

BOARD OF DENTAL EXAMINERS OF ALABAMA

DECEMBER 2024 NEWSLETTER

FROM YOUR NEW BOARD PRESIDENT

Melodie A. Jones, D.M.D.



Protection of the Public

What is the job of the Board of Dental Examiners of Alabama? The answer to this question is the protection of the public. The Board's central focus is the protection of patients that are provided dental care in Alabama.

The Board protects the public by ensuring that consistent standards of care exist for all patients treated in all dental practices in Alabama. The Board makes sure that only qualified individuals are licensed to practice dentistry and

dental hygiene in the State of Alabama. The Board makes sure that only qualified individuals in dentistry and dental hygiene treat patients.

How does the Board do this? The Board does this through regulation and licensing procedures. The Board of Dental Examiners of Alabama issues licensure, oversees and disciplines dental related licenses for the safety of the public.

The Board of Dental Examiners of Alabama exists "to protect the public's interest and ensure quality dental care in Alabama."

(From Narrative by Stanley Michael Mahan, Jr. D.M.D. on dentalboard.org, page 7, Dental Practice Act, paragraph two)

"According to the Code of Alabama, the practice of dentistry was deemed to "affect the public health, safety, and welfare". To protect the public, the Board of Dental Examiners of Alabama was created in 1881 by the Alabama Dental Association, making it the first such regulatory body for dentists in the nation."

(From Narrative by Stanley Michael Mahan, Jr. D.M.D. on dentalboard.org, page 6, Dental Practice Act, paragraph two)

All our decisions as a Board are done through the lens of patient protection. Dental Examiners are the first line of defense for patient protection.

How does the Board protect patients?

First, the Board accomplishes this through licensing qualified individuals to practice dentistry and dental hygiene. Applicants for Dentistry must have



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completed their dental education from a CODA approved dental school. Applicants for Dental Hygiene must have completed a CODA approved program or the Alabama Dental Hygiene Program. The applicants must also have successfully passed a clinical hands on licensure test. Applicants must also have a background check and recommendations from licensed dental practitioners in the state.

Second, the Board receives and responds to complaints from patients and other entities. These complaints are received by the Board and assigned to a team leader. Names are redacted from the complaints. The dental provider is given an opportunity to respond to the complaint. The complaint and response is investigated and thoroughly researched. The team leader reviews the complaint and the response and makes the recommendation to the Board about how the case needs to be handled either through closing the case, issuing a notice, or issuing other disciplinary actions.

Third, the Board ensures that all licensees maintain their continuing education and renew their licenses and permits.

All of the Board actions and responsibilities are defined by the Alabama Dental Practice Act and the Code of Alabama. The statutory duties of Board members are determining the entry level and competency of the Dentist and Dental Hygienist.

The Board also determines the scope of practice for all members of the dental team through what is defined in Alabama statutory law and board rule in the Dental Practice Act and the Code of Alabama.

The Board's job is patient protection not profession protection. The protection and promotion of the dental profession is the responsibility of organized dentistry and dental associations. The Board protects the patient and ensures public safety.

The Board is a part of the Executive Branch of the State of Alabama government with legislative, executive, and judicial functions.

The Board exercises legislative powers when it engages in the rule making process. The legislature authorizes the Board to enact rules and regulations with the force and effect of law, following a public notice

and comment period. Of course, the Board's legislative scope is not as broad as the Legislature's. The Legislature empowers regulatory boards to issue rules to build in details not addressed by the Dental Practice Act.

The Executive functions of the Board are to conduct meetings, create/approve an annual budget, maintain files, conduct hearings, issue licenses, regulate dentistry, and discipline licensees.

The Judicial functions of the Board are hearings, administration of oaths, issue subpoenas, hear testimony, receive evidence, issue orders and final agency decisions.

"The Board of Dental Examiners of Alabama was established to ensure that every dentist and dental hygienist practice in the state meets the minimum requirements for safe practice. The practice of these professions is a privilege granted by the State. The Board of Dental Examiners is responsible for licensure, monitoring and ensuring the safe practice of dentists and dental hygienists in their service to the people of Alabama."

(From Narrative by Stanley Michael Mahan, Jr. D.M.D. on dentalboard.org, Page 6, Dental Practice Act, paragraph two)

Your Board Members are private practitioners and are public officials that are elected by the profession. We serve the citizens of the State of Alabama and are elected by you.

It is an honor to serve on the Board and serve you this year as President of the Board of Dental Examiners of Alabama.

I would like to encourage my colleagues who have a heart for service and protecting the public, to run for the Board of Dental Examiners of Alabama. We need individuals who are guided by integrity and have servant's hearts. Please consider running!

Please do not hesitate to reach out to me, the Board members, and the Board staff about any concerns or questions.

God Bless you all and may you all have a wonderful Holiday Season. Merry Christmas and Happy New Year!

Run for the Board

Kevin M. Sims, D.M.D, M.S. - Vice President



As a licensed dentist in the State of Alabama, becoming a member of the Board of Dental Examiners of Alabama presents a unique opportunity to contribute to the advancement of dentistry and to protect the patients in the state of Alabama. Alabama

is one of two states in the nation that allows Board members to be elected by our peers. In the majority of states, members of professional boards are appointed by the governor or other state agency and the boards are composed of lay people in addition to members of the profession.

In Alabama, as a Board member, you will have the opportunity to address challenging issues facing the profession and work collaboratively with other Board members and staff. While serving a five-year term, Board members can have a beneficial and lasting impact on the dental community in Alabama. Additionally, serving as a Board member can lead to the development of new friendships and professional connections with many other dentists in the state. Overall, serving on the Board can be a rewarding experience for dentists who are passionate about improving the dental care provided to the patients of Alabama and addressing the complex issues affecting the dental profession.

Please consider the following benefits of serving on the Board of Dental Examiners of Alabama.

1. **Make new connections:** As a Board member you will meet dentists who are similarly driven to protect and to be a voice for the patients of Alabama.
2. **Gain fulfillment:** As a Board member you will gain a sense of purpose and accomplishment as you serve.
3. **Learn new skills:** As a Board member you will learn how many processes with the Alabama government function.
4. **Enjoy a higher degree of satisfaction:** As a Board member you will appreciate all of the work that previous Board members have invested to assure the quality of dentistry for the patients of Alabama.
5. **Strengthen the dental profession:** As a Board member you will strengthen and shape the practice of dentistry at a local, state, and national level.
6. **Empower other dentists:** As a Board member you will have the opportunity to encourage other dentists and optimize the ethical integrity of the profession of dentistry.
7. **Become more civically responsible:** As a Board member you will become more passionate about the profession and the patients of Alabama and become more driven to address the problems surrounding dentistry.
8. **Make a difference:** As a Board member you will make a difference.
9. **Gain perspective:** As a Board member you will gain a greater personal and global professional perspective and increase yours and others awareness of the issues concerning dentistry within the state of Alabama nationally.
10. **Have fun:** As a Board member you will have fun and develop memories of a lifetime.

For those who are interested in becoming a Board Member, here are answers to common encountered questions.

1. **What are the requirements to be a Board member?**
 - A. A Board member must be a citizen of the state of Alabama.
 - B. A Board member must be actively engaged in the practice of dentistry in the State of Alabama for at least 5 years preceding the date

of their election.

- C. A Board member must not be a faculty member of any dental school, dental college, dental hygiene school or dental hygiene college or receive any financial benefits for teaching in any dental school, dental college, dental hygiene school or dental hygiene college.
- D. The Board member must not have a financial interest in a commercial dental laboratory or dental supply company.

2. How is a Board member elected?

- A. As for all elections of Board members, any group of 10 or more licensed dentists, residing and practicing in the state of Alabama, may nominate a candidate for the position of Board member by submitting a petition bearing their signatures, to the secretary of the Board to be postmarked no later than the first day of July in the year of the election.
- B. The Board shall have the ballots posted digitally not later than September 1 in the year of the election, to all the licensed dentists residing and practicing in the state of Alabama.
- C. The ballots must be submitted no later than October 1.
- D. Three members of the Board shall be present at the time the ballots are tallied.
- E. The candidate that receives the majority of votes shall be declared elected to the Board and shall take the oath of office on or before October 15 in the year of his or her election to the Board.
- F. Each Board member shall serve a term of 5 years.
- G. One Board member shall be selected by the Alabama Dental Society every five years.

I encourage each dentist in the State of Alabama to give serious consideration to running for the opportunity to be a member of the Board of Dental Examiners of Alabama. I have found that serving as a Board member has been an opportunity of a lifetime and a decision that I have not regretted.

The Standard of Care, Complaints, and Negligence

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



The Board of Dental Examiners receives complaints from Licensees, Patients, and other government agencies and state boards. These complaints have all identifying information removed and are given to the assigned Board member for case review. The licensee that is subject to the complaint is asked to submit a Letter of Response and all relevant clinical data (chart, records, radiographs, digital images, models) for review. The Case Review Board member then carefully studies the complaint and case to determine if a probable violation of the Dental Practice Act or Board Rules has occurred. The Case Review Board member presents the case to the Board and makes one of two recommendations. No evidence to sustain or to notice the licensee for a hearing. The Board then considers the summarized case presentation and Case Review board member recommendation. The Board then votes to confirm or reject the Reviewer's recommendation.

The majority of complaint cases involve determining if there is a violation of the standard of care. The standard of care: **In performing professional services for a patient, a dentist's duty to the patient shall be to exercise such reasonable care, diligence, and skill as dentists in the same general neighborhood and in the same general line of practice ordinarily had exercised in a like case.** The same general neighborhood means the dental community in the State of Alabama and United States. The same general line of practice means General Dentistry or a Dental Specialty. The standard of care is the minimum acceptable level of care and competency. This is not the average of care where 50% fall above or below some acceptable threshold. It is the care and competency that most of your dental peers would find acceptable. This means that two competent dentist could look at a patients situation and both derive different treatment plans that are both within the standard of care. It is reasonable to assume that the standard of care continues to evolve in dentistry.

The standard of care is taught in Dental Schools, reviewed in Textbooks, and revised in Evidence Based/Peer Reviewed Literature. The purpose of mandatory continuing education is the protection of the public by assuring minimal educational and competency standards that ensure the individual licensee's awareness of the standard of care.

Negligence is defined as the failure to do what a reasonably prudent dentist or dental hygienist would have done under similar circumstances or the doing of that which a reasonably prudent practitioner would not have done under the same or similar circumstances. Negligence is a violation of the Dental Practice Act and Board Rules. The patient does not have to be harmed for the dentist or dental hygienist to be negligent under Alabama Law.

Gross Negligence is willful or wanton conduct with reckless, malicious, or conscious disregard for the rights or safety of others, or conduct that is so deliberate, outrageous, and callous as to display total indifference to the health or safety of a patient, that could result in serious bodily harm or death.

Mini Dental Implants

Jordan Holt Gray, D.M.D.



Mini dental implants (MDIs) are 1 piece root form implants <3mm in diameter. They are becoming an increasingly popular treatment alternative to traditional 2 stage implant bodies. Restoring MDIs with single unit crowns, fixed partial dentures, and full arch zirconia restorations is a recent trend as well. The long-term results are debatable.

The increase in prevalence of MDIs and restoring them with fixed prosthetic options is likely the result of the following:

CE programs teaching these protocols

Shorter surgery

Lower barrier to cost for the dentist

Less extensive surgical training required

There are studies that show MDI treatment modalities have a worse prognosis than conventional 2-piece implants with a diameter of 3.0 or greater. This occurs from the inherent nature of their biological and mechanical principles as follows:

Lack of alveolar support

Poor emergence profile

Inability to properly prepare abutments for load and compressive resistance

Inability to redirect occlusal load due to a 1-piece nature MDIs have historically been used for the following clinical situations:

Retentive support for implant overdentures.

Temporary fixation of transitional prosthetics.

Distraction osteogenesis or orthodontic anchorage.

While placing definitive fixed prosthetics on MDIs may be predictably successful for a few years in select cases, it is important the patient is informed of the differences in MDIs as compared to more proven alternatives. Documenting this understanding from the patient through informed consent and clinical notation is advised.

I wish each of you a safe and happy 2025 year!

Dental Volunteerism

Sonya F. White D.D.S.



Filling the Gap: The Critical Need for Dental Volunteerism in Alabama

Alabama faces a critical shortage of dental care providers, particularly in rural and underserved areas. Many counties have only one or no practicing dentists, leaving marginalized communities without access to essential dental care. This gap in services significantly contributes to worsening health disparities, emphasizing the urgent need for a united response.

Volunteerism: A Solution to Close the Gap

Dental professionals—dentists and hygienists alike—have the power to bridge this divide through volunteerism. By offering their time and expertise to free clinics and outreach programs, they ensure that underserved populations receive the care they desperately need.

Earn Continuing Education Credits While Giving Back

Alabama offers an added incentive for dental professionals to volunteer. Dentists and hygienists can earn one hour of Continuing Education (CE) credit for every two hours of volunteer service provided through nonprofit organizations, with a maximum of four CE hours annually. This program allows professionals to fulfill their CE requirements while making a lasting impact on the community.

Volunteer Opportunities in Alabama

Opportunities to serve include:

- **Team Smile:** Provides regular and sports-related dental care for underserved children.
- **Donated Dental Services:** Offers care for individuals with disabilities, the elderly, and those who are medically fragile.
- **Remote Area Medical (RAM):** Hosts free pop-up clinics delivering medical, dental, and vision care.
- **Alabama Association of Free and Charitable Clinics:** Supports free or low-cost healthcare for uninsured residents.
- **Dedicated Dentist, Inc.:** Hosts an annual *Free Dental Day* serving underserved adults.

Partnerships Expanding Access to Care

ADPH and Community College Dental Hygiene Programs

The Alabama Department of Public Health (ADPH) has partnered with **Calhoun Community College** and **Wallace State Community College** to provide no-cost dental hygiene services to eligible patients. Through this program, patients who are pregnant or children ages 1-17 can access:

- Radiographic Imaging

Dental Volunteerism

Sonya F. White, D.D.S.

- Dental cleanings (including root planing)
- Exams, fluoride treatments, and sealants

As part of this initiative, patients also receive blood pressure checks, diabetes screenings, and educational materials on HPV-related oropharyngeal cancers and the importance of vaccinations starting at age 9.

Referrals for additional treatment are made to local dental offices partnered with these programs. However, more dentists are urgently needed to accept these referrals, particularly in underserved areas.

A Sobering Perspective

To truly understand the scale of this crisis, Jordan-Hare Stadium is one of the largest football stadiums in the country.



A Call to Action: Give Back

Volunteerism is more than an act of kindness—it is a lifeline for countless Alabamians. By stepping forward, dental professionals can alleviate suffering, reduce disparities, and contribute to a healthier, more equitable future for the state.

Join one of these organizations or support these vital partnerships. Together, we can transform lives—one smile at a time.

Solid Patient Protocols

John W. York, II, D.M.D.



We live in a very litigious society, and it seems it is getting worse all of the time. Along these same lines, patient complaints to the Dental Board have also increased over the last few years. To be best prepared for this unfortunate situation, it is important to establish solid protocols so that your dental team can fully and properly document every chart note and patient interaction.

For most of us, first patient contact is from an initial phone call. My front office team takes notes from this call to document the patient's concerns, and if the patient makes an appointment, a digital chart is made so that these notes can be transferred into their record. The new patient also fills out all necessary forms, including but not limited to patient information, health history, HIPPA forms, etc. The health history should be reviewed and documented, including medications, every appointment.

When a complaint is filed, nothing will provide any better protection like a well-written chart note. I teach my team that if it is dental related and discussed at all in the operatory, it belongs in the chart. You almost can't be too thorough in your write up. From past medical history being reviewed, reconfirming with the patient the procedures they will have done that day, anesthetics, any sedation used, etc., the more specific to the treatment the better off you will be with any patient complaint. Before even getting that far, you must present all treatment options to the patient and help them decide what treatment is the best for them. Once decided, you should get an informed consent signed for the entire treatment plan, and then more specifically for any procedure needing an informed consent (i.e. Implants, bone grafting, extractions, endodontics, etc.). Lately many patient complaints involve removable dentures, and while the majority have no evidence to sustain, I would encourage you to consider a Denture Consent form which explains in detail what the patient should expect. Also, consider adding a consent form for the patient giving you permission to cement a crown after they have viewed and approved it in the mouth prior to cementation. These can be big headaches, but if the patient takes accountability through informed consent, it is much easier to navigate and hopefully prevent a patient complaint from ever happening.

When writing up notes, be sure to document everything that was said and done. If something doesn't go right, like an endodontic file separates, you have a sinus exposure, etc., you must inform the patient and document this completely. You must also offer a resolution to the maloccurrence, possibly including a referral to a specialist if needed. Once again, the common theme is inform and document.

Photos, either with an intraoral camera or an extraoral digital camera, can provide valuable documentation also. It only takes an extra minute or so, easily attached to most digital charts, and can provide greater insight than written notes. After cementing a crown or a bridge our office always takes a bite wing x-ray(s) to show margins and any remaining cement. This provides for even more evidence of satisfactory treatment.

Lastly, remember to always put full names of the person(s) providing the treatment to the patient that day. In practices where dentists come and go, initials make it almost impossible to find who did the actual treatment. This was the reason for this new Board rule of entering or signing your full name.

Having a complete, well-written chart is paramount if the day comes when someone submits a complaint against you. Notes that are easily read and contain all necessary information could dismiss a patient complaint quicker than anything else. This really can't be stressed enough. Your chart notes can be your biggest asset to resolve a board complaint, or they can provide stress as you try to defend your treatment if not sufficiently written. Be thorough, be as exact as possible, and always be sure the patient understands by getting informed consent.

Greetings from your Dental Hygiene Board Member

Sandra Kay Alexander, R.D.H., CDA



As 2024 ends, we look forward to a new year. 2025 ends my five-year elected dental hygiene position on the Board of Dental Examiners. It is time for dental hygienist who are interested in pursuing this position to get into their walking shoes and get their name and information out to the dental hygienist in their areas and over the state.

The first Dental Hygienist Board Member mandated by the Alabama Legislature was in 2010. The dental hygienist member shall be of good moral and ethical character and shall have been actively engaged in the practice of dental hygiene in the State of Alabama for at least five years preceding the date of election.

No dental hygienist member shall be a member of the faculty of any dental school, dental college, dental hygiene school, or dental hygiene college or receive financial benefits for teaching in said institutes. You cannot have financial interest in commercial dental laboratory or dental supply business.

The dental hygienist member shall be elected as follows; Any group of ten (10) or more licensed dental hygienist, residing and practicing dental hygiene in the State of Alabama may nominate a candidate for the dental hygiene position by submitting a petition bearing their signatures to the secretary of the Board no later than the first day of July in the year of the election. Voting occurs at the time of annual registration. New members of the Board are sworn in on or before October 15th of the election year.

In 2018 legislation was passed to create the statute 39-9-60.1. which allows the administration of infiltration anesthesia by dental hygienists under direct supervision of a licensed dentist with permit requirements. The hygienist applying for the dental hygienist permit must have been engaged in the active practice of dental hygiene for the 12 months immediately preceding the initial application. In addition, they must have completed a minimum of 32 hours of training in the administration of infiltration in a course approved by the board.

There has been growing interest from some members of the dental and dental hygiene community to expand their scope of practice to include administration of dental nerve blocks (local anesthesia).

Although Alabama's dental hygienists are capable and skilled, the unique structure of their training model does not currently align with the more extensive programs required by other states for administering nerve blocks. Additionally, the existing testing framework does not include a reliable measure for nerve block proficiency, potentially compromising uniform standards of care. Therefore, it is not recommended currently that the Board of Dental Examiners of Alabama extend the scope of practice to allow dental hygienists to administer dental nerve blocks.

The Alabama Dental Hygiene Program continues to add and implement new ideas to make the program better. There are several states that are looking at our program to help alleviate the shortage of dental hygienists and address access to care issues.

DID YOU KNOW...

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



Did you know...

Board Rule 270-X-5.09 very simply sets forth those violations of the Dental Practice Act that are considered “non-disciplinary.” There are five such violations that fit into this category. Two of these violations are: failing to comply with the Patient Records statute (Section 34-9-15.1) and failing to comply with the Adverse Occurrence reporting Rule (270-X-2.20). Three of the violations contain time limitations. For instance, dentists may allow a dental hygienist licensee working in their practice to work without a license for a short, stated period of time without potentially incurring a disciplinary fine. Also, any licensee who fails to timely renew any of their permits or their license to practice may perform any activity that requires the expired license or permit for a short, stated period of time and receive a non-disciplinary fine. Finally, incomplete annual accrual of the required Continuing Education credits will be considered non-disciplinary only if the applicable administrative penalty is submitted and the deficient hours are earned by a certain amount of time. The fines for the above-mentioned violations are stated within this Board Rule. Importantly, a licensee may only incur ONE non-disciplinary penalty in a five-year period.

So...why is all of this so important? Non-disciplinary violations with resulting fines are not considered a public record and ARE NOT reported to the National Practitioner Data Bank! Events reported to the Data Bank are part of a licensee’s record forever and are not “erased.” Disciplinary violations, however, are reportable (by law). Consent Orders and Final Orders, for instance, generated following Notices of Hearing and settlement negotiations or public disciplinary hearings are public documents which are necessarily reported and available for public viewing upon request.

PLEASE take a moment to familiarize yourself with Section 34-9-18 of the Practice Act and Board Rule 270-X-5.09 to fully understand disciplinary and non-disciplinary violations which may affect you as a licensee.

The members and staff of the Board of Dental Examiners of Alabama wish you a safe holiday and a wonderful 2025!

