



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
**DENTAL QUALITY ASSURANCE COMMISSION**  
**BUSINESS MEETING MINUTES**  
**Friday, December 11, 2015**

**MEMBERS PRESENT**

Charles Hall, DDS, Chair  
Colleen Madden, Public Member, Vice-Chair  
Paul Bryan, DMD  
James Henderson, Public Member  
Bree Kramer, EFDA  
Todd Cooper, DDS  
LouAnn Mercier, DDS  
Robert Shaw, DMD  
John Liu, DDS  
Aaron Stevens, DMD  
John Carbery, DMD  
Kunal Walia, DDS  
Lyle McClellan, DDS

**MEMBERS ABSENT**

Kara Baza, EFDA  
Karim Alibhai, DMD  
Hyun Jung Song, DDS

**STAFF PRESENT**

Trina Castle, Executive Director  
Jennifer Santiago, Program Manager  
Tracie Drake, Assistant Program Manager  
Heather Carter, Assistant Attorney General  
(AAG)  
Bill Kellington, Supervising Staff Attorney

**OPEN SESSION**

**1. CALL TO ORDER** – Dr. Hall, Chairperson, called the meeting to order at 8:01 a.m.

**OTHERS PRESENT**

Anne Burkland, Washington State Dental Association (WSDA)  
Emily Lovell, WSDA  
Lorin Peterson, DDS, WSDA  
Trent House, WSDA  
Alan Wicks, WSDA Attorney  
Kathy Bassett, Washington State Dental Hygienists' Association (WSDHA)  
Beverly Frye, WSDHA  
Pam Johnson, Northwest Portland Area Indian Health Board  
Melanie Knupp, Pacific Dental Services  
Alan Anderson, Assistant Attorney General  
Kristen Johnson, Smiles Support Services  
Ericka Brown, Department of Health  
Eddie Nutbrown, Department of Health  
Andres Fernando, Department of Health

- 1.1. The commission, staff, and audience introduced themselves.
- 1.2. The commission approved the agenda as presented.
- 1.3. The commission approved the October 23, 2015 business meeting minutes as presented.

## 2. RULES HEARING

The commission held a rules hearing to consider public comment and for the adoption of proposed rules regarding WAC 246-817-701 through 790 Administration of anesthetic agents for dental procedures:

- WAC 246-817-724 Recordkeeping, equipment and emergency medications or drugs required in all sites where anesthetic agents of any kind are administered
- WAC 246-817-740 Minimal sedation by inhalation
- WAC 246-817-745 Minimal sedation
- WAC 246-817-755 Moderate sedation
- WAC 246-817-760 Moderate sedation with parenteral agents
- WAC 246-817-772 Training requirements for anesthesia monitor

The commission adopted the proposed rules with two non-substantial changes:

- WAC 246-817-740 Minimal sedation by inhalation – Paragraph (5)(b) was modified to remove the reference of renewing the minimal sedation permit. A permit is not required for administration of minimal sedation by inhalation.
- WAC 246-817-745 Minimal sedation – Paragraph (4)(b) was modified to remove the reference of renewing the minimal sedation permit. A permit is not required for administration of minimal sedation.

## 3. PRESENTATIONS

3.1 Catherine Woodard, Nursing Care Quality Assurance Commission (NCQAC) Associate Director, provided information on House Bill 2080 and the Rap Back service, which provides a continuous criminal record monitoring service.

- Ms. Woodard explained that Rap Back is a new service offered by the Federal Bureau of Investigation (FBI) that allows the subscriber (such as NCQAC or other healthcare regulatory entity) to receive notifications each time a healthcare provider applicant or licensee has a change in criminal history anywhere in the country. It is a federal background check that captures past criminal behaviors and alerts to any new criminal activity anywhere in the country. Ms. Woodard explained that the current law would need to be changed to allow Rap Back. The existing law allows Washington State Patrol (WSP) to retain only criminal fingerprints. A change in law would allow WSP and the FBI to retain applicant and licensee fingerprints in order to use the Rap Back service. A change in the Uniform Disciplinary Act and Nurse Practice Act would specifically allow healthcare professions to use the Rap Back service. Ms. Woodard also shared that the costs involved would be a pass-through fee and is expected to be nominal.
- NCQAC is attending multiple board and commission meetings presenting Rap Back information and asking for support regarding the law change. If the

commission determined they wanted to support the change in law for Rap Back, it could submit a letter or testify during the legislative hearing.

- Commission members discussed the Rap Back service and voted 7 to 5 in favor of issuing a letter of support to NCQAC for the Rap Back program.
- 3.2 Chris Baumgartner, Department of Health Prescription Monitoring Program (PMP), provided a presentation on the prescription drug abuse epidemic and how the PMP is responding.
- Mr. Baumgartner introduced Gary Garrety, PMP Operations Manager as the new contact person for the PMP.
  - Mr. Baumgartner discussed the current state of opioid overdose deaths. Although prescription opioid overdose death has declined 17%, overall opioid overdose deaths have increased due to heroin use.
  - The increase in heroin use is directly related to misuse of opioids.
  - The PMP 2015 opioid strategic plan addresses prevention of opioid misuse and abuse and action to prevent opioid overdose. The plan includes provider and public education on misuse and abuse. It also includes overdose prevention education and increased access to naloxone (overdose antidote).
  - Currently only 31% of providers are registered to access the PMP.
  - The PMP assists practitioners in preventing overprescribing drugs. Practitioners can know the patient's prescription history, verify the patient is receiving appropriate care, prevent harmful drug interactions, recognize risk of misuse/abuse, protect their practice, and educate patients on safely using medications.
  - There are updated 2015 Agency Medical Directors' Group (AMDG) guidelines for prescribing opioids for pain. These can be found at:  
<http://www.agencymeddirectors.wa.gov/opioddosing.asp>.

#### **4. LEGISLATION**

- 4.1. The commission received a copy of the October 28, 2015 letter of support sent to the Washington State Dental Association (WSDA) regarding residency in lieu of examination.
- 4.2. Department of Health – Agency Requests. Trina Castle discussed upcoming legislation proposed by the Department of Health.
- Health Professions Account – non-appropriation will not be put before the legislature this session.
  - Ms. Castle discussed the proposed legislation regarding license compact for medical and osteopathic physicians. This bill authorizes participation in the Interstate Medical Licensure Compact. This would facilitate issuance of medical and osteopathic physician licenses and promote exchange of licensure and disciplinary information between states.
- 4.3 Ms. Castle informed the commission that the proposed legislation for expanded function dental auxiliary continuing education would not be put forth in 2016 due to the short session.

- 4.4 Anne Burkland, Washington State Dental Association (WSDA), discussed 2015 House Bill (HB) 1514. WSDA is concerned with 2015 HB 1514 proposed changes to the definition of dentistry. WSDA drafted 2016 proposed legislation addressing dentists contracting with dental service organizations. The proposed legislation aims to protect against indirect and direct influence by outside interests on the doctor-patient relationship. WSDA provided the proposed 2016 legislation to the commission.

The commission approved sending a letter of support to WSDA for the proposed 2016 legislation.

- 4.5 The commission designated Dr. Bryan and Dr. Carbery to participate in weekly legislative meet me calls during the 2016 legislative session.

## 5. OTHER

- 5.1 Ms. Carter updated the commission on the Swinomish Tribe Dental Health Aide Therapist (DHAT).
- The Swinomish tribe is expanding the tribal dental team to train and employ DHATs.
  - The tribe will have sovereignty over these providers. The tribe will oversee any discipline and unlicensed practice complaints that arise from incidents occurring on tribal land.
- 5.2 Ms. Carter updated the commission on the Federal Trade Commission (FTC) vs. North Carolina anti-trust decision.
- The FTC recently provided guidance as a result of the North Carolina anti-trust case. The guidance states that state regulatory boards controlled by market participants need to have oversight by an active state supervisor. The state supervisor must have the ability to veto any licensing board decision. The Attorney General's Office is evaluating the FTC guidelines. Oversight from an assistant attorney general does not equate to state oversight.
  - The majority of the commission's work does not apply to this anti-trust guideline.
- 5.3 Dr. Carbery reported to the commission on the Washington Academy of General Dentists presentations on September 17 and 19, 2015. Dr. Carbery said the presentations went well and seemed to be well received. There was good interaction with many questions.
- 5.4 Dr. Hall reported to the commission on the Washington State Dental Association – House of Delegates meeting on September 17-19, 2015. Dr. Hall spoke to several dentists about license renewal issues. The board/commission chairs no longer give presentations at the meeting. Dr. Hall questioned whether there is value in sending the commission chair to this meeting in the future.
- 5.5 Colleen Madden and Dr. Stevens reported on their attendance at the Citizen Advocacy Center (CAC) 2015 Annual meeting on November 12-13, 2015.
- Washington State was well represented by other healthcare professional boards at the meeting.
  - The topic of continuing competency was discussed at the meeting. There was question as to whether continuing education creates competency. The commission

has considered continuing competency issues for years. Ms. Madden provided that some states have enhanced continuing education, requiring re-testing. Dr. Cooper indicated most specialties already require re-examination or re-certification. The Medical Quality Assurance Commission recognizes specialty certificates. Another option is to enhance continuing education requirements, requiring more measurers and tests. The Washington State Dental Association (WSDA) has asked the commission to consider requiring the jurisprudence examination more often. Continuing competency is mandated by the legislature. The commission will keep continuing competency in mind and be ready to address it if it becomes an issue in the future.

- Ms. Madden was asked by Dr. Chambers of the Journal of the American College of Dentists if the commission would provide an article to the journal discussing Washington's three-part oversight—the commission, the association, and the Department of Health. The commission declined the request.

## 6. RULES

- 6.1 WAC 246-817-120 Examination content – The commission discussed comments received. The commission approved the proposed rule with changes. Ms. Santiago will file a CR102.
- 6.2 WAC 246-817-160 Graduates of non-accredited schools – The commission discussed comments received. The commission approved the proposed rule with changes. Ms. Santiago will file a CR102.
- 6.3 WAC 246-817-550 and 560 Acts that may be performed by dental hygienists – The commission discussed rule modification and comments received.
  - Dr. Peterson from the Washington State Dental Association (WSDA) presented comments.
    - The WSDA supports four of the proposed acts to be performed by dental hygienists under general supervision: head and neck examinations, cancer screenings, impression tasks, and delivery of pre-medications, provided the dentist remains the prescriber.
    - The WSDA has concerns with allowing hygienists to administer local anesthetic and buffering systems under general supervision. Those concerns include:
      - Patient evaluation to determine safety of administering local anesthetic.
      - Dentists having appropriate time during pre-operative examination to make subjective determinations as to the patient's health.
      - What type of local anesthetic should be used?
      - What if there is an adverse reaction?
      - Although Washington State has specific training for hygienists in administration of local anesthetic, other states may not.
      - Dentists may be better trained to handle emergencies.

The WSDA expresses this is a public safety concern and only the dentist should make these decisions.

- Dr. Mercier commented that committee discussed hygienists in Washington are trained to manage emergencies. She also commented that the rule change would not require a dentist to delegate duties under general supervision. The dentist would still have the authority to delegate only the duties the dentist decides are appropriate.
- Dr. Cooper concurred with WSDA's position. He also commented that the reference in (8) to buffering should be deleted, as it is already part of (6) related to injecting local anesthetic. Dr. Cooper also suggested that the words "cancer screening" be removed from paragraph (1) as it is already a part of head and neck examination. He also commented that the reference to pre-meds is too vague. He suggested that the pre-med drugs should be specifically identified. Language should be included stating that the need for the drug must be pre-determined and authorized by the dentist.
- Kathy Bassett with the Washington State Dental Hygienists' Association made the following comments:
  - She agreed with Dr. Cooper's suggestion to remove "cancer screening" from paragraph (1).
  - With regard to hygienists administering local anesthetic, the hygienist is an extension of the team. Ultimately, the dentist makes the decision as to the treatment plan. In hospital settings, a hygienist is allowed to perform root planing under general supervision. This can be difficult without administering local anesthesia.
  - Taking of blood pressure should remain under general supervision as hygienists are trained in this area.
  - There is a need for clarity with regard to buffering agents and reversal agents.
  - With regard to medical emergencies, dental hygiene students are trained at levels higher than first responders.
- Dr. Stevens commented that (6), (7) and (8) should be combined. He also agrees with WSDA's recommendation.
- Dr. Hall questioned the value in moving the duties from close to general supervision. Dr. Bryan responded that there are outlying areas without access to a local dentist. The rule change would allow hygienists to provide quality dental care to these regions under general supervision.

The commission voted in favor of removing the words "and cancer screening" from 246-817-550(1). The commission voted to have the Dental Collaboration Committee further discuss local anesthetic being moved to general supervision. Commission members were asked to provide recommendations to the committee. The commission agreed to have one member who is strongly for and one member who is strongly opposed to the rule change attend the next committee meeting for input.

6.4 WAC 246-817-130, 135, and 140 Licensure without examination – The commission reviewed and discussed rule modification.

- The current rule needs updated as it conflicts with statute.
- The commission discussed paragraph (5)(d), active practice as it needs to be defined.

- The commission agreed to require four consecutive years of out of state practice.
  - Ms. Santiago agreed to research what other states require regarding out of state licensure without an examination.
  - Question was posed as to whether the rules would apply to Canadian applicants. Ms. Carter indicated statute would not allow for out of country applicants to be addressed in these rules.
  - Ms. Santiago will send draft rule to stakeholders for comment.
- 6.5 Ms. Santiago updated the commission on the Dental Treatment Record rules—WAC 246-817-304, WAC 246-817-305, WAC 246-817-310, and WAC 246-817-315. A CR102 was filed on December 1, 2015. A rules hearing will be on January 22, 2016 to consider formal adoption of the rules. Ms. Santiago anticipates there will be some non-substantial changes to the rules.
- 6.6 Ms. Santiago updated the commission regarding status of rule changes to WAC 246-817-110 and 150 Dental Licensure and Faculty Licenses. A CR103 is in agency review.
- 6.7 Ms. Santiago updated the commission regarding rule changes to Chapters 246-10 and 246-11 WAC Administrative procedures. Ms. Santiago explained that the proposed rule changes would update rules with current professional practices.
- 6.8 The commission reviewed a list of priorities for rule modifications.

## **7. DENTAL ASSISTANT SCOPE OF PRACTICE COMMITTEE**

- 7.1 Dr. Hall updated the commission on the Dental Assistant Scope of Practice Committee meeting held on November 20, 2015.
- 7.2 The commission discussed comments received and reviewed draft rule language for approval of:
- WAC 246-817-510 Definitions for WAC 246-817-501 through 246-817-570
  - WAC 246-817-520 Supportive services that may be performed by registered dental assistants
  - WAC 246-817-525 Supportive services that may be performed by expanded function dental auxiliaries (EFDAs)
  - WAC 246-817-540 Acts that may not be performed by registered dental assistants
  - WAC 246-817-545 Acts that may not be performed by expanded function dental auxiliaries (EFDAs)

The commission discussed and voted against defining the term “clinical.” The commission approved removing the words “or sedation” from WAC 246-817-520(10). The commission approved the proposed rules with changes Ms. Santiago will file a CR102.

## **8. EXPANDED FUNCTION DENTAL AUXILIARY EDUCATION COMMITTEE**

- 8.1 Dr. Shaw updated the commission on the Expanded Function Dental Auxiliary (EFDA) Committee meeting held on November 13, 2015.
- There are three EFDA programs currently under review.
    - South Puget Sound Community College. The committee reviewed the renewal materials and they appear complete. A site visit will be scheduled.

- Spokane Community College. The committee reviewed the renewal materials and they appear complete. A site visit will be scheduled.
  - Seattle Central Community College (SCCC). SCCC has requested it be removed from existing approval of their EFDA program.
- 8.2 The commission reviewed Seattle Central Community College's request for removal of the existing approval for its EFDA program.
- SCCC is currently moving to a new facility and has discontinued its EFDA Program. SCCC will reapply for approval when the program improvements are complete.
  - The commission approved SCCC's request for removal from existing approval for its EFDA program.

## **9. JURISPRUDENCE EXAMINATION COMMITTEE**

Dr. Shaw indicated the last committee meeting had to be rescheduled. The committee is working to expand the jurisprudence examination to 35 to 40 questions covering 10 subject areas.

## **10. EDUCATIONAL OUTREACH COMMITTEE**

- 10.1 Ms. Madden updated the commission on the Educational Outreach Committee meeting held on November 20, 2015. There has been positive stakeholder feedback on the newsletter.
- 10.2 The commission determined that the retreat would be held annually. The committee will further discuss what time of year will be best for the retreat.

## **11. POLICIES / GUIDELINES**

The commission approved the continuing education policy.

Dr. Shaw requested that WSDA run an article regarding continuing education requirements, specifically highlighting that there is a mechanism to allow for a waiver for extenuating circumstances. Ms. Santiago agreed to provide information to Ms. Burkland to assist with an article regarding continuing education requirements.

## **12. CORRESPONDENCE**

The commission reviewed email correspondence dated November 7, 2015 from Dr. Keith Collins regarding records release requests. The commission directed Ms. Santiago to respond to Mr. Collins advising him that a complaint to the commission would be appropriate.

The commission also suggested the Educational Outreach Committee publish an article regarding records release requests.

### **13. PROGRAM REPORT**

- 13.1 The commission received the July, August, September, and October 2015 interim operating budget reports. The budget report shows a positive balance.
- 13.2 Ms. Santiago reported to the commission research regarding purchase of a radiograph copier/scanner. The Department of Health currently uses Coastal Business Services when it needs copies of x-rays. Using Coastal is the most cost effective and efficient way to provide the commission with copies of x-rays. The commission approved using Coastal Business Services to copy x-rays when case files are sent to reviewing commission members.
- 13.3 Ms. Santiago reported on the American Association of Dental Administrators (AADA) meeting on November 1-2, 2015.
- Several discussions and states reacting to the FTC vs. North Carolina decision.
  - Several states discussing dental service organizations.
  - Central Regional Dental Testing Service is creating a restorative examination for hygienists.
  - Western Regional Examining Board re-implementing the process of care examination.
  - American Dental Association is reviewing specialties and is considering no longer recognizing specialties.
- 13.4 Ms. Santiago discussed with the commission the upcoming Citrix DOH Network Access. Citrix will provide security of data shared between the department and the commission members. The department hopes to have Citrix available for the commission by March.
- 13.5 Ms. Castle discussed keeping case files secure and confidential. She reminded the commission members to return case files promptly when completed.
- 13.6 The commission received the 2016 business meeting dates and locations. The commission approved holding the April 22, 2016 meeting in the Tri-Cities area.
- 13.7 The commission received a list of active committees.

### **14. REGIONAL BOARD UPDATES**

Dr. Carbery provided the commission with a written report on the American Association of Dental Boards meeting on November 3-4, 2015. Heather Carter and Bill Kellington also attended the meeting. Dr. Carbery, Ms. Carter and Mr. Kellington all found the meeting to be very informative. Representatives from different states discussed how the Federal Trade Commission vs. North Carolina case would affect them. There was a lot of interest in the way Washington separates oversight of unlicensed practice from commission regulatory discipline.

### **15. FUTURE COMMISSION BUSINESS**

The commission had no future business topics at this time.

The commission adjourned at 12:10 p.m.

Submitted By:

Commission Approval By:

Signature on file  
Jennifer Santiago, Program Manager

Signature on file  
Charles Hall, D.D.S., Chairperson