



# KANSAS DENTAL BOARD

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Fall 2006

## Betty Wright, Executive Director's Message

### Inside this issue:

Message from the Executive Director 1

I attended the annual American Association of Dental Administrators (AADA) and the American Association of Dental Examiners (AADE) conference in Las Vegas in October. The state administrators discuss issues in their states. It is a way to get new ideas on how other states are handling similar situations, and also to discover if there are any common areas of concern. I also attended the AADE attorney's roundtable.

Number of licensees, renewals 1

The administrators addressed topics of enforcement and the need for accurate reporting of board actions to the National Practitioner's Data Bank. Other topics discussed were: 3 dental schools involved in cheating scandals recently, many states are revising their sedation regulations, and the fact that most dental boards throughout the country are receiving more complaints from the public than in the past, including Kansas.

55 years in Dental hygiene 1

We wish all of our licensees a happy holiday season, and a wonderful new year.

Inspections 2

### Number of licensees in 2006

Q and A 2

Since January 1, 2006 we have licensed 70 dentists, 111 hygienists and 9 specialists. Last year we

Board actions and Interpretations 3

licensed 54 dentists, 94 hygienists, and 5 specialists. Currently we have 2057 dentists licensed with 1402 active in Kansas. There are 2025 hygienists licensed with 1557 active in Kansas.

Statutes 3

### Dentist Renewals are underway

Pharmacy, DEA 4

On October 6, 2006 we mailed out 2077 renewals to the dentists. If you did not get one, please fax us your new address: 785-296-3117 or email the address to info@dental.state.ks.us. Do not delay. If you wait until after February 1 to renew, there is a \$500 penalty.

## Geneva Fish Will, RDH –Longest Practicing Dental Hygienist in Kansas—CONGRATULATIONS!

Geneva Will has been practicing dental hygiene in Kansas since 1951, a total of 55 years practicing as a hygienist! She grew up in Hiawatha. When she was in high school a speaker came and described the new field of dental hygiene. She thought it sounded interesting and so she went to the nearest school, the University of Minnesota School of Dentistry. She has worked for Dr. Richard Mosier, DDS in Herington since 1990. She worked as a civilian hygienist at Ft. Riley from 1967-1990, and for Dr. Harry Mosier, DDS Richard's father, 1951-1967. She has always enjoyed the work, especially now since she knows all the patients. The hardest part of her job has been to learn to sit down while she is working; it was also difficult to begin wearing rubber gloves. She works 3 mornings a week. "It's a good excuse to set the alarm and see people." She says, "Sometimes there is too much laughter in the office and that's one of the reasons she likes to work in Dr. Mosier's office." She likes to give the "full hygiene sermon" to the young people who come in with neglected teeth. As far as changes over the years, she thinks that patients have better teeth now than in the 1950s. Patients floss more, they have fluoride now, and people consider a nice smile to be important. She is going to keep working as long as she feels good! Thank you for your years of service to the profession.

### Dental Office Inspections

Dr. Steven Johnson, DDS is the dentist who handles board inspections. He employs dentists to inspect all dental offices and mobile dental facilities. At this time the inspectors are William Zagar, DDS, Robert Busetti, DDS, and Joseph Bellafiore, DDS. The dental inspector will identify themselves when they enter an office, and will ask if a staff person can accompany them on their inspection. They will wait for a few minutes until staff are able to go with them, however, they must make their inspection and if necessary will continue through the office unaccompanied.

On September 19, 2006 the board decided to have inspectors check for evidence of liability coverage pursuant to KSA 65-1468. Dentists need to keep a copy of their liability insurance, with name of carrier and expiration date in the dental office, so that the inspectors can assure that you are in compliance with this law. Inspectors will provide a certificate to offices who are compliant with all requirements.

**STERILIZATION & INFECTION CONTROL:** Each dental health care worker who performs or participates in an invasive or exposure-prone procedure shall observe and adhere to infection control practices and universal blood and body fluids precautions. (i.e., Proper use of gloves, protective eyewear/face shields, surgical masks, washing of hands, reusable or disposable gowns, uniforms or lab coats.) Reference K.A.R. 71-1-18(7)(b)

**SURFACE DECONTAMINATION & PROTECTIVE BARRIERS:** Includes but is not limited to: delivery units, chair controls, light handles, high-volume evacuator handles, x-ray heads and controls, headrests, instrument trays, intraoral camera tips and light curing devices. Reference

**PROTECTION FROM SHARPS EXPOSURE:** Proper recapping of needles & disposal of all sharps in puncture-resistant container. Reference

**STERILIZATION PROCEDURES:** All heat stable instruments shall be routinely sterilized between patient use (i.e. autoclaves). Pre-sterilization decontamination via scrubbing and/or mechanical device, preferably an ultrasonic cleaner. Items to be sterilized include but are not limited to the following: low-speed handpiece contra-angles and prophy-angles, high-speed handpieces, hand instruments, burs, endodontic instruments, air-water syringe tips, high-volume evacuator tips, surgical instruments and sonic or ultrasonic periodontal scalers. Each of the aforementioned heat stable items shall be placed in a closed bag or container for sterilization and thereafter maintained in that bag or container until *immediately* before use. K.A.R. 71-1-18 (7)(b)(3)(A) – (F)

**COLD STERILIZATION:** Nondisposable items that cannot be heat sterilized shall be decontaminated and disinfected with a chemical sterilant that is registered by the FDA and is tuberculocidal. Reference K.A.R. 71-1-18(7)(b)(3)(G)

**BIOLOGICAL SPORE TESTING:** Used to verify that all pathogens have been killed. Must run test on **each** device after each sixth day of use, but not less often than monthly, and keep a clear and concise log of the results readily accessible in the dental office for a period of three years. Reference K.A.R. 71-1-18(7)(b)(3)(C)

**DECONTAMINATION/DISINFECTION TO AND FROM LABORATORIES:** Materials, impressions, intra-oral appliances shall be decontaminated and disinfected before being sent to labs and on their return from the lab. K.A.R. 71-1-18(7)(b) (3)(H)

**OVERALL CLEANLINESS:** Treatment areas, reception area, restrooms, lab, office facilities, etc.

**REMINDER: REQUIREMENT TO REPORT SERIOLOGICAL STATUS OF DENTAL HEALTH CARE WORKER** K.A.R. 71-1-18(7)(c)

**DISPLAY OF LICENSES AND/OR CERTIFICATES:** DENTIST(S) \_\_\_\_\_ HYGIENIST(S) \_\_\_\_\_

Have proof of professional liability coverage available. KSA 65-1468

Reference K.S.A. 65-1430

ASSISTANT(S) PERFORMING SUPRAGINGIVAL SCALING \_\_\_\_\_

### Q & A

#### **Q. If I put my license in retirement, what does it take to get it out of retirement?**

**A.** If you have a retired license, and decide you want to reactivate it, you will have to pay all the back renewal fees and make up the CE for each renewal period missed. For example, if a dentist is retired for 4 years (2 renewals) then the dentist would pay \$600 (\$300 x 2 renewal periods) and provide evidence of 120 hours of CE (60 CE hours X 2). A retired hygienist who reactivates after 4 years would need 60 hours of CE and pay \$300 to reactivate the retired license.

#### **Q. Why will inspectors be checking for professional liability coverage during inspections?**

(a) A policy of professional liability insurance issued by an insurer duly authorized to transact business in this state shall be maintained in effect by each licensed dentist actively practicing in this state as a condition to rendering professional services as a dentist in this state, except that a dentist shall not be required to maintain professional liability insurance if such person's dental practice is limited to providing dental services under subsection (f) of K.S.A. 75-6102 and amendments thereto.

#### **Q. What is the board's position regarding Oraqix use by dental hygienists?**

**A.** Dental hygienists can apply an anesthetic, including Oraqix, only if the hygienist has provided the board a certificate of completion of local anesthesia training and an updated CPR card. Direct supervision by the dentist is required, pursuant to KSA 65-1456 and KAR 71-3-7.

### **BOARD ACTIONS SINCE LAST NEWSLETTER (Summer 2006)**

#### **Michael A. DeRose, DDS of Pueblo, Colorado. Stipulation and Final Agency Order 9/16/06.**

The Kansas order mirrors the 12/8/2005 Consent Order of North Carolina. A 180 day suspension had been imposed with a three year probation ending 12/12/2008 with conditions: (summarized below)

Comply with all Medicaid regulations regarding billing of dental services, including but not limited to billing for stainless steel crowns and/or pulpotomies to no more than six per patient on a given day. Medicaid Dental Center has modified its consent forms regarding restraining devices and use interpreters if needed. The evaluating or treating dentist will document in the patient's file the surfaces where decay is clinically observed, either in the chart notes themselves or in pictorial representations. Digital photographs of decay shall be taken when radiographs are unavailable; Must provide records to the board, present CE to staff in pediatric anesthesia, and reimburse the Board for costs, \$5,850.00

The findings of fact in the order are summarized:

Respondent was licensed in North Carolina and engaged in the practice of general dentistry in Charlotte, North Carolina and is part owner of the Medicaid Dental Center (MDC) facilities. Seven children were found in which on one appointment for each patient in 2002 and 2003 dentists employed and trained by MDC/Charlotte Medicaid Dental Center in 2002 and 2003 performed an excessive number of pulpotomies and stainless steel crowns on the children. Pulpotomies were done on between 8 - 17 baby teeth on each patient. Some of these patients also had extractions and restorations in the same appointment. Respondent, as part owner of the MDC was responsible for determining office policies and implementing such policies. He was responsible for training staff or making arrangements for staff to be trained and familiar with office policies. Respondent violated the standard by establishing office policies that resulted in dentists employed and trained by MDC performing excessive dental treatment in a single appointment.

### **BOARD INTERPRETATIONS**

#### **Board meeting September 15, 2006**

The board requires that dental school programs that are offering externships request approval from the board before they allow students to practice dentistry on patients in Kansas.

Dr. Shane Tidwell requested an advertisement that described an award he had received being among "America's Top Dentists." The ad was denied because it implied superiority.

Dr. Larry Prybyl requested a name "Center for Snoring and Sleep Apnea or Center fro TMJ and Sleep Apnea. The board denied the name because it implied a specialty.

### **NEW STATUTES AND REGULATIONS**

The board continues to work on revising the sedation regulations.

#### **Proposed Renewal Change in 2007**

There will be a legislative change proposed this session in the Dental Practices Act regarding the license renewal process. The legislature has requested that the board have a steady income stream. To make that change, we can license according to odd and even license numbers, rather than by profession, so that even license numbers renew in even years and odd license numbers in odd years. We propose that the renewal statute KSA 65-1431 be changed to allow us to do that. You will not notice any difference in renewals until 2007 when half of the hygienists (the even numbered licensees) would be renewed for one year only. The renewal rate for those hygienists will be for only one year, or \$75. The odd numbered hygienists will renew for the normal 2 year period. It will take two years to be on track, but by 2009 we will be licensing all dentists and hygienists with odd license numbers for two years, and in 2010 all licensees with even numbered licenses would be renewed for two years.

### **New CRDTS Examiners Needed**

The KDB is looking for several new examiners for dental and dental hygiene clinical testing. If you are interested, please send with your letter of interest, a resume and 3 letters of recommendation to the KDB. Please have your letter and requested information to the KDB no later than January 26, 2007 since we will be discussing this issue at our next board meeting on February 9th.

### **Next Board Meeting**

The next meeting of the Dental Board is scheduled for February 9, 2006, in Room 108, Landon State Office Building, Topeka.



## KANSAS DENTAL BOARD

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167-01

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*The mission of the Kansas  
Dental Board is to protect the  
public.*

### Drug Enforcement Agency (DEA) and drug abuse

On 8/4/06 Melissa and I met with Judy Williams, Group Supervisor of the Drug Enforcement Agency (DEA) in Overland Park, KS. The DEA has 9 investigators who cover all of Kansas and part of Missouri. They grant DEA numbers and investigate diversion of controlled substances by medical providers, distributors, pharmacies, and manufacturers. They do both regulatory compliance and criminal investigations. Ms. Williams explained that medical providers who are referred to them and who are determined to be using controlled substances are not necessarily criminally prosecuted; they often have their prescriptive authority restricted until they are rehabilitated. If a DEA permit is revoked it may be reinstated with proof of proper rehabilitation. This is usually accomplished with a Memorandum of Understanding between the DEA and the dentist. Most cases that result in criminal charges are when the professional illegally distributes, sells, or trades the controlled drugs.

If you interested in more information about the DEA diversion control program, or listings of scheduled drugs, you can find information at their website: [www.deadiversion.usdoj.gov/drugs](http://www.deadiversion.usdoj.gov/drugs). The website is an excellent resource for important DEA forms, such as theft and loss (DEA 106) and need for destruction (Form 41).

### Pharmacy legislation proposed to track controlled substances

The Pharmacy Board received a grant to draft legislation that would allow tracking of patients' controlled substance prescriptions, it is referred to as a prescription monitoring program (PMP). The legislation would create a data base that would be accessible to pharmacies and medical offices, including dentists. In this way you could check to see if a patient is receiving controlled drugs from other practitioners. The legislation is to prevent the patient from going to many dentists and doctors and getting pain relievers from several providers. This is to assist the medical prescriber who is approached at times by patients who fake pain symptoms in order to get drugs to sell on the streets or to support their addiction to the drug. For further information the website for this program and how it is being implemented nationally is [http://www.natlalliance.org/prescription\\_drug.asp](http://www.natlalliance.org/prescription_drug.asp)