give the public the information they need to be able to discern a dentist’s level of education, and that someone who represents themselves as a specialist could be misleading patients.
  - Dr. Neal believes regulation should stay at a national level and supports the language in 4(b).
  - Dr. Edgar expressed concerns that the United State Department of Education has no jurisdiction over specialty recognition and feels it would be inappropriate to define specialists.
  - Dr. Edgar clarified that the United State Department of Education has jurisdiction over Commission on Dental Accreditation (CODA) and expressed his opinion that the commission is not qualified to recognize specialty education.
  - Other states address this issue in various ways, some have specialty licensure.
  - Dr. Joe expressed a concern that advertising has been a detriment to patients and shared examples of misrepresentation.
Dr. Richman suggested adding a two-year requirement of educational programs to 4(d).

Dr. Edgar clarified that the language already requires two years.

Ms. Carter clarified that this is a legal issue and is about advertising, not procedures.

Mr. Killpack expressed his opinion that 4(d) is redundant and suggested including it with 4(b).

Dr. Neal supports CODA regulation of educational programs for the benefit of nationwide standards, and expressed a concern that “two years” is too broad and could include courses only occurring on weekends.

Dr. Wiltsch supports the WSDA’s and Dr. Neal’s comments, and suggested that the commission should not be in the role of accreditor.

Dr. Richman suggested revising 4(b) and striking 4(d).

Ms. Carter advised that 4(d) would reduce liability for first amendment litigation. She suggested considering first amendment case law for the revision.

An additional option is to consider the “grandfather clause” for specialists that are teaching programs but do not qualify as specialists under new rules. This may be a small group. Dr. Edgar requested the committee look into this further.

Dr. McClellan reiterated that enforcing any rule is complaint driven.

Dr. Marsh moved to accept comments 1, 2, 3, 4 and 6 of WSDA’s recommendations. The committee approved.

Ms. Carter suggested bringing 4(d) to the commission for further review.

Ms. Santiago and Ms. Carter will work on revising 4(b) to come up with a compromise for commission consideration.

Dr. Marsh acknowledged the letter of support from the Washington State Society of Oral and Maxillofacial Surgeons.

3. FUTURE BUSINESS
   The committee will bring the proposed rule and updated section 4(d) to the commission for further discussion.

4. ADJOURN
   The meeting was adjourned at 8:57 a.m.

Submitted By: ____________________________

Committee Approval By: ____________________________

Jennifer Santiago, Program Manager

Julia Richman, DDS, Committee Chair
Dental Quality Assurance Commission  
C/O Ms. Jennifer Santiago  
Department of Health  
Town Center East 2  
111 Israel Rd. SE  
Tumwater, WA 98501

Dear Ms. Santiago and Members of the Dental Quality Assurance Commission,

This letter is sent on behalf of the American Association of Orthodontists (“AAO”). Representatives from both the AAO and the Washington State Society of Orthodontists (“WSSO”) have participated in the Dental Continuing Competency Committee (“Committee”) meetings for the past several years. We appreciate the opportunity to provide feedback on the proposed revisions to the specialty representation draft rule language in WAC 246-817-420, which we understand the Committee is presenting to DQAC during its December 6th business meeting.

The AAO supports regulations that require dental providers who are advertising as “specialists” to have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years, and which is accredited by an accreditation agency that is recognized by the U.S. Department of Education (“USDE”). At this time, the Commission on Dental Accreditation (“CODA”), which is specifically listed in the draft rules under section (4)(a), is the only nationally-recognized accrediting body for dentistry and the related dental fields, receiving its accreditation authority from the acceptance of stakeholders within the dental community and recognition by the USDE. Draft rule subsection (4)(a) not only requires a licensed dentist to complete a CODA accredited program, but the dentist must also have completed such program in a specialty area that is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (“Commission”). For the Commission to recognize a specialty area, the specialty area is required to be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates from a program that is a CODA accredited, post-doctoral program. The AAO believes the foregoing requirements for specialty representation are in the interests of patient health and safety, and therefore the AAO supports the draft specialty recognition rules as written, with the minor revision of removing the word “general” from subsection (4)(b) as it appears unnecessary.
The draft rule also mentions the potential inclusion of additional language to allow for a certifying board to apply to be recognized as a specialty area that is DQAC-approved by submitting certain information. The AAO believes this type of provision is not in the best interests of patient health and safety. The AAO supports an accreditation standard that is backed by the USDE because it assures Washington citizens that an individual who truthfully holds himself or herself out as a specialist has met high standards for education and training. Allowing a dentist to advertise as a “specialist” without completing a multi-year accredited program backed by the USDE risks diluting Washington’s specialty laws and allows certain providers, who may not have years of supervised clinical and didactic training and/or who may have not satisfied extensive criterion, to advertise on par with those providers who have had long-term, comprehensive education and training through USDE accredited programs. Such dilution risks the health and safety of Washington patients by obscuring important distinctions between dental professionals as well as their respective educational and training backgrounds. Given that CODA is the accreditation agency recognized by the USDE, the proposed draft rule requires in both subsections (4)(a) and (b) that the advanced educational program in a specialty area of dentistry be recognized by an accreditation agency that is recognized by the USDE. As seen with the proposed subsection 4(c), to allow for other specialty programs to apply for recognition from DQAC, an entity that does not have the history, resources, or expertise in accrediting dental specialty programs, the possibility exists that this could easily create varying standards and/or consumer confusion, which would not be in the best interest of Washington patients.

In closing, the AAO respectfully requests that the Washington Dental Quality Assurance Commission consider these comments during its review of the draft rules at its December 6th meeting. If the Commission needs any further information or has questions, please feel free to contact our Government Affairs Specialist, Gianna Hartwig, at 314-292-6527. Thank you for your time and attention to this important matter.

Sincerely,

Sean Murphy, J.D.
Vice President, Advocacy and General Counsel
2017 LA REG TEXT 460358 (NS)

Louisiana Regulation Text - Netscan
LAC 46:XXXIII.122, 128, 301, 411, 1511
Rules
October 20, 2017
Effective: October 20, 2017
Professional and Occupational Standards
FULL TEXT OF REGULATION(S)

Fees and Costs; Anesthesia/Analgesia Administration; and Continuing Education

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760(8), the Department of Health, Board of Dentistry has amended LAC 46:XXXIII.122, 128, 301, 411, and 1511.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XXXIII. Dental Health Profession

Chapter 1. General Provisions

LAC 46:XXXIII.122

LAC 46:XXXIII.122. Scopes of Practice

A. The board approves of the following specialties:

1. - 7. …
8. prosthodontics;
9. oral and maxillofacial radiology;
10. any other area of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full-time years and which program is accredited by an accreditation agency that is recognized by the United States Department of Education.

B. - C. …
the United States Department of Education.

2. - 5. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


LAC 46:XXXIII.128

LAC 46:XXXIII.128. Provisional Licensure for Dental Healthcare Workers Providing Gratuitous Services

A. - A.3. …

B. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to patients as part of a continuing education course in which the dental healthcare provider is enrolled as a participant and which services are provided as part of the continuing education course provided.

1. The applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed.

2. The applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services as part of a continuing education course that meets the requirements of LAC XXXIII.1615.

3. The applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana, except that the provider of the continuing education course may accept payment from the dental healthcare provider for the continuing education course.

C. The board may renew this provisional license for no more than an additional 60 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B).


Chapter 3. Dentists

LAC 46:XXXIII.301

LAC 46:XXXIII.301. Advertising and Soliciting by Dentists

A. - B. …

C. Approved Specialties. The board approves only the following specialties:

1. - 7. …

8. prosthodontics;

9. oral and maxillofacial radiology;
10. any other area of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full time years and which program is accredited by an accreditation agency that is recognized by the United States Department of Education.

D. - J. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


Chapter 4. Fees and Costs

Subchapter B. General Fees and Costs

LAC 46:XXXIII.411

LAC 46:XXXIII.411. Miscellaneous Fees and Costs

A. - A.9. …

10. unbound copy of Dental Practice Act—$25;

11. preapproval of advertising—$150 per advertisement or per page of a website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:795.


Chapter 15. Anesthesia/Analgesia Administration

LAC 46:XXXIII.1511


A. - B. …

1. The authorized dentist must ensure that every patient receiving nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is constantly attended.

2. Direct supervision by the authorized dentist is required when nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is being administered.

3. …

4. When moderate sedation is being administered one auxiliary who is currently certified in basic life support must be
available to assist the dentist in an emergency.

5. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

WAC 246-817-420 Specialty representation

(1) A licensed dentist has the legal authority to practice in all areas of dentistry as defined in RCW 18.32.020 and also the authority to confine their practice in areas within the scope of their education, training, and experience and in accordance with chapter 18.32 RCW and chapter 246-817 WAC.

(2) A licensed dentist may advertise or represent themselves as a specialist if the dentist meets the standards listed in subsection (4) of this section.

(3) A licensed dentist who does not meet the standards listed in subsection (4) of this section shall be considered a general dentist. A general dentist is permitted to render specialty services but shall not advertise or represent themselves as a specialist in the areas listed in subsection (4) of this section.

(4) A licensed dentist must comply with one of the following requirements before advertising or representing themselves as a specialist in Washington:

   (a) Successfully complete a Commission on Dental Accreditation or CODA post-doctoral education program at least two years in length, and is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards in one of the following specialty areas:

      (i) dental anesthesiology;
      (ii) dental public health;
      (iii) endodontics;
      (iv) oral and maxillofacial pathology;
      (v) oral and maxillofacial surgery;
      (vi) oral and maxillofacial radiology;
      (vii) orthodontics and dentofacial orthopedics;
      (viii) pediatric dentistry;
      (ix) periodontics; or
      (x) prosthodontics; or

   (b) Successfully complete a CODA advanced educational program or program of any other accreditors recognized by the United States Department of Education which is at least two years in length in a special interest area of general dentistry not listed in subsection (4)(a).

(5) It shall be misleading, deceptive, or unprofessional conduct for a licensed dentist to advertise or represent themselves by adopting or using any title to the public as a dental specialist, expert, board certified, or diplomate practicing in an area when they have not successfully completed the requirements specified for the dental specialty listed in subsection (4) of this section.

   (a) A licensed dentist in a group practice must be identified as a general dentist or a specialist as listed in subsection 4 of this section.
(b) A licensed dentist in a group practice whom meets the standards listed in subsection (4) of this section shall include the area of their specialty.

(c) Names and qualifications of any licensed dentist must be made available to the public upon request.

Consider if this or similar option should be included in above rule.

(4) (c) A certifying board may apply for a new area of specialty to become commission-approved by submitting information regarding the area of specialty, including an explanation of how the proposed specialty is within the scope of practice of dentistry in Washington, and proof of the following:

(i). The proposed specialty is separate and distinct from any preexisting specialty recognized by the board or combination of board-recognized dental specialties;

(ii). The proposed specialty is a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates;

(iii). The certifying board is an independent entity that is comprised of licensed dentists, whose membership is reflective of the proposed specialty, and that is incorporated and governed solely by the licensed dentists/board members;

(iv). The certifying board has a permanent headquarters and staff;

(v). The certifying board has issued diplomate certificates to licensed dentists for at least five years;

(vi). The certifying board requires passing an oral and written examination based on psychometric principles that tests the applicant’s knowledge and skill in the proposed specialty;

(vii). The certifying board requires all dentists who seek certification in the proposed specialty to have successfully completed a specified, objectively verifiable amount of post dental education and experience that is appropriate for the proposed specialty area, as determined by the board; and

(viii). The certifying board’s website that includes online resources for the consumer to verify the certifying board’s certification requirements and a list of the names and addresses of the dentists who have been awarded certification by the board shall be made available for public access.