

BOARD OF DENTAL EXAMINERS OF ALABAMA

DECEMBER 2023 NEWSLETTER

FROM YOUR NEW BOARD PRESIDENT

Roberto V. Pischek, D.M.D.



STAFF AND BOARD



The Value of Basic Life Support (CPR)

In rule 270-X-4-.04 under Section (i) it says:

“Dentists must maintain current certification in cardiopulmonary resuscitation (CPR) at the basic or advanced support level through the American Heart Association, American Red Cross, or an equivalent program. During the two-year CPR certification term, a dentist may apply only four (4) hours of CPR training to their annual twenty (20) hour requirement in the renewal period during which they were earned.”

Something interesting happened at my office on Monday, November 13, 2023. Around 10:00 a.m., a patient started having chest pain and pain radiating to the left arm. The patient alerted one of the team members who called for help. One of the dental team members called 9-1-1. While waiting for EMS to arrive, our team started monitoring and recording the vital signs (blood pressure, heart rate and respiration rate) and 100% oxygen was administered along with a baby aspirin (81 mg). The patient was transported to the nearest hospital to be evaluated. After a series of tests (blood profile, EKG, and stress test, etc.), it was determined that no MI occurred. The patient was informed that more tests were required. He was discharged to go home and back to work. That patient was me, the dentist.

Our office policy is to recertify American Heart Association BLS (CPR) course every year, even though the Board requires CPR recertification every two (2) years. The thinking is that since we have new and part-time employees, they need to know what to do when a cardiac emergency occurs. My team did everything they were taught.

This made me think that perhaps we need to have annual BLS certification on every member of the dental team that is employed by an Alabama licensed dentist. The person they may need to resuscitate could be you the dentist.

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Ethics

Melodie A. Jones, D.M.D. - Vice President



Rule 270-X-4—.04—Mandatory Continuing Education for Dentists and Dental Hygienists

(1)(a)(iv) and (b)(iii) Beginning with the Continuing Education cycle that begins on October 1, 2023, Dentists and Dental Hygienists must

achieve a minimum of one (1) hour of Continuing Education in the subject of ethical considerations in the practice of dentistry and dental hygiene each year. The criteria for approval of ethics Continuing Education are set for below in subsection (5)(g) of this Rule.

Why Ethics? Ethics is defined as moral principles that govern a person's behavior or the conducting of an activity. More specifically, dental ethics is a system of principles governing the dental practice, a moral obligation to render the best quality of dental services to the patient and to maintain an honest relationship with other professionals and society.

In all that we do in our practices, our focus should be on the welfare and health of our patients. This concern also carries over to our colleagues, staff, and families. Every day in our dental practices we deal with ethics and ethical dilemmas.

The five key principles of dental ethics are patient autonomy, nonmaleficence, beneficence, justice, and veracity. Understanding and applying these principles will help ensure patient needs are met within the guidelines of dental licensure. These principles also maintain trust in the patient and provider relationship. Patient autonomy is the primary obligation of the dental provider to include the patient in treatment decisions. This requires informing and educating the

patient of their dental condition and making sure that the patient understands the diagnosis and treatment options. This can involve presenting treatment options and discussing these options to help the patient make informed treatment decisions.

Nonmaleficence means "to do no harm" in that the dental professional has the duty to refrain from harm to the patient. Nonmaleficence requires that the dental provider have the skills to treat the patient within their limitations. Whenever the scope of treatment exceeds their abilities or training, there is an ethical obligation to refer the patient to a capable specialist. It is important to make sure patient care continues in this referral and that the patient is not abandoned.

Beneficence means "to do good" in that the dental professional has the duty to act for the benefit of others. This involves the competent and timely delivery of services. It also requires following the Alabama Dental Practice Act and maintaining a standard of care in patient treatment daily in our practices.

Justice refers to fairness and delivering dental care without prejudice regardless of the patient's income, race, creed, gender, etc. Justice ensures that we treat all patients fairly by providing dental care and emergency care with the focus being on the health of the patient. Patient care is important for all who come to the dental practice. This can include fair charges, insurance billing, and when patients come for second opinions.

Veracity means truthfulness and requires the dental professional be honest and trustworthy in their dealing with patients. The goal is to interact with patients in a respectful and trustworthy manner. Clinicians should respect the relationships they have with their patients. This is achieved by truthful and honest communication with the patient. This can also include providing research and evidence based care of pa-

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tients based on science and not deception.

Courses in ethics can include understanding the Dental Practice Act and Code of Alabama. Other topics to consider for ethics training are legal ethics, professionalism in dentistry, professional boundaries, unprofessional conduct, proper billing practices, professional liability, risk management, sexual harassment, abuse, workplace misconduct, legislative updates, human trafficking and drug trafficking. These are a few of the many possibilities when considering ethics training.

The requirements for ethics courses can be a great educational tool for all of us. It helps remind us of our duties as dental professionals to provide our patients with safe dental care that ultimately helps the patient maintain a healthy life.

DON'T PAY MORE FOR YOUR LICENSE RENEWAL

DENTISTS:

- ◆ Make sure you have renewed and paid for your dental license and all permits you hold. If you don't have a printed copy for each of your 2024 annual renewal certificates, log in again to the [renewal portal](#) and **PRINT** them from the *PROFILE* page. **After Dec. 31, reinstatement of your license will cost an additional fee. If you practice without renewing, you may be assessed an administrative fine.**
- ◆ Make sure that **all hygienists who are in your employ can produce a license renewal certificate for 2024** before allowing them to practice hygiene after December 31. This will avoid costly administrative fines for you, as well as for your hygienist.

HYGIENISTS:

- ◆ Make sure you have renewed and paid for your hygiene license (and infiltration permit if you hold one) before practicing hygiene/infiltration in 2024. If you don't have a printed copy of your 2024 annual renewal certificates, log in again to the renewal portal and **PRINT** them from the *PROFILE* page. **After Dec. 31, reinstatement of your license will cost an additional fee. If you practice without renewing you, as well as your dentist, may assessed administrative fines.**

The Practice of Dentistry with Cannabis

Marshall A. Williams, D.D.S.



Historically, the primary mode of Cannabis (Marijuana) use has been smoking. But vaping Cannabis is also common and Cannabis containing products have become increasingly available, including infused foods (edibles), beverages, oils, concentrates and topical ointments.

Cannabis use has increased significantly in recent years due to expanding legalization of Cannabis for medical and recreational use in various states, although it remains federally banned.

With growing use of Cannabis and Cannabis derivatives, dental professionals can expect to encounter more patients experiencing various side effects of Cannabis use, including effects on the oral cavity.

Cannabis smoking is associated with periodontal complication, Xerostomia and Leukoplakia. The ADA recommends dentists discuss marijuana use while reviewing health history during dental visits.

ADA Policy on Provision of Dental Treatment of Patients with Substance Use Disorders:

1. Dentists are urged to be aware of each patient's substance use history, and to take this into consideration when planning treatment and prescribing medications.
2. Dentists are encouraged to be knowledgeable about substance use disorders—both active and in remission—in order to safely prescribe controlled substances and other medications to patients with these disorders.
3. Dentists should draw upon their professional judgment in advising patients who are heavy drinkers to cut back, or the users of illegal drugs to stop.
4. Dentists may want to be familiar with their community's treatment resources for patients with substance use disorders and be able to make referrals when indicated.
5. Dentists are encouraged to seek consultation with the patient's physician when the patient has a history of alcoholism or other substance use disorder.
6. Dentists are urged to be current in their knowledge of pharmacology, including content related to drugs of abuse; recognition of contraindications to the delivery of epinephrine-containing local anesthetics; safe prescribing practices for patients with substance use disorders-both active and in remission-and management of patient emergencies that may result from unforeseen drug interactions.
7. Dentists are obliged to protect patient confidentiality of substances abuse treatment information, in accordance with applicable state and federal law.

Medical vs. Recreational: THC and CBD Levels

The main difference between medical cannabis and recreational cannabis is the Cannabidiol (CBD) and Tetrahydrocannabinol (THC) content that are active ingredients in marijuana.

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The Practice of Dentistry with Cannabis (continued from page 4)

Marshall A. Williams, D.D.S.

Recreational marijuana has more THC content than medicinal CBD. THC is responsible for making users feel high. While THC is medically beneficial, its psychoactive nature is not ideal for users who want to use marijuana exclusively for health benefits.

CBD which is a marijuana plant has been proven to be an excellent medical remedy for a number of conditions.

On May 17, 2021, Governor Kay Ivey approved Senate Bill 46, also known as the Darian Wesley “ATO” Hall Compassion Act. The new law qualifies patients to use cannabis for medical reasons. The law bans smoking marijuana or consuming it in food.

Qualifying Conditions

- Autism
- Cancer related cachexia, nausea or vomiting, weight loss, chronic pain
- Crohn’s Disease
- Depression
- Epilepsy or a condition causing seizures
- HIV/AIDS—related nausea or weight loss
- Panic Disorder
- Parkinson’s Disease
- Persistent nausea not related to pregnancy
- Post-Traumatic Stress Disorder (PTSD)
- Sick Cell Anemia
- Spasticity associated with diseases including Multiple Sclerosis and Spinal cord injuries.
- A terminal illness
- Tourette’s Syndrome
- Chronic pain

Allowed products:

- Tablets
- Capsules
- Tinctures
- Gels, oils, creams for topical use
- Suppositories

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The Practice of Dentistry with Cannabis (continued from page 5)

Marshall A. Williams, D.D.S.

- Transdermal patches
- Nebulizers
- Liquids or oils for use in an inhaler

Registered patients will be permitted to possess a maximum of 70 daily doses of medical cannabis at one time.

Most patients will be allowed up to 50 mg of legal cannabis per day.

Examples of pharmaceutically manufactured cannabis-related/cannabis derived drugs approved by the FDA include:

- Dronabinol, a synthetic form of THC commercially marketed as Marinol[®] (capsule) and Syndros[®] (oral solution) [for treatment of nausea from cancer chemotherapy]
- Nabilone, a synthetic drug with a chemical structure similar to THC; commercially marketed as Cesamet[®] [for treatment of nausea from cancer chemotherapy]
- Epidiolex[®], a purified form of cannabidiol (CBD), a non-psychoactive cannabinoid; derived from cannabis [for treatment of childhood seizures and seizures associated with tuberous sclerosis complex]

In response to the increased legalization and use of marijuana, the American Dental Association House of Delegates passed a resolution to encourage the development of best practices for the management of patients and their caregivers, dentists and dental team members who are under the influence of marijuana.

HOW DO I CHANGE MY NAME ON MY LICENSE?

(You are not required to change your name, but you can if so desired)

- ◆ If it was a marriage: email a copy of your marriage certificate to licensing@dentalboard.org and state how you want your name to read on your license.
- ◆ If it was a divorce: email just the one page (usually the last page) of your divorce decree that states you may return to your former name.
- ◆ If it was by court order: email a copy of the court order allowing change of name and state how you want your name to read on your license.
- ◆ There is no fee for name change on your license but if you want a replacement *wallet certificate* mail your request with a check for \$25.00 to our office and include the address to which you want it sent.

Pain and Opiates

Mark R. McIlwain, D.M.D., M.D.



Over the last decade, Dentistry's efforts to alleviate pain and suffering have been scrutinized and questioned. The stage was set when Big Pharmaceuticals, Government Policy, and Modern Medicine placed a high priority focus on pain control during the 1990s. The Joint Commission even made pain the fifth vital sign. Activities legal and illegal beyond the control of Dentistry made our profession a target of opportunity for "opiate crisis" blame. 95% of Dental Prescriptions were and are legitimate. I want to take this time to give ideas and concepts gleaned from over 40 years of patient care to improve your patient pain care and protect Dentistry's prescriptive privilege.

First, is the use of a controlled substance needed? The effectiveness of combinations of acetaminophen and ibuprofen in patients, who tolerate, for the control of Dental Pain is no longer questioned. The use of adjunctive pain controls such as, elevation, ice, steroids, long-acting local anesthetic, topical pain creams, and necessary antibiotics will reduce narcotic needs. Weight the merits and pitfalls of different pain control modalities. Avoid knee jerk prescribing and standard operating procedures, each patient presents with unique needs.

Second, limit the dose and duration of any narcotic. Acute dental pain always peaks on the third day after a procedure. Tell the patient this fact. Explain that pain will peak, therefore adjunctive measures in combination with pharmaceuticals are necessary. I use the lowest strength narcotic in combination with acetaminophen for 5 postoperative days spaced 6 hours apart as needed (so no more than 20 doses). I remind the patient of alternating a non-steroidal anti-inflammatory drug with acetaminophen (not to exceed adult recommended maximum dose of 4 grams total). I send them home with an ice pack to be alternated on and off the face every 2 hours, while awake, for the day of surgery and three days postoperative. The 4-7th day after surgery, I ask the patient to use heat and massage (a heating pad) 4-6 times a day over any areas of painful swelling.

Third, patients that require continuing pain meds after the first prescription should be seen and examined. Pain that is out of proportion to the exam is often infection. Painful malodorous extraction sockets 3-5 days postoperative require treatment as a "dry socket". Gentle irrigation with warm salt water with peroxide flushes the socket. Covering the exposed bone with an obtundent paste or soaked gauze gives immediate relief. So, examination and treatment first then prescriptions.

Fourth, patients receiving chronic Narcotic Pain Meds, Buprenorphine, or Methadone have chronic dry mouths and resulting cervical decay. A conversation with the practitioner identified by a PDMP check, as required by the Dental Practice Act, is needed for chronic/contract pain patients. Every Doctor needs a well thought out strategy to help this patient group in cooperation with their Chronic Pain/Contract Practitioner. As a general rule, there are limited Dentists that should prescribe chronic pain meds.

Fifth, you must have an Active DEA # and Alabama Controlled Substance Permit to prescribe controlled substances. You must have an Active unexpired Alabama Dental License to utilize your DEA and CS Permit to legally write a prescription for any controlled substance. The Alabama Dental Practice Act requires each licensee with a Controlled Substance Permit to have an Active PDMP account and utilize it as required by law. Federal Regulations require 8 hours of training in controlled substance prescribing and abuse mitigation for your next DEA renewal.

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Pain and Opiates (continued from page 7)

Mark R. McIlwain, D.M.D., M.D.

Finally, pain is perceived according to patient's anxiety levels. Judicious use of pre-operative anti-anxiety agents by mouth the night before and 2 hours before surgery are helpful. This is outpatient anxiety control, so consideration of the patient's age, infirmity, and medical condition is a must. Profound local anesthesia (consider buffering) breaks the cycle of treatment avoidance and pain. Calm reassurance of the patient creates trust and decreases anxiety. If you care, it shows. Pain control is a plan not a pill anymore!

I'm Applying for a License in Another State

- ◆ Most states require an official license certification directly from the Alabama Board. If the application has a specific form to use, fill out your part, scan and send to licensing@dentalboard.org. State where the form should be sent (back to you in a sealed envelope or directly to the state). In either case, give the address for it to be sent.
- ◆ If there is no formal form, email licensing@dentalboard.org and request that a *license certification letter* be sent to you (address) or to the state board (address).

How do I change my address/phone/email on my record?

- You must notify the Board within 30 days of new office or home contact information.
- Email licensing@dentalboard.org;
- Identify your name and license number;
- Identify whether it is an update for your home or your office or if it is an additional office;
- If address or phone, identify which address/phone it will be replacing.

ACLS for OCS

Kevin M. Sims, D.M.D., M.S.



Current Board Rules require OCS permit holders to have current BLS as part of the credentialing process. In the future, ACLS may be required for a dentist to hold an OCS permit.

Currently, Rule 270-X-2.21 states that a dentist requesting an OCS permit shall:

Obtain a minimum of sixteen (16) hours of training and shall include:

- A. Understanding the definition of oral conscious sedation and anxiolysis,
- B. Know the commonly used drugs for OCS and the basic pharmacology of these drugs,
- C. Understand the medical conditions that can adversely affect the administration of OCS and the basics of physical diagnosis to appropriately classify the patient's ASA status medically,
- D. Understand proper monitoring techniques for the sedated patient,
- E. Be competent in the most common sedation protocols from beginning to end,
- F. The proper documentations required for the dentist and dental staff, including consent forms, monitoring forms/strips, and written post operative instructions,
- G. An overview of potential medical emergencies specific to oral conscious sedation and their diagnosis and management.

The dentist seeking to obtain an OCS permit must also have an emergency drug kit that contains at a minimum the following drugs:

- Epinephrine,
- Atropine,
- A narcotic antagonist (Naloxone HCL) and a benzodiazepine antagonist (Flumazenil),
- An antihistamine (Diphenhydramine HCL),
- Nitroglycerine,
- A bronchodilator (Albuterol inhaler),
- An antihypoglycemic agent (50% dextrose),

All OCS permit holders shall be able to recognize and trained to manage the following clinical emergencies:

- Laryngospasm,
- Bronchospasms,
- Emesis and aspirations of vomitus,
- Management of foreign bodies in the airways,
- Angina pectoris,
- Myocardial infarction,
- Cardiopulmonary resuscitation,
- Hypotension,
- Hypertensive crisis,
- Acute allergic reaction,
- Hyperventilation syndrome,
- Convulsions,
- Syncope.

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ACLS for OCS (continued from page 9)

Kevin M. Sims, D.M.D., M.S.

Furthermore, Board rule 270-X-4.04 states that Dentists who hold an Oral Conscious Sedation Permit must also complete a minimum of two (2) hours of Continuing Education in the subject of sedation and/or anesthesia every two (2) years.

All OCS administered to pediatric patients, shall follow the current guidelines and recommendations for sedation of the pediatric dental patients promulgated by the American Academy of Pediatric Dentistry. Pediatric patients shall be defined as infants and children through adolescence, including those with special health care needs.

As the Board rules are written, the OCS permit holder has the requirement for two hours of continuing education every two years relating to sedation and/or anesthesia. Once the permit is granted, the permit shall be renewed every year as a dentist renews his/her dental license. BLS renewal is required every two years, but BLS does not require the participant to learn the use and administration of the above listed medications or the management of the above clinical emergencies. BLS does not require the participant to learn to utilize and interpret an EKG.

In comparison, ACLS teaches the dentist how to manage the above listed clinical emergencies including the use of emergency medications. ACLS requires a dentist to understand various abnormal EKG's and requires the dentist to learn the appropriate treatment algorithms to manage the abnormal EKG's. These algorithms define which medications are to be used based on the patient's needs and assessment. ACLS also requires recertification every two years to stay current.

OCS can result in multiple levels of sedation including minimal sedation (anxiolysis) and moderate sedation (conscious sedation). For patient safety, many states require OCS (minimal sedation) permit holders to have current ACLS certification and most states require OCS (moderate sedation) permit holders to have current ACLS certification.

Unfortunately, there have been Alabama patients that have died due to adverse occurrences when OCS medications were utilized. The members of The Board of Dental Examiners of Alabama are charged with the responsibility to protect the public. The Board must intentionally do all that it can to ensure that the OCS permitted dentists of Alabama are credentialed appropriately to avoid any adverse occurrences.

Someone Wants to Look Up My License

Your license status can be viewed on our website homepage www.dentalboard.org under LICENSE LOOKUP. This is public information.

The instructions are to: ***Enter only first and last name of licensee (and verification code) OR enter only the 4 numeric digits of the license number (and verification code).***

Negligence: A Common Charge

Jordan Holt Gray, D.M.D.



I would like to thank my fellow dental colleagues for their trust and support in electing me as the most recent board member. It is an honor and humbling experience to be tasked with evaluating the clinical decisions of my peers while concurrently participating in the direction of our profession through rules and regulations.

Negligence is a frequent point of deliberation in many board hearings. I would like to provide insight into its nature and potential consequences to a licensee.

Code of Alabama (1975), § 34-9-18 (a)(6)(a) defines “negligence” as failure to do what a reasonably prudent dentist or dental hygienist would have (or have not) done under the same or similar circumstances. The Dental Practice Act does not require harm in its definition.

For each count of guilt found, the board may choose to impose an administrative fine of up to \$5,000 per count. Code of Alabama (1975) § 34-9-18(b)(6). Multiple counts may be sought under a single Notice.

Additionally, if guilt is found on one or more counts, the board may also choose to assess the costs for disciplinary proceedings (hearings) at their discretion per § 34-9-18(b)(9). These costs can add several thousand dollars in additional penalties!

Please be aware, board fines and imposed costs are out of pocket expenses to the licensee.

The board has received approximately 520 complaints and sent 107 notices for hearing to its licensees since 2020. Approximately 35% of these hearings involved a negligence charge.

For those reasons, it is imperative to understand the “minimum standard of care.” This is the level of care that a reasonably prudent practitioner would have provided under a similar situation.

Ultimately, a negligence verdict hinges on whether a licensee met this minimum standard. A hearing involves the board members listening to the facts from both sides and reaching a decision through a simple majority vote.

My goal is to continue absorbing and internalizing information while serving our profession in this capacity. I do not take this judicial responsibility lightly.

I have enjoyed my short time on the board and remain committed to fulfilling the duties to which I was elected with a thoughtful mindset. I sincerely hope each of you has a happy, safe, and successful 2024!

How Do I Get a Copy of My License/Permit Registration?

- ◆ At midnight, December 31st, the online portal will close for license renewal; but you can still go to that same portal to print your registrations at any time of the year. If you don't have the link from the renewal email you can access the portal from our [online portal webpage](#).



KEEP YOUR SENSE OF HUMOR

“I don't trust anyone who doesn't laugh.”

— Maya Angelou

- Why did the tree go to the dentist? To get a “root” canal.
- Why don't dentists get along with manicurists? They always end up fighting tooth and nail.
- Why did the patient reveal secrets to her dentist? She was told to open up.
- What is a dentist's favorite dinosaur? A Floss-iraptor.
- Why did the deer go to the dentist? She had buck teeth.
- Where do dentists go to retire? Fluorida
- What do tooth fairies use to communicate? Bluetooth!
- Why did the doughnut go to the dentist? He needed a filling.
- Why are x-rays helpful after dinner? Because they're “tooth” pics.

Greetings from your Dental Hygiene Board Member

Sandra Kay Alexander, RDH



Another year has come and is almost finished. The BDEA has had a very busy year with the CE Broker experience, I hope you were able to navigate it and have renewed your license for the 2023-2024 year. It will make it easier to keep your CE records and documentation if you should have your license audited for continuing education.

We are very proud of our improved ADHP program. The American Council on Education (ACE) audited our ADHP program and determined it would qualify to be recognized for college credit. Students beginning the 2023-2024 program, when graduated, will be afforded college credits to continue their education. They will be able to claim 17 hours. We are the first agency/program in a very unique national field to acquire this honor. Congratulations to Ms Gina Latham: Coordinator, Dr Hussein Basma: Educational Director, and Dr, Mary Beth

Finn, Financial Services Manager for their tireless work to make this happen.

In addition to the ADEX Simulated Patient Treatment Clinical Examination (SPTCE) licensure exam, ADHP graduates now take the Computer Simulated Clinical Examination (CSCE) OSCE exam as well. This is exciting news as both are regional licensure exams taken by graduates of 2-4 year DH programs throughout the country. The CSCE is designed to assess various levels of diagnosis and treatment planning knowledge, skills, and abilities. The 2022-2023 graduates were the first ever approved to take the CSCE. We are pleased to report a 100% pass rate on both exams. This however, does not afford them the ability to cross state lines with their licensure because our ADHP program is a non-accredited program.

All vacant ADHP Faculty positions have been filled. The 2023- 2024 Faculty members are Dr. Hussein Basma: Educational Director, Ms Gina Latham: Coordinator, Dr. Manika Arora, Dr. Leslie Barrilleaux, Dr. Michael Boykin, Dr. Elyse Dengler, Dr. John Galdo, Dr. Barry Goodspeed, Dr. Mathew Litz, Dr. Kenneth Liu, and Dr. Richard Simpson.

There are currently 203 students in the 2023-2024 class of the ADHP. Additional days/sessions have been added to the program as well as a mid-term practical and didactic exam in January. The program has partnered with the UAB SOD to use the 2nd floor Comprehensive Care Clinic where a hands -on clinical instrumentation class is conducted as well as the mid-term practical exam.

Now for information that affects all Licensed Hygienist in the state of Alabama. The BDEA is working hard to get General Supervision language in our Practice Act which will take a Legislative Act to get it in our Statues. We have a Committee that has been meeting with ALDA in a joint effort to work on this project. When accomplished we will be able to define language in our Administrative Rules. This will be very limited General Supervision. I am in hopes that this will come to fruition in the not so far future.

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Greetings from your Dental Hygiene Board Member

Sandra Kay Alexander, RDH (continued from page 12)

Effective 11/13/2023 Administrative Rule 270-x-2.07, 270-x-4.04, 270-x-4.12

Retired/Disabled Status : This Rule allows a retiring or disabled Licensee to apply for this new License status. The new Board Rule will also allow the Licensee to request waiver on the continuing education requirement. The renewal fee for the retired/disabled license may be waived.

Mandatory beginning October 1, 2023, one (1) hour per year of ethical considerations in the practice of dental hygiene is required. Examples of topics are as follows: Legal ethics and professionalism in the practice of dental/dental hygiene, educational training regarding professional boundaries, unprofessional conduct relating to the commission of acts or sexual intimacy, abuse, misconduct, or exploitation with regard to the practice of dentistry, legislative updates and changes to the laws relating to the practice of dentistry and rules, policies and advisory opinions and rulings as issued by the Board, professional conducts and ethics, proper billing practices, professional liability and risk management.

A licensee with any outstanding fines/fees/cost, will be required to pay all outstanding balances, in addition to, the Annual renewal fees in order to renew his/her license. This will not affect Board approved payment plans.

Things we are looking at to improve the practice of dental hygiene and dental assisting for the safety of the citizens of Alabama.

The making of dental radiographs or dental images require additional licensure, permit, certificate or educational training in 47 states across America. Alabama is studying this and will move forward to come up with recommendations for a CE requirement for hygienists and possibly some form of permitting, certification, or registration for dental assistants.

Of 50 states and 3 territories, 53% require some form of licensure, permitting, certification, or registration of dental assistants. Alabama has 8,000 + unlicensed assistants treating over 1,000,000 patients per year.

Although dental assistants existed long before there were licensed dental hygienists, we've done nothing to ensure they are equally trained, recognized, and licensed. The dental profession and industry have understood the importance of a well-trained dental assistant.

Licensing dental assistants would increase the quality of applicants coming into the ADHP by increasing their knowledge and better preparing them for the rigors of the ADHP Program. It would also give appropriate credit to those students attending CODA accredited dental assisting schools in Alabama, of which the Board cannot, offer the privilege of licensure, at this time.

Please always open and read emails from the Board of Dental Examiners; it is always IMPORTANT.

Have a Wonderful and Blessed 2024.

Wow! Did that just happen?

W. Blake Strickland



2023 was an incredible year for your profession, your Board, and your board staff! I am honored to have watched your board members working with ALDA leadership and their new executive director, Michele Huebner, to pass some very significant legislation. I've also greatly enjoyed working alongside your board staff as we transitioned into new continuing education documentation database, updated our application processes, continue to renovate our office space, and scored a "home run" with our ADHP program and the American Council on Education (ACE). Some of those accomplishments are:

In our legislative package, we updated statutes regarding: Oral Conscious Sedation, Parenteral Sedation, and General Anesthesia; at the request and with the assistance of Senator April Weaver (District 14), practicing dentistry without first obtaining a license is now a FELONY in Alabama; gave authority to the Board to accept or deny new applications for licensure; created a true "Retired or Disabled" license status; added an ethics requirement into our continuing education rubric; and, we are now able to add any outstanding fines/fees to a licensee's renewal. Additionally, we created a path for military service personnel and their spouses to obtain an expedited license when they move to our great state and continue serving our country.

Your board staff, over the last 14 months, have worked diligently in integrating the online continuing education repository, CE Broker, into our licensee database. Though it was a bumpy start, the process settled in and well over 90% of our licensees are in the system. This is a huge leap forward for our dental professionals in Alabama, as we all strive towards public safety.

Lastly, your Alabama Dental Hygiene Program (ADHP), the only program of its kind in the country, had its 64th birthday this year! In celebration, the Program actually gave its students a gift. After being evaluated by the American Council on Education (ACE), the ADHP will now be able to award graduates 17 hours of college credit at no additional cost to the student! This credit is worth well over \$3,000.00. With these credit hours, our hope is that your ADHP graduates will continue to advance their education and become more productive for you and your clinic and continue to "raise the bar" of professionalism for the dental hygiene community!

Whew! 2023 set a high bar and your Board and board staff sailed over it with ease! What does 2024 have in store? Your Board is continuing to work towards keeping our citizens safe as our dental professionals provide world-class care statewide. Some of that work includes working towards the licensing of an estimated 6,000+ dental assistants so that continuing education can be required and monitored; working towards true tele-dentistry and providing general supervision of dental hygienists by our state's dentists; and, working towards ensuring the best training for those licensees providing sedation and anesthesia statewide.

As always, if you ever need to reach me, my cell phone number is (205) 329-5294 or you can email me at blake@dentalboard.org. Wishing you a safe and blessed Christmas and New Year's holiday season!

DID YOU KNOW...

By: Donna L. Dixon, D.M.D., M.A., J.D.



*D*id you know...

Licensees who are found guilty of fraud, deceit and/or irregularities in billing a third party payor (such as insurance) may be subject to a fine up to \$5,000.00.

The Board has seen an increase in this violation over the past few years. It should be clear that when a licensee charges a patient for a procedure that was not completed, and is subsequently paid, this is clearly fraud. The Dental Practice Act seemingly “softens” the language a bit when insurance companies are involved as the payor and calls this type of dishonesty “irregularities in billing.” Over the years licensees have been known to charge insurance companies for a patient’s complete denture and then charge the patient the full amount also; licensees have charged, regularly, for pulp testing that wasn’t done; licensees have charged for 7-8 frenectomies in a minor patient’s mouth that weren’t completed and/or necessary; and, most prevalent today, licensees are found to be charging for build-ups, in conjunction with fixed restorations, that weren’t done.

Please understand that blocking out an undercut or eliminating an irregularity on a preparation with composite is not considered a build-up! Generally, if a tooth’s remaining anatomical structure is less than 50%, build-ups may be appropriately charged. The ADA’s position is clear: build-ups are appropriately completed and charged when there is insufficient tooth strength and retention for the crown procedure.

Still another example of deceit is encountered when licensees lie on their license renewal applications. Not supplying truthful answers to all questions and obtaining a dental or hygiene license (a thing of value) is fraud. Please be mindful of the potential violations mentioned above so that such allegations do not come your way!



The members and staff of the Board of Dental Examiners of Alabama wish you a safe holiday and a wonderful 2024!

