VIRGINIA BOARD OF DENTISTRY

REVISED AGENDA

March 10-11, 2016

Department of Health Professions

Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center, - Henrico, Virginia 23233

PAGE

March 10, 2016

9:00 a.m. **Formal Hearings**

March 11, 2016

Board Business

9:00 a.m. **Call to Order – Dr. Gaskins, President**

Evacuation Announcement – Ms. Reen

Public Comment

Approval of Minutes

- December 10, 2015 Formal Hearing — **P.1**
- December 11, 2015 Business Meeting — **P.3**

DHP Director's Report – Dr. Brown

Workforce Data Reports – Dr. Carter

- Dentistry Report
- Dental Hygiene Report

Liaison/Committee Reports

- BHP - Dr. Watkins
  February 11, 2016 minutes — BLUE PAPERS
- AADB – Dr. Gaskins
- ADEX – Dr. Rizkalla & Ms. Swecker — **P10**
- Regulatory-Legislative Committee – Ms. Swain
  February 12, 2016 Minutes — **P13**
- SRTA– Dr. Rizkalla, Dr. Watkins & Ms. Swecker
- SCDDE – Annual Meeting
  - Dr. Gaskins' report — **P18**
  - Dr. Watkins' report — **P20**

Legislation and Regulation – Ms. Yeatts

- Status Report on Regulatory Actions — **P21**
- Report of the 2016 General Assembly — **P22**
- Board Action on NOIRA for Capnography — **P29**
- Board Action on NOIRA for Jurisprudence Examination — **P47**

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Board Discussion/Action	
• Review and Discussion of Public Comment Topics – Dr. Gaskins	
• Recommendation on the Requirements for DA II Registration **See Regulatory-Legislative Committee Minutes Above**	
• Guidance Document Addressing Dental Practice	**P98**
• Auditing Continuing Education	**P103**
Disciplinary Activity Report/Business – Ms. Palmatier	**P107**
Executive Director's Report/Business – Ms. Reen	
• Dentists Referring Patients for Sleep Studies	
• SCDDE Annual Meeting report	
• ADA Update on Sedation and Anesthesia Guidelines	

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY
FORMAL HEARING
December 10, 2015

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 12:57 p.m., on December 10, 2015 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Al Rizkalla, D.D.S., Vice-President

MEMBERS PRESENT: Tonya A. Parris-Wilkins, D.D.S.
Evelyn M. Rolon, D.M.D.
Carol R. Russek, J.D., Citizen Member
Melanie C. Swain, R.D.H.
James D. Watkins, D.D.S.
Bruce S. Wyman, D.M.D.

MEMBERS ABSENT: John M. Alexander, D.D.S.
Charles E. Gaskins, III, D.D.S.

STAFF PRESENT: Sandra K. Reen, Executive Director
Huong Q. Vu, Operations Manager

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

OTHERS PRESENT: Corie E. Tillman Wolf, Assistant Attorney General
Tiffany A. Laney, Adjudication Specialist
Holly M. Bush, Court Reporter, Farnsworth & Taylor Reporting.

ESTABLISHMENT OF A QUORUM: With seven members present, a quorum was established.

Tuan Vu, D.D.S.
Case No.: 170228 and 142593

Dr. Vu was present without legal counsel in accordance with the Notice of the Board dated December 4, 2015.

Dr. Rizkalla swore in the witnesses.

Following Dr. Vu's opening statement, Dr. Rizkalla admitted into evidence Applicant's Exhibit A.

Following Ms. Wolf's opening statement, Dr. Rizkalla admitted into evidence Commonwealth's Exhibits 1 through 6.

Testifying on behalf of the Commonwealth were Naima Feller, DHP Senior Investigator and Gayle Miller, DHP Senior Investigator.

Testifying on behalf of Dr. Vu were Estella Inciaga and Vinh Mai. Dr. Vu testified on his own behalf.

Closed Meeting: Ms. Swain moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) and Section 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Dr. Vu. Additionally, she moved that Board staff, Ms. Reen, Ms. Vu, and Board counsel, Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Ms. Swain moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision: Ms. Swain moved to accept the Findings of Facts and Conclusion of Law as presented by the Commonwealth, amended by the Board, and read by Mr. Rutkowski. The motion was seconded and passed.

Ms. Swain moved to deny Dr. Vu's reinstatement application to practice in the Commonwealth of Virginia. Following a second, a roll call vote was taken. The motion passed.

ADJOURNMENT: The Board adjourned at 3:45 p.m.

____
Al Rizkalla, D.D.S., Vice-President

____
Sandra K. Reen, Executive Director

____
Date

____
Date

Unapproved

VIRGINIA BOARD OF DENTISTRY
MINUTES
December 11, 2015

TIME AND PLACE:	The meeting of the Board of Dentistry was called to order at 9:03 a.m. on December 11, 2015, Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia 23233.
PRESIDING:	Charles E. Gaskins III, D.D.S., President
BOARD MEMBERS PRESENT:	John M. Alexander, D.D.S Tonya A. Parris-Wilkins, D.D.S. A. Rizkalla, D.D.S. Evelyn M. Rolon, D.M.D. Carol R. Russek, J.D., Citizen Member Melanie C. Swain, R.D.H. James D. Watkins, D.D.S. Bruce S. Wyman, D.M.D.
BOARD MEMBERS ABSENT:	Tammy K. Swecker, R.D.H.
STAFF PRESENT:	Sandra K. Reen, Executive Director for the Board Elaine J. Yeatts, DHP Senior Policy Analyst Kelley Palmatier, Deputy Executive Director for the Board Huong Vu, Operations Manager for the Board
OTHERS PRESENT:	David E. Brown, D.C., DHP Director Lisa R. Hahn, DHP Chief Deputy Director James E. Rutkowski, Assistant Attorney General
ESTABLISHMENT OF A QUORUM:	With nine members of the Board present, a quorum was established. Ms. Reen read the emergency evacuation procedures. Dr. Gaskins explained the parameters for public comment and opened the public comment period.

PUBLIC COMMENT:

Dr. Richard Taliaferro, DDS, VDA President, thanked the members for their service then asked the Board to require a jurisprudence exam only for initial licensure; increase communications with licensees about regulatory actions; and provide guidance on implementing practice requirements and restrictions.

Hobart Harvey, VA Oral Health Coalition, read a letter from Patricia B. Bonwell, RDH, Ph.D., a dental clinic coordinator for a nursing home. The letter addressed the need for preventative and periodontal oral health care in older adults and supported allowing dental hygienists to work under remote supervision in nursing homes.

Marlene Rhodes, RDH, asked the Board to provide more opportunities for dental hygienists to practice under remote supervision.

APPROVAL OF MINUTES:

Dr. Gaskins asked if there were any corrections to the minutes as listed on the agenda. The September 17, 2015 minutes were adopted by consensus. Dr. Rizkalla asked that the SRTA report section of the September 18, 2015 minutes be amended to strike "that SRTA is concerned", and substituted to read "*He added that it is worth noting that Maryland...*". By consensus, the Board accepted the amendment then adopted these minutes. The minutes for November 18, 2015 also were adopted by consensus.

DHP DIRECTOR'S REPORT:

Dr. Brown introduced Ms. Lisa R. Hahn, the new DHP Chief Deputy. Ms. Hahn commented that she looks forward to working with the Board. Dr. Brown reported that DHP is developing information for guidance counselors and community colleges to inform students about careers in health care such as dental hygiene.

SANCTIONING REFERENCE POINTS (SRP) INSTRUCTION MANUAL:

Dr. Watkins stated that the Committee recommends amending the manual. Ms. Reen said that in addition to editorial changes, the committee proposed revising the worksheets to add consideration of "financial or material gain" in deciding sanctions. She said that the effect of adding this factor was evaluated by Visual Research and was found to improve the prediction level. Dr. Rizkalla moved

to adopt the manual as presented. The motion was seconded and passed.

HEALTH PRACTITIONERS' MONITORING PROGRAM (HPMP):

Dr. Master and Dr. Knisely presented detailed information on the HPMP's mission, admissions practices, and the monitoring services provided to impaired practitioners. They also reviewed data on Board of Dentistry admissions from 1/1/2003 – 6/30/2015. Following questions and answers about costs and participation, Dr. Gaskins thanked Drs. Master and Knisely for their presentation.

LIAISON/COMMITTEE REPORTS:

Board of Health Professions (BHP). Dr. Watkins stated the last two meetings were cancelled so he has nothing to report. In response to a question, he said that the topic of electronic records is still on the agenda.

AADB. Dr. Gaskins stated that he attended the AADB Annual meeting on November 3 and 4, 2015, and reviewed the topics addressed. In response to a question about addressing teeth whitening by unlicensed providers, Mr. Rutkowski explained that the Board would have to address this through the General Assembly.

ADEX. Dr. Rizkalla stated CITA will administer the ADEX exam at VCU this year. He then reviewed the changes made to their bylaws and examinations. In response to a question, Dr. Rizkalla said the examiners do not know the students in the Buffalo Model format.

Regulatory-Legislative Committee. Ms. Swain noted that the recommendations advanced by the Committee will be addressed later on the agenda. In regard to the discussion of sleep apnea, Dr. Alexander asked if a dentist is permitted to refer patients for sleep studies. After further discussion, the report was accepted as presented and Dr. Alexander's question was referred to Mr. Rutkowski.

Executive Committee. Dr. Gaskins stated the revised Bylaws are provided for Board consideration. Dr. Rizkalla moved to accept the Bylaws as presented. The motion was seconded and passed.

SRTA. Dr. Rizkalla stated CITA will administer the ADEX exam at the VCU School of Dentistry starting in 2016. Dr. Watkins said that with the dissolution of SRTA's agreement with ADEX, contracts and relationships are changing and he believes the Board needs to be part of all exams that it accepts.

SCDDE. Dr. Gaskins stated that he, Dr. Watkins and Ms. Reen will attend the SCDDE Annual Meeting in January, 2016.

LEGISLATION AND REGULATIONS:

Status Report on Regulatory Actions. Ms. Yeatts reported:

- The comment period on the NOIRA for a law exam ends on December 16, 2015;
- The fast track action to accept education programs accredited by the Commission on Dental Accreditation of Canada goes into effect on January 28, 2016;
- The comment period on the NOIRA to require capnography equipment for monitoring anesthesia or sedation ends on December 30, 2015;
- The Periodic Review to reorganize Chapter 20 into four chapters (15, 21, 25 and 30) was final and effective on December 2, 2015; and
- The One Time Renewal Fee reduction was final and effective on December 2, 2015.

Status Report on Legislation. Ms. Yeatts reviewed the following legislative proposals which will be considered by the upcoming General Assembly:

- a bill addressing payment for services by dentists and oral surgeons is being requested by the Virginia Dental Association;
- a bill addressing the composition of health profession boards would add a citizen member to the Board of Dentistry;
- a bill requiring prescribers to query the PMP when prescribing an opiate or benzodiazepine;
- the Governor's Task Force on Prescription Drug and Heroin Abuse advanced a bill to authorize the PMP to send unsolicited reports on prescribers and dispensers; and
- a bill allowing dental hygienists to practice under remote supervision in free clinics and federally qualified health centers.

Regulatory Chapters in Effect on 12/2/2015. Ms. Yeatts said that the new chapters were sent out to licensees. Ms. Reen added that reference guides for Chapters 21, 25 and 30 were distributed with the new regulations to facilitate a review between the old regulations and the new chapters. She added there will be a significant transition period in which the Board will be working with both sets of regulations to address disciplinary cases. Ms. Yeatts then proposed a fast track regulatory action to amend of 18VAC60-21-230 on the qualifications for a restricted license. She explained that statutory changes which were made in 2012 for a faculty license and a temporary resident's

license were not included in the new regulations. Dr. Rizkalla moved to adopt the recommended changes for fast track action. The motion was seconded and passed.

BOARD DISCUSSION/ACTION:

Review of Public Comment Topics. Dr. Gaskins expressed the Board's appreciation for the comments received on requiring a law exam, more communication with licensees, and the need for remote supervision of dental hygienists.

NGA Paper on Strategies to Improve Oral Health. By consensus, the Board accepted this paper as information.

CITA Invitation to Examine. By consensus, the Board accepted this letter as information.

SRTA Letter. By consensus, the Board accepted this letter as information.

Guidance Document on Teledentistry. Ms. Reen said the Regulatory-Legislative Committee asked staff to revise the Board of Medicine's Guidance Document 85-12 to establish guidance on the use of teledentistry. She added the document is presented for the Board's consideration. Dr. Rizkalla moved to adopt the guidance document as presented. The motion was seconded and passed.

BOARD COUNSEL REPORT:

Mr. Rutkowski had no report.

REPORT ON CASE ACTIVITY:

Ms. Palmatier reported that performance numbers improved in the first quarter of 2016, and she thanked the Board for their effort.

EXECUTIVE DIRECTOR'S REPORT/BUSINESS:

Ms. Reen advised that a number of guidance documents (GD) have to be updated to be consistent with, and accurately reference, the new chapters of regulations. She presented the proposed revisions and each of the following documents was adopted as presented:

- GD 60-3. Periodic Office inspections for Administration of Sedation and Anesthesia as moved by Dr. Watkins;
- GD 76-24.3. Virginia Board of Dentistry Dental Inspection Form as moved by Ms. Swain;
- GD 60-4. Questions and Answers on Analgesia, Sedation and Anesthesia Practice as moved by Dr. Rizkalla;

- GD 60-5. Policy on Sanctioning for Failure to Meet Continuing Education Requirements as moved by Dr. Wyman;
- GD 60-6. Policy on Sanctioning for Practicing with an Expired License as moved by Dr. Wyman;
- GD 60-8. Educational Requirements for Dental Assistants II as moved by Dr. Rolon;
- GD 60-10. Policy on Sanctioning for Failure to Comply with Advertising Guidelines as moved by Dr. Rolon;
- GD 60-17. Policy on Recovery of Disciplinary Costs as moved by Dr. Watkins;
- GD 60-18. Approved Template for Dental Laboratory Work Order Form as moved by Ms. Russek;
- GD 60-20. Guidance on Radiation Certification as moved by Dr. Rolon; and
- GD 60-22. Policy on Sanctioning for Failure to Comply with Insurance and Billing Practices as moved by Dr. Wyman.

AGENCY SUBORDINATES RECOMMENDATIONS:

Case # 160283 Dr. Miniclier and his attorney appeared to answer any questions the Board might have.

Closed Meeting: Dr. Rizkalla moved that the Board convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach decisions in the matter of the Agency Subordinate's recommendation for Case Number 160283. Additionally, he moved that Ms. Reen, Ms. Vu, Ms. Palmatier and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Rizkalla moved to certify that the Board heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reconvened in an open session pursuant to §2.2-3712(D) of the Code.

DECISION: Dr. Wyman moved to accept the recommendation from the Agency Subordinate. The motion was seconded and passed.

Case #s 152428 and 157224

Closed Meeting: Dr. Rizkalla moved that the Board convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach decisions in the matters of the Agency Subordinate's recommendation for Case Numbers 152428 and 157224. Additionally, he moved that Ms. Reen, Ms. Vu, Ms. Palmatier and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Rizkalla moved to certify that the Board heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reconvened in an open session pursuant to §2.2-3712(D) of the Code.

DECISION: Ms. Russek moved to accept the recommendations from the Agency Subordinate. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 12:09 p.m.

Charles E. Gaskins, III, D.D.S., President	Sandra K. Reen, Executive Director
Date	Date

Virginia's Dentistry Workforce: 2015

Healthcare Workforce Data Center

January 2016

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***

Nearly 6,000 Dentists voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Lisa R. Hahn, MPA
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, Ph.D.
Director

Yetty Shobo, Ph.D.
Deputy Director

Laura Jackson
Operations Manager

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Virginia Board of Dentistry

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Tonya A. Parris-Wilkins, DDS

Bruce S. Wyman, DMD

Executive Director

Sandra K. Reen

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The Dentistry Workforce: At a Glance:

The Workforce	
Licensees:	7,191
Virginia's Workforce:	5,443
FTEs:	4,628

Survey Response Rate	
All Licensees:	80%
Renewing Practitioners:	84%

Demographics	
Female:	32%
Diversity Index:	49%
Median Age:	50

Background	
Rural Childhood:	19%
HS Diploma in VA:	40%
Prof. Degree in VA:	40%

Education	
Doctorate/Prof.:	97%
Master's Degree:	1%

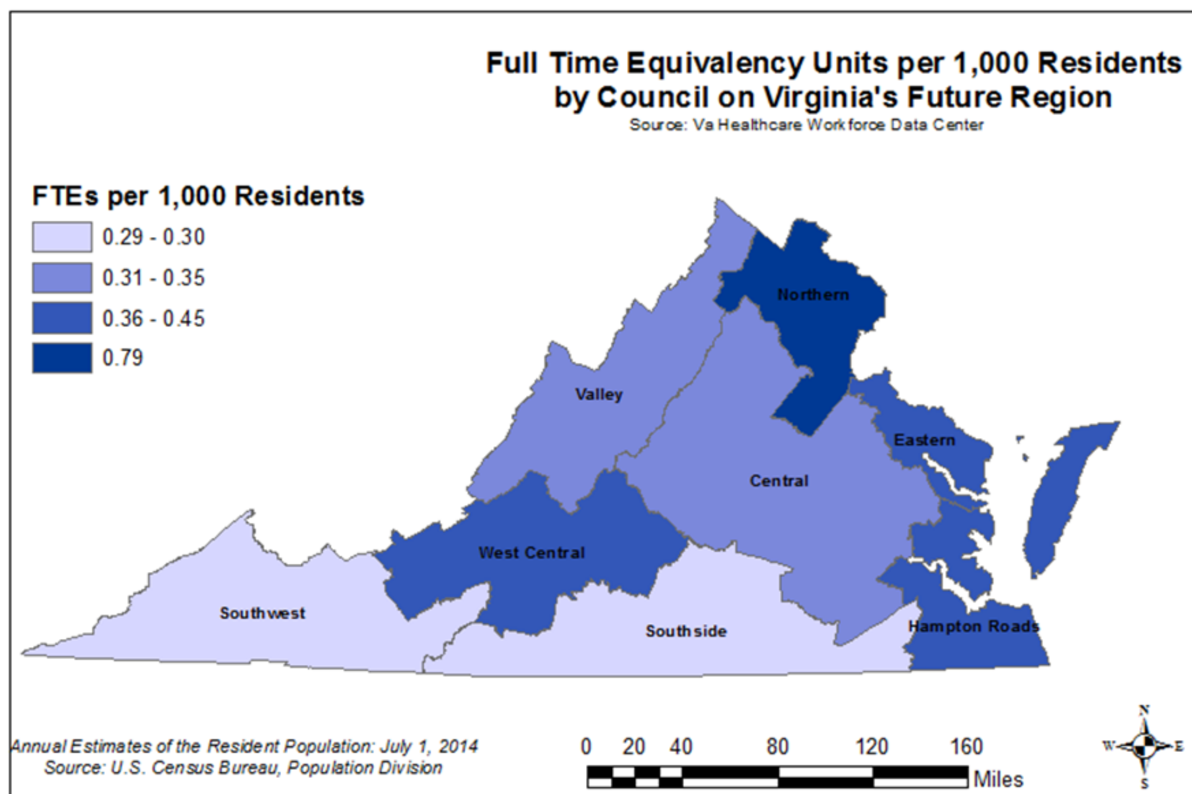
Finances	
Median Inc.:	$130k-$140k
Retirement Benefits:	31%
Under 40 w/ Ed debt:	79%

Current Employment	
Employed in Prof.:	96%
Hold 1 Full-time Job:	69%
Satisfied?:	96%

Job Turnover	
Switched Jobs:	4%
Employed over 2 yrs:	75%

Time Allocation	
Patient Care:	80-89%
Administration:	1-9%
Patient Care Role:	92%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Results in Brief

5,744 dentists voluntarily took part in the 2015 Dentist Workforce Survey. The Virginia Department of Health Professions Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for dentists. These survey respondents represent 80% of the 7,191 dentists who are licensed in the state and 84% of renewing practitioners.

The HWDC estimates that 5,443 dentists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a dentist at some point in the future. Between April 2014 and March 2015, Virginia's dentist workforce provided 4,628 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

Nearly one-third of dentists are female, while the median age of all dentists is 50. In a random encounter between two dentists, there is a 49% chance that they would be of different races or ethnicities, a measure known as the diversity index. For the Virginia population as a whole, this same probability is 55%. Meanwhile, with a diversity index of 62%, dentists who are under the age of 40 are actually more diverse than the state's overall population.

Only 19% of dentists grew up in a rural area, and about one out of five of these professionals currently work in non-Metro areas of the state. Meanwhile, 40% of Virginia's dentists graduated from high school in Virginia, and 40% received their initial professional degree in the state. In total, 49% of dentists have some educational background in the state.

Nearly all dentists hold a doctorate or professional degree, with most of the remaining dentists holding a Master's degree as their highest professional degree. More than one-third of all dentists currently have educational debt, including 79% of dentists who are under the age of 40. The median debt burden for those dentists with educational debt is between $120,000 and $130,000.

96% of dentists are currently employed in the profession. 69% hold one full-time position, while another 14% hold at least two separate positions. 30% of all dentists work between 40 and 49 hours per week, while just 3% work at least 60 hours per week. Less than 1% of dentists are involuntarily unemployed, while just 1% are voluntarily unemployed.

The median annual income for dentists is between $130,000 and $140,000. In addition, 40% of dentists receive at least one employer-sponsored benefit, including 31% who have access to some form of retirement plan. 96% of dentists indicate they are satisfied with their current employment situation, including 72% who indicate they are "very satisfied".

Nearly 80% of dentists worked in the regions of Northern Virginia, Central Virginia, and Hampton Roads. 93% of dentists work in the private sector, including 89% who work at a for-profit company. Two-thirds of dentists work at a solo dental practice, while another 20% work at a group dental practice.

A typical dentist spends between 80% and 89% of his time treating patients. 92% of all dentists serve in a patient care role, meaning that at least 60% of their time is spent treating patients. On average, a dentist treats between 50 and 74 patients per week at his primary work location.

36% of dentists expect to retire by the age of 65. Only 8% of the workforce expects to retire in the next decade, while half the current workforce expects to retire by 2035. Over the next two years, only 3% of dentists plan on leaving either the state or the profession. Meanwhile, 13% of dentists expect to pursue additional educational opportunities in the next two years, and 15% expect to increase their patient care activities.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	6,481	90%
New Licensees	414	6%
Non-Renewals	296	4%
All Licensees	7,191	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 84% of renewing dentists submitted a survey. These represent 80% of dentists who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	58	147	72%
30 to 34	164	662	80%
35 to 39	158	768	83%
40 to 44	138	791	85%
45 to 49	119	626	84%
50 to 54	123	551	82%
55 to 59	129	599	82%
60 and Over	558	1,600	74%
Total	1,447	5,744	80%
New Licenses			
Issued 4/2014 to 3/2015	136	278	67%
Metro Status			
Non-Metro	94	275	75%
Metro	864	3,572	81%
Not in Virginia	489	1,891	79%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Dentists

Number: 7,191
New 6%
Not Renewed: 4%

Response Rates

All Licensees: 80%
Renewing Practitioners: 84%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	5,744
Response Rate, All Licensees	80%
Response Rate, Renewals	84%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in March 2015.
2. **Target Population:** All dentists who held a Virginia license at some point between April 2014 and March 2015.
3. **Survey Population:** The survey was available to dentists who renewed their licenses online. It was not available to those who did not renew, including some dentists newly licensed in 2015.

At a Glance:

Workforce

Dentistry Workforce:	5,443
FTEs:	4,628

Utilization Ratios

Licensees in VA Workforce:	76%
Licensees per FTE:	1.55
Workers per FTE:	1.18

Source: Va. Healthcare Workforce Data Center

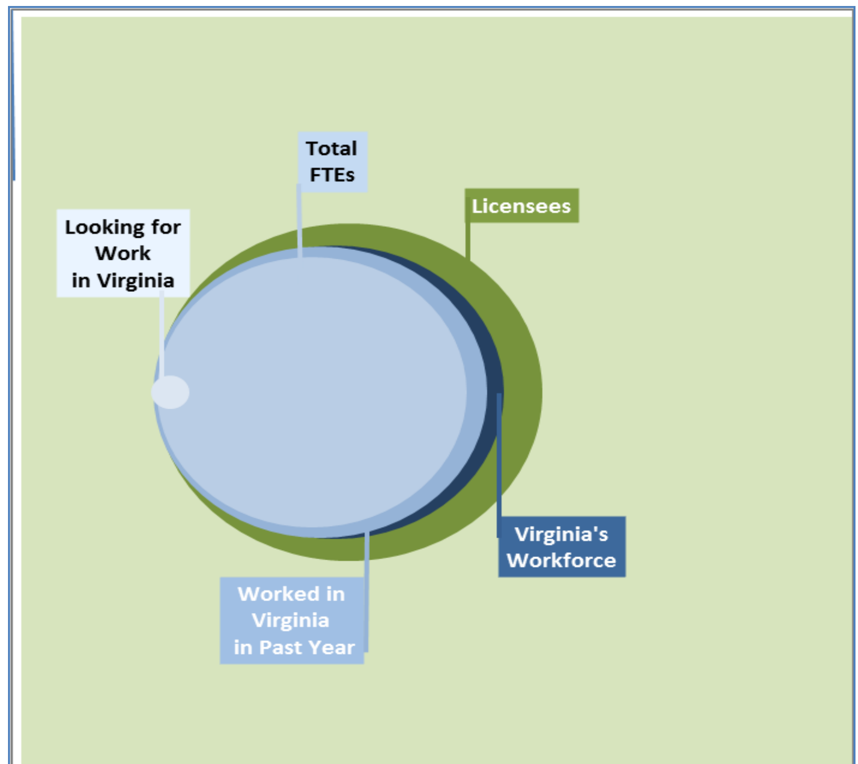
Virginia's Dentistry Workforce		
Status	#	%
Worked in Virginia in Past Year	5,372	99%
Looking for Work in Virginia	71	1%
Virginia's Workforce	5,443	100%
Total FTEs	4,628	
Licensees	7,191	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between April 2014 and March 2015 or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	64	47%	72	53%	136	3%
30 to 34	231	44%	297	56%	527	11%
35 to 39	318	52%	292	48%	610	13%
40 to 44	357	56%	285	44%	642	13%
45 to 49	311	61%	195	39%	506	10%
50 to 54	323	68%	155	32%	478	10%
55 to 59	371	77%	113	23%	484	10%
60 +	1,308	90%	140	10%	1,448	30%
Total	3,282	68%	1,550	32%	4,832	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
% Female: 32%
% Under 40 Female: 52%

Age
Median Age: 50
% Under 40: 26%
% 55+: 40%

Diversity
Diversity Index: 49%
Under 40 Div. Index: 62%

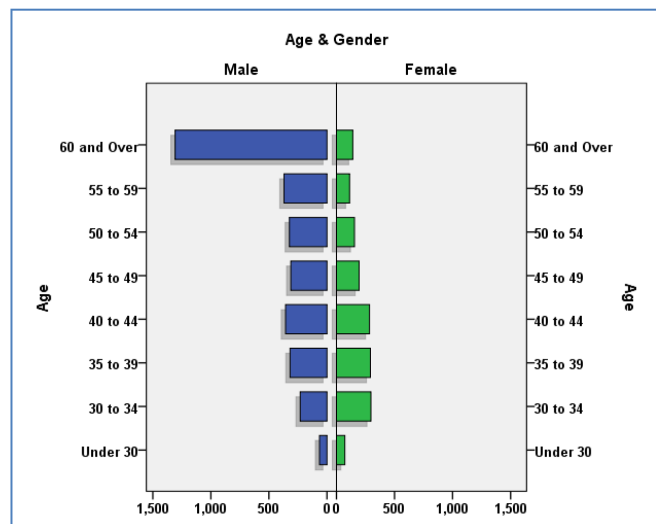
Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Dentists		Dentists Under 40	
	%	#	%	#	%
White	63%	3,326	69%	692	55%
Black	19%	255	5%	69	5%
Asian	6%	816	17%	350	28%
Other Race	0%	160	3%	54	4%
Two or More Races	2%	84	2%	31	2%
Hispanic	9%	206	4%	67	5%
Total	100%	4,846	100%	1,264	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.
Source: Va. Healthcare Workforce Data Center

In a chance encounter between two dentists, there is a 49% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 55% chance for Virginia's population as a whole.

More than one-quarter of dentists are under the age of 40. 52% of these professionals are female, and 28% are non-Hispanic Asian.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	23%
Rural Childhood:	19%

Virginia Background

HS in Virginia:	40%
Dental Ed. in VA:	40%
HS or Dental Ed. in VA:	49%

Location Choice

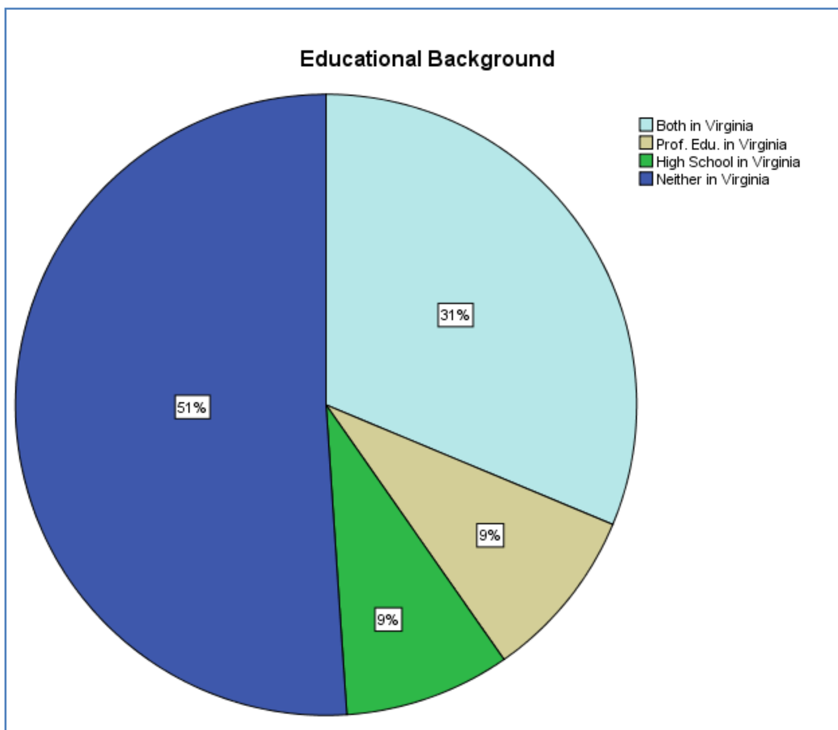
% Rural to Non-Metro:	20%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	13%	61%	25%
2	Metro, 250,000 to 1 million	33%	52%	15%
3	Metro, 250,000 or less	27%	56%	16%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	43%	44%	13%
6	Urban pop, 2,500-19,999, Metro adj	41%	44%	15%
7	Urban pop, 2,500-19,999, nonadj	63%	28%	8%
8	Rural, Metro adj	45%	38%	16%
9	Rural, nonadj	37%	37%	26%
	Overall	**19%**	**58%**	**23%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Only 19% of dentists grew up in a rural area, and 20% of this group currently works in non-Metro areas of the state. Overall, 8% of dentists currently work in rural areas of Virginia.

Top Ten States for Dentist Recruitment

Rank	All Dentists			
	High School	#	Dental School	#
1	Virginia	1,927	Virginia	1,908
2	Outside U.S./Canada	803	DC	451
3	New York	261	Pennsylvania	306
4	Maryland	206	Maryland	270
5	Pennsylvania	177	New York	210
6	New Jersey	123	Outside U.S./Canada	210
7	California	108	Massachusetts	169
8	North Carolina	104	West Virginia	125
9	West Virginia	99	Tennessee	110
10	Florida	97	Kentucky	101

Source: Va. Healthcare Workforce Data Center

40% of all dentists earned their high school degree in Virginia, and 40% also received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Dental School	#
1	Outside U.S./Canada	269	Virginia	228
2	Virginia	244	Outside U.S./Canada	103
3	Maryland	46	Pennsylvania	91
4	New York	41	New York	88
5	North Carolina	38	Maryland	62
6	California	34	Washington, D.C.	58
7	Pennsylvania	33	Massachusetts	54
8	New Jersey	28	California	41
9	Canada	21	Ohio	25
10	Florida	20	West Virginia	24

Source: Va. Healthcare Workforce Data Center

Among dentists who received their initial license in the past five years, 26% earned their high school degree in Virginia, while 23% received their initial professional degree in the state.

Nearly one quarter of Virginia's licensees were not part of the state's dental workforce. 89% of these licensees worked at some point in the past year, including 85% who worked as dentists.

At a Glance:

Not in VA Workforce

Total:	1,750
% of Licensees:	24%
Federal/Military:	17%
Va Border State/DC:	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Dental Degree		
Degree	#	%
Baccalaureate	35	1%
Graduate Certificate	31	1%
Masters	58	1%
Doctorate/Professional	4,605	97%
Total	4,729	100%

Source: Va. Healthcare Workforce Data Center

More than one-third of dentists carry educational debt, including nearly 80% of those under the age of 40. For those in debt, their median burden is between $120,000 and $130,000.

At a Glance:

Education
Doctorate/Professional: 97%
Baccalaureate: 1%

Educational Debt
Carry debt: 37%
Under age 40 w/ debt: 79%
Median debt: $120k-$130k

Residencies
GPR-1: 14%
AEGD: 9%
Orthodontics: 6%

Source: Va. Healthcare Workforce Data Center

Residencies/Special Training Programs		
Residency	#	%
General Practice Residency -1 (GPR-1)	737	14%
Advanced Education in General Dentistry (AEGD)	496	9%
Orthodontics	348	6%
Pediatric Dentistry	205	4%
Oral and Maxillofacial Surgery	184	3%
Periodontology	177	3%
Endodontics	169	3%
General Practice Residency -2 (GPR-2)	168	3%
Prosthodontics	139	3%
Dental Public Health	23	0%
Oral and Maxillofacial Pathology	13	0%
Oral and Maxillofacial Radiology	2	0%
At Least One	2,288	42%

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Dentists		Dentists under 40	
	#	%	#	%
None	2,611	63%	224	21%
Less than $40,000	207	5%	53	5%
$40,000-$59,999	120	3%	52	5%
$60,000-$79,999	133	3%	54	5%
$80,000-$99,999	122	3%	52	5%
$100,000-$119,999	147	4%	71	6%
$120,000-$139,999	105	3%	65	6%
$140,000-$159,999	116	3%	68	6%
$160,000-$179,999	73	2%	57	5%
$180,000-$199,999	74	2%	54	5%
$200,000 or More	410	10%	340	31%
Total	4,119	100%	1,089	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment
Employed in Profession: 96%
Involuntarily Unemployed: 0%

Positions Held
1 Full-time: 69%
2 or More Positions: 14%

Weekly Hours:
40 to 49: 30%
60 or more: 3%
Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a dentistry related capacity	4,600	96%
Employed, NOT in a dentistry related capacity	21	0%
Not working, reason unknown	3	0%
Involuntarily unemployed	8	0%
Voluntarily unemployed	49	1%
Retired	102	2%
Total	**4,786**	**100%**

Source: Va. Healthcare Workforce Data Center

96% of Virginia's dentists are employed in the profession, and 69% currently have one full-time job. 30% of dentists currently work between 40 and 49 hours per week, while only 3% work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	163	4%
One Part-Time Position	598	13%
Two Part-Time Positions	211	5%
One Full-Time Position	3,201	69%
One Full-Time Position & One Part-Time Position	314	7%
Two Full-Time Positions	18	0%
More than Two Positions	114	2%
Total	**4,619**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	163	3%
1 to 9 hours	85	2%
10 to 19 hours	174	4%
20 to 29 hours	391	8%
30 to 39 hours	2,060	44%
40 to 49 hours	1,421	30%
50 to 59 hours	254	5%
60 to 69 hours	79	2%
70 to 79 hours	20	0%
80 or more hours	25	1%
Total	**4,671**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	**#**	**%**
Volunteer Work Only	49	1%
Less Than $30,000	161	4%
$30,000-$69,999	294	8%
$70,000-$109,999	720	20%
$110,000-$149,999	704	19%
$150,000-$189,999	512	14%
$190,000-$229,999	386	10%
$230,000-$269,999	297	8%
$270,000-$309,999	150	4%
$310,000-$349,999	71	2%
More than $350,000	332	9%
Total	**3,677**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $130k-$140k

Benefits
Retirement: 31%
Paid Vacation: 21%

Satisfaction
Satisfied: 96%
Very Satisfied: 72%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	3378	72%
Somewhat Satisfied	1114	24%
Somewhat Dissatisfied	122	3%
Very Dissatisfied	55	1%
Total	4669	100.0%

Source: Va. Healthcare Workforce Data Center

The typical dentist made between $130,000 and $140,000 in the past year. Among dentists who were compensated at the primary work location with either a salary or an hourly wage, 31% had access to a retirement plan and 21% received paid vacation.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Retirement	1,430	31%	35%
Paid Vacation	959	21%	31%
Paid Sick Leave	631	14%	20%
Group Life Insurance	569	12%	16%
Dental Insurance	464	10%	16%
Signing/Retention Bonus	127	3%	5%
Receive at least one benefit	**1,862**	**40%**	**50%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	**#**	**%**
Experience involuntary unemployment?	52	1%
Experience voluntary unemployment?	167	3%
Work part-time or temporary positions, but would have preferred a full-time/permanent position?	131	2%
Work two or more positions at the same time?	767	14%
Switch employers or practices?	229	4%
Experienced at least 1	1,110	20%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's dentists experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 5.2% in 2014.[1]

At a Glance:

Unemployment Experience 2014
Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure
Switched Jobs: 4%
New Location: 18%
Over 2 years: 75%
Over 2 yrs, 2nd location: 56%

Employment Type
Salary/Commission: 54%
Business/Practice Income: 38%
Hourly Wage: 72%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	83	2%	59	5%
Less than 6 Months	229	5%	139	12%
6 Months to 1 Year	325	7%	138	12%
1 to 2 Years	537	12%	177	15%
3 to 5 Years	681	15%	219	19%
6 to 10 Years	730	16%	157	13%
More than 10 Years	2,024	44%	276	24%
Subtotal	**4,608**	**100%**	**1,164**	**100%**
Did not have location	75		4,206	
Item Missing	760		73	
Total	5,443		5,443	

Source: Va. Healthcare Workforce Data Center

Three-quarters of dentists have worked at their primary location for at least two years.

Employment Type		
Primary Work Site	**#**	**%**
Salary/ Commission	2,054	54%
Hourly Wage	123	3%
By Contract	128	3%
Business/ Practice Income	1,445	38%
Unpaid	47	1%
Subtotal	3,796	100%
Did not have location	75	
Item Missing	1,572	

Source: Va. Healthcare Workforce Data Center

More than half of dentists are salary or wage employees, while 38% receive income from their own practice.

[1] As reported by the US Bureau of Labor Statistics. The not seasonally adjusted monthly unemployment rate ranged from 5.6% in January 2014 to 4.5% in December 2014.

At a Glance:

Concentration
Top Region: 41%
Top 3 Regions: 78%
Lowest Region: 2%

Locations
2 or more (Past Year): 23%
2 or more (Now*): 24%

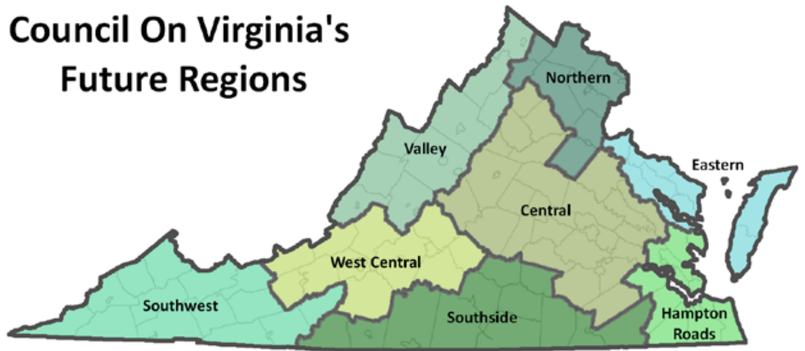
Source: Va. Healthcare Workforce Data Center

41% of all dentists work in Northern Virginia, the most of any region in Virginia. With only 2% of the workforce, Eastern Virginia had the fewest number of dentists of any region in the state.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	882	19%	234	19%
Eastern	74	2%	31	3%
Hampton Roads	800	17%	194	16%
Northern	1,885	41%	472	39%
Southside	138	3%	29	2%
Southwest	125	3%	18	2%
Valley	225	5%	48	4%
West Central	397	9%	73	6%
Virginia Border State/DC	35	1%	54	4%
Other US State	36	1%	58	5%
Outside of the US	0	0%	1	0%
Total	4,598	100%	1,212	100%
Item Missing	770		26	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	74	1%	141	3%
1	4,133	76%	3,421	73%
2	799	15%	747	16%
3	333	6%	293	6%
4	59	1%	40	1%
5	20	0%	15	0%
6 or More	26	0%	18	0%
Total	5,443	100%	4,675	100%

*At the time of survey completion, March 2015.
Source: Va. Healthcare Workforce Data Center

Nearly three out of four dentists currently have just one work location, while 16% have two different work locations.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-profit	3,953	89%	963	85%
Non-profit	130	3%	72	6%
State/local government	178	4%	73	6%
Veterans Administration	21	0%	3	0%
U.S. Military	127	3%	18	2%
Other Federal Government	21	0%	5	0%
Total	**4,429**	**100%**	**1,133**	**100%**
Did not have location	75		4,206	
Item missing	940		105	

Source: Va. Healthcare Workforce Data Center

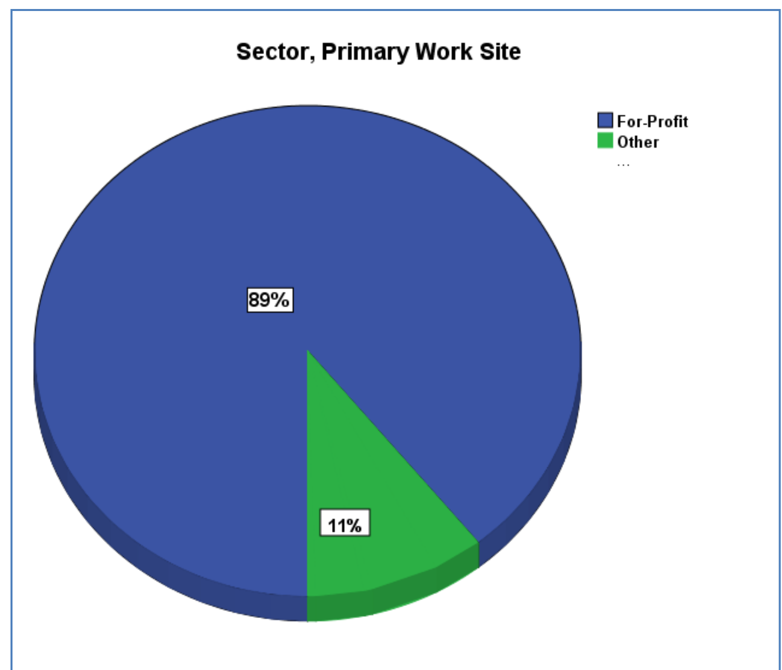
At a Glance:
(Primary Locations)

Sector
For Profit: 89%
Federal: 4%

Top Establishments
Solo Practice: 67%
Group Practice: 20%

Source: Va. Healthcare Workforce Data Center

89% of dentists worked in for-profit establishments. Another 7% worked for a government agency, including 3% who worked for the U.S. military.



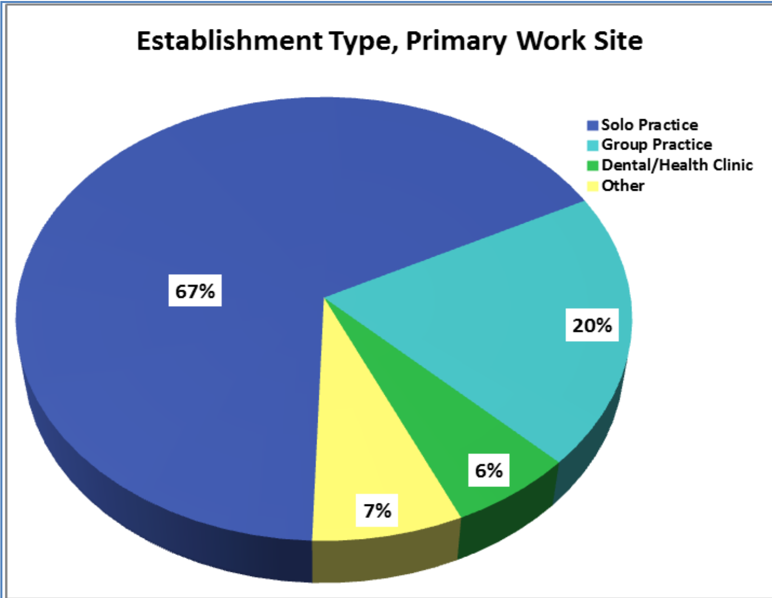
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,925	67%	597	53%
Group Practice	857	20%	276	25%
Dental/Health Clinic	276	6%	107	10%
Dental School (including Combined Dental/Dental Hygiene)	94	2%	46	4%
Hospital/Health System	80	2%	21	2%
Corrections	37	1%	10	1%
Public Health Program	16	0%	5	0%
Dental Hygiene Program (Community College)	11	0%	10	1%
Nursing Home/Long-Term Care Facility	8	0%	12	1%
Insurance	8	0%	4	0%
Supplier Organization	1	0%	1	0%
K-12 School or Non-Dental College	3	0%	1	0%
Dental Hygiene Program (Technical School)	0	0%	1	0%
Other	60	1%	30	3%
Total	4,376	100%	1,121	100%
Did Not Have a Location	75		4,206	

Source: Va. Healthcare Workforce Data Center

Two-thirds of dentists work at a solo dental practice at their primary work location, while another 20% work at a group dental practice. Dental/health clinics were also significant employers of Virginia's dental workforce.

Among those dentists who also have a secondary work location, more than three-quarters work at a dental practice, including 53% who work at a solo dental practice.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

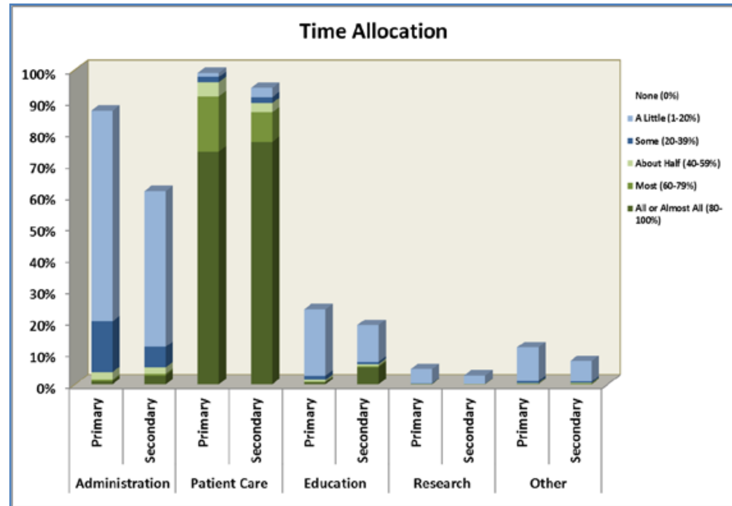
Typical Time Allocation
Patient Care: 80%-89%
Administration: 1%-9%

Roles
Patient Care: 92%
Administrative: 1%
Education: 1%

Patient Care Dentists
Median Admin Time: 1%-9%
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



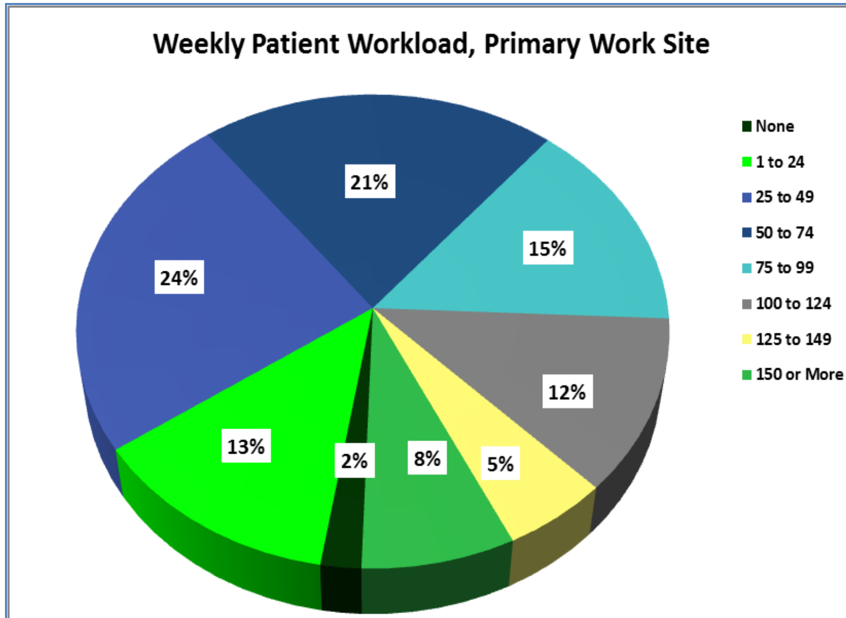
Source: Va. Healthcare Workforce Data Center

A typical dentist spends most of his time caring for patients, with most of the remaining time spent doing administrative tasks. 92% of dentists fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	1%	3%	74%	77%	1%	5%	0%	0%	0%	0%
Most (60-79%)	0%	1%	18%	9%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	2%	2%	4%	3%	1%	1%	0%	0%	0%	0%
Some (20-39%)	16%	6%	2%	2%	1%	1%	0%	0%	1%	0%
A Little (1-20%)	67%	50%	1%	3%	21%	12%	5%	3%	11%	7%
None (0%)	13%	39%	1%	6%	76%	81%	95%	97%	88%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Total
Primary Location: 50-74
Secondary Location: 1-24

Hygiene Checks by Support Personnel
Primary Location: 1-24
Secondary Location: None

Source: Va. Healthcare Workforce Data Center

The typical dentist treated between 50 and 74 patients per week at his primary work location. Approximately one-third of those visits were hygiene checks by support personnel.

# of Patients Per Week	Primary Work Location				Secondary Work Location			
	Total		Hygiene Checks*		Total		Hygiene Checks*	
	#	%	#	%	#	%	#	%
None	89	2%	1968	45%	88	8%	645	58%
1-24	564	13%	1,061	24%	533	47%	352	31%
25-49	1,074	24%	740	17%	242	21%	88	8%
50-74	941	21%	329	8%	143	13%	14	1%
75-99	648	15%	150	3%	61	5%	12	1%
100-124	525	12%	64	1%	30	3%	4	0%
125-149	234	5%	16	0%	14	1%	2	0%
150-174	146	3%	14	0%	9	1%	3	0%
175-199	45	1%	6	0%	6	1%	0	0%
200-224	63	1%	6	0%	1	0%	1	0%
225-249	27	1%	4	0%	1	0%	0	0%
250-274	17	0%	1	0%	0	0%	0	0%
275-299	9	0%	0	0%	0	0%	0	0%
300 or more	32	1%	1	0%	2	0%	0	0%
Total	4,412	100%	4,360	100%	1,132	100%	1,122	100%

*Performed by Support Personnel

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Dentists		Dentists over 50	
	#	%	#	%
Under age 50	39	1%	-	-
50 to 54	133	3%	-	-
55 to 59	387	10%	52	3%
60 to 64	887	22%	304	15%
65 to 69	1,271	31%	690	35%
70 to 74	720	18%	500	25%
75 to 79	215	5%	173	9%
80 or over	99	2%	78	4%
I do not intend to retire	296	7%	181	9%
Total	**4,047**	**100%**	**1,978**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Dentists
Under 65: 36%
Under 60: 14%
Dentists 50 and over
Under 65: 18%
Under 60: 3%

Time until Retirement

Within 2 years: 8%
Within 10 years: 28%
Half the workforce: By 2035

Source: Va. Healthcare Workforce Data Center

More than one-third of dentists expect to retire by the age of 65, but only 18% of those dentists who are age 50 or over expect to retire by the same age. Meanwhile, about one-third of all dentists expect to work until at least age 70, including 7% who do not expect to retire at all.

Within the next two years, only 3% of Virginia's dentists plan on leaving either the profession or the state. Meanwhile, 15% of dentists plan on increasing their patient care activities, and 13% plan on pursuing additional educational opportunities.

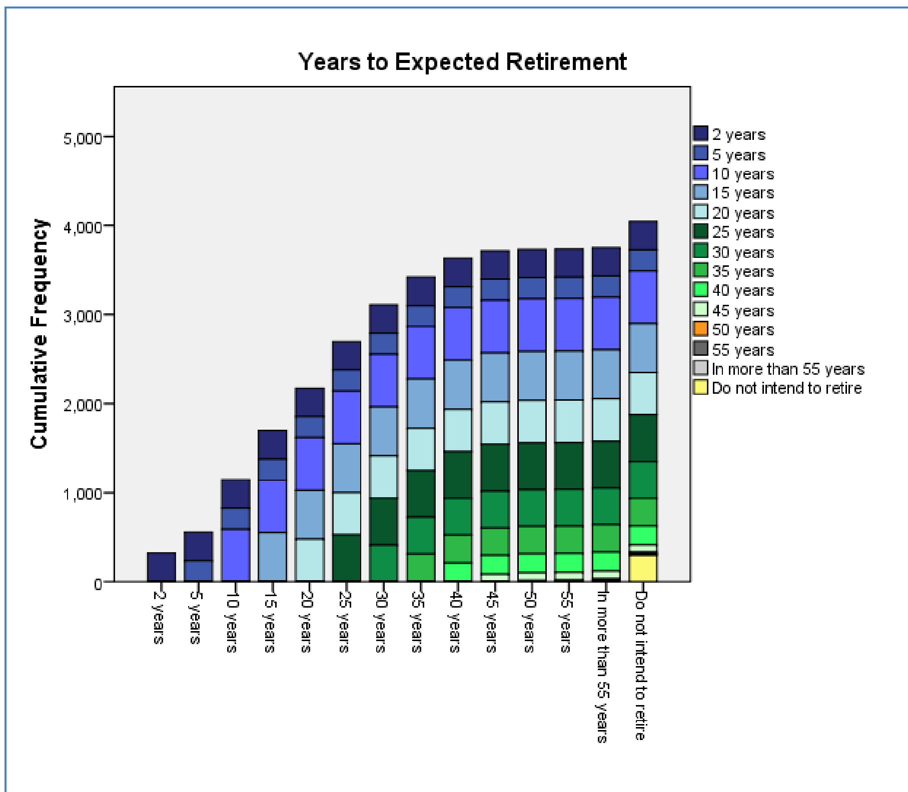
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	75	1%
Leave Virginia	99	2%
Decrease Patient Care Hours	449	8%
Decrease Teaching Hours	19	0%
Increase Participation		
Increase Patient Care Hours	795	15%
Increase Teaching Hours	229	4%
Pursue Additional Education	686	13%
Return to Virginia's Workforce	29	1%

Source: Va. Healthcare Workforce Data Center

> By comparing retirement expectation to age, we can estimate the maximum years to retirement for dentists. 8% of dentists expect to retire within the next two years, while 28% expect to retire in the next ten years. More than half of the current dentistry workforce expects to retire by 2035.

Time to Retirement			
Expect to retire within. . .	**#**	**%**	**Cumulative %**
2 years	320	8%	8%
5 years	236	6%	14%
10 years	591	15%	28%
15 years	550	14%	42%
20 years	477	12%	54%
25 years	525	13%	67%
30 years	412	10%	77%
35 years	310	8%	85%
40 years	213	5%	90%
45 years	83	2%	92%
50 years	16	0%	92%
55 years	4	0%	92%
In more than 55 years	15	0%	93%
Do not intend to retire	296	7%	100%
Total	**4,047**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

> Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2025. Retirements will peak at 15% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2050.

At a Glance:

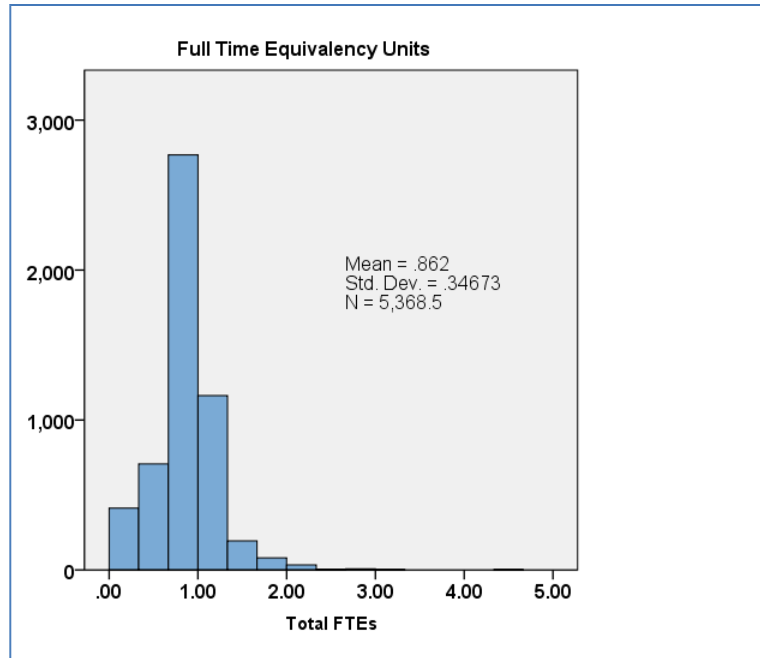
FTEs
Total: 4,628
FTEs/1,000 Residents: 0.556
Average: 0.86

Age & Gender Effect
Age, Partial Eta^2: Small
Gender, Partial Eta^2: Small

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

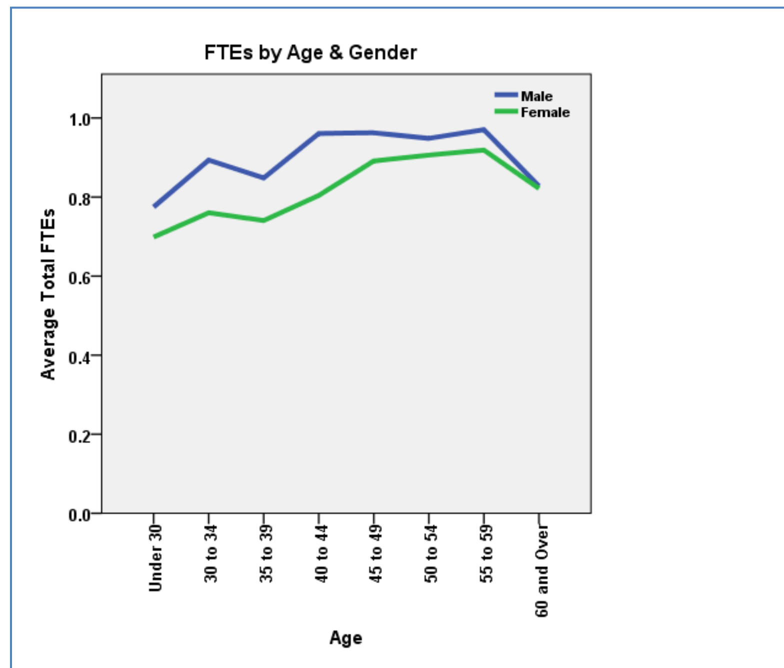


Source: Va. Healthcare Workforce Data Center

The typical (median) dentist provided 0.86 FTEs during the past year, or approximately 33 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[2]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.74	0.74
30 to 34	0.82	0.86
35 to 39	0.79	0.84
40 to 44	0.89	0.88
45 to 49	0.92	0.88
50 to 54	0.92	0.88
55 to 59	0.96	0.96
60 and Over	0.83	0.82
Gender		
Male	0.89	0.88
Female	0.81	0.84

Source: Va. Healthcare Workforce Data Center

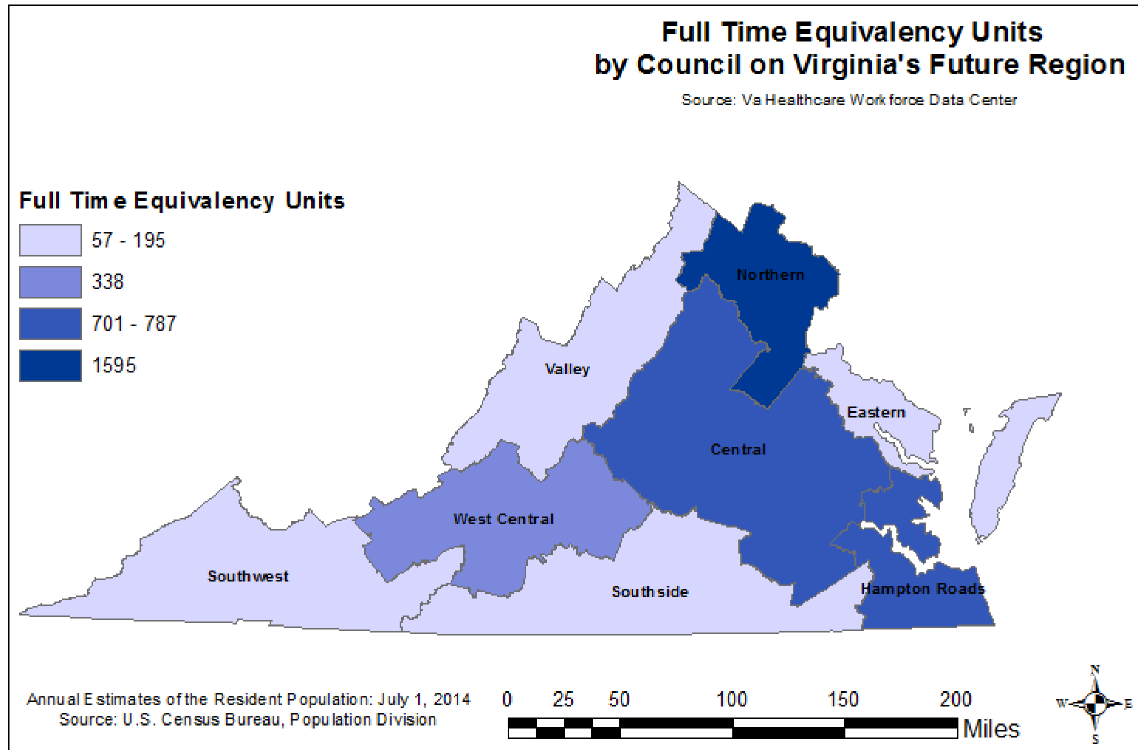


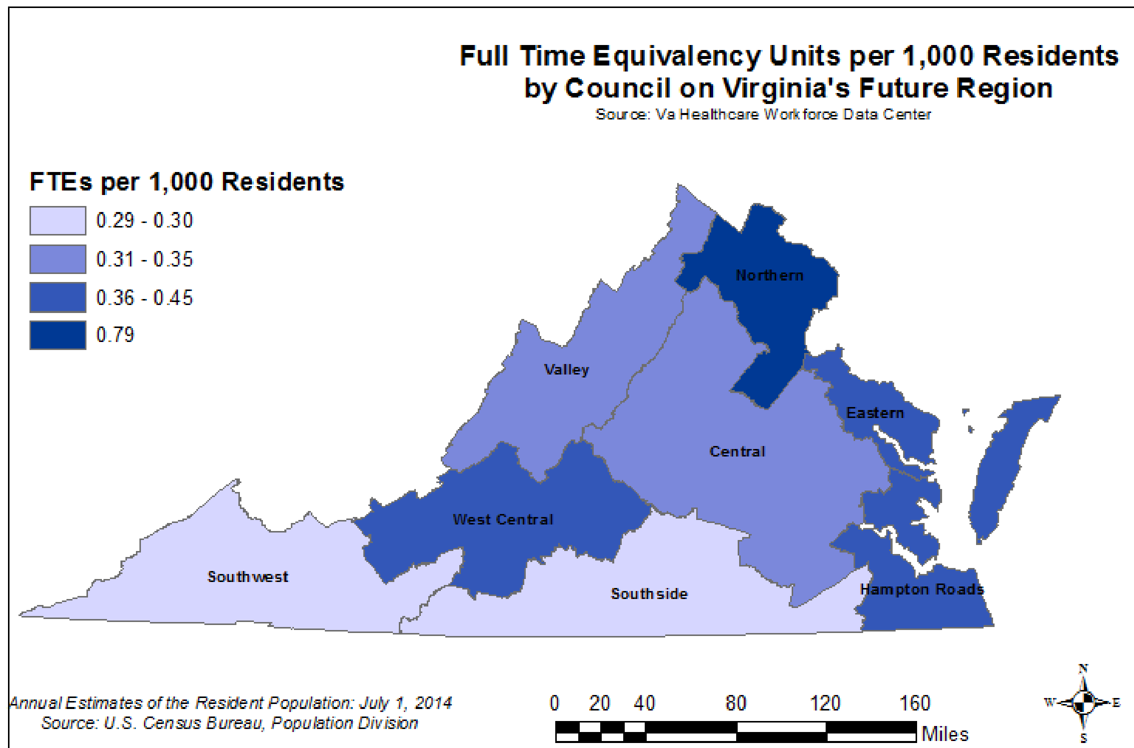
Source: Va. Healthcare Workforce Data Center

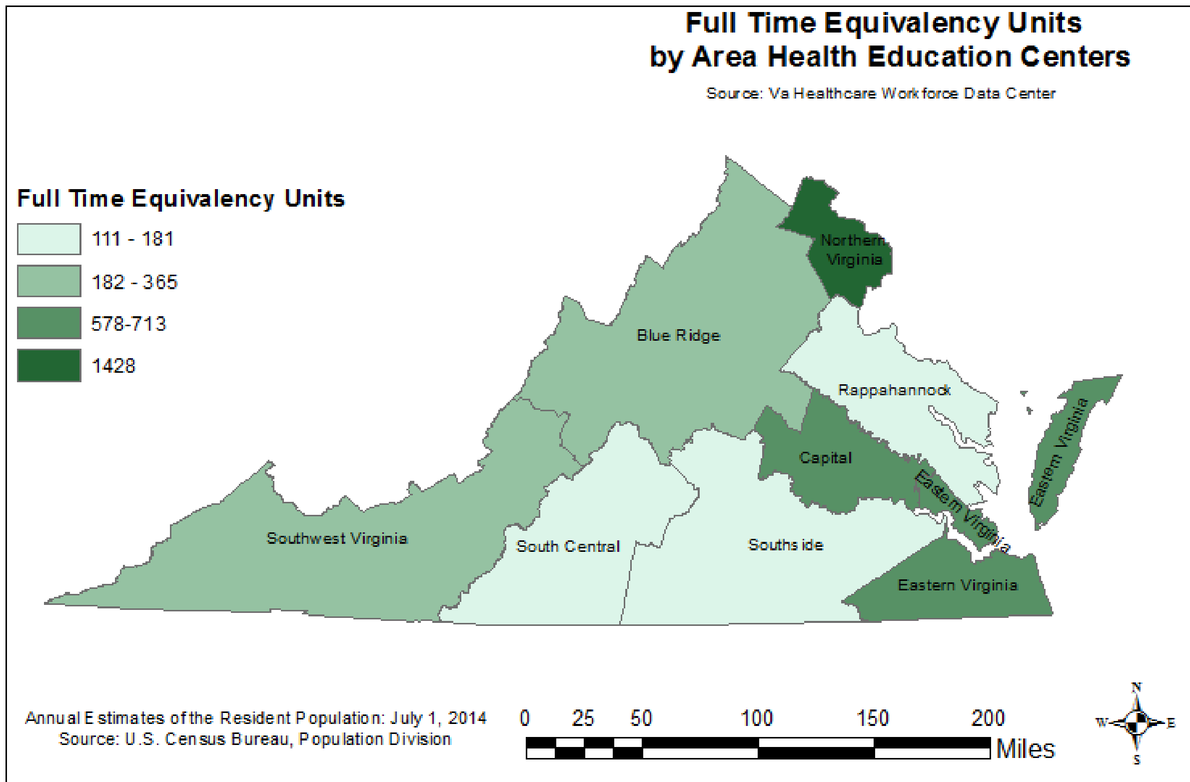
[2] Due to assumption violations in Mixed between-within ANOVA (Interaction effect is significant)

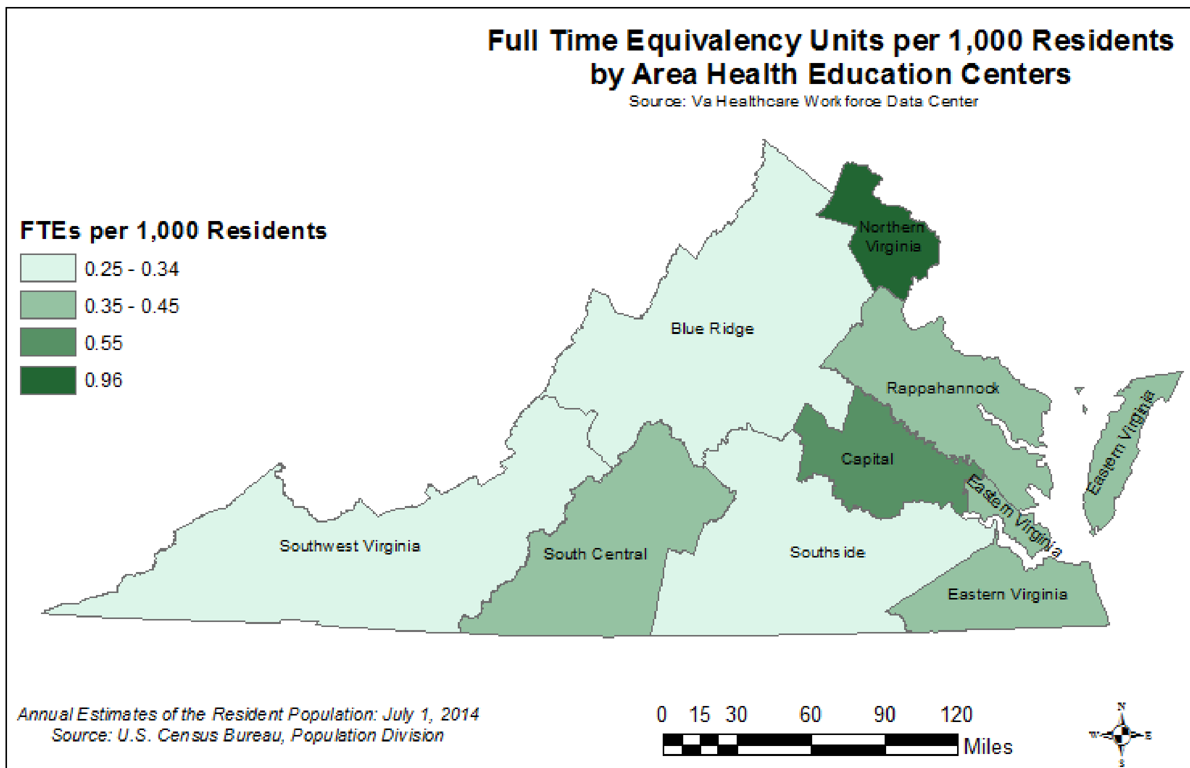
Maps

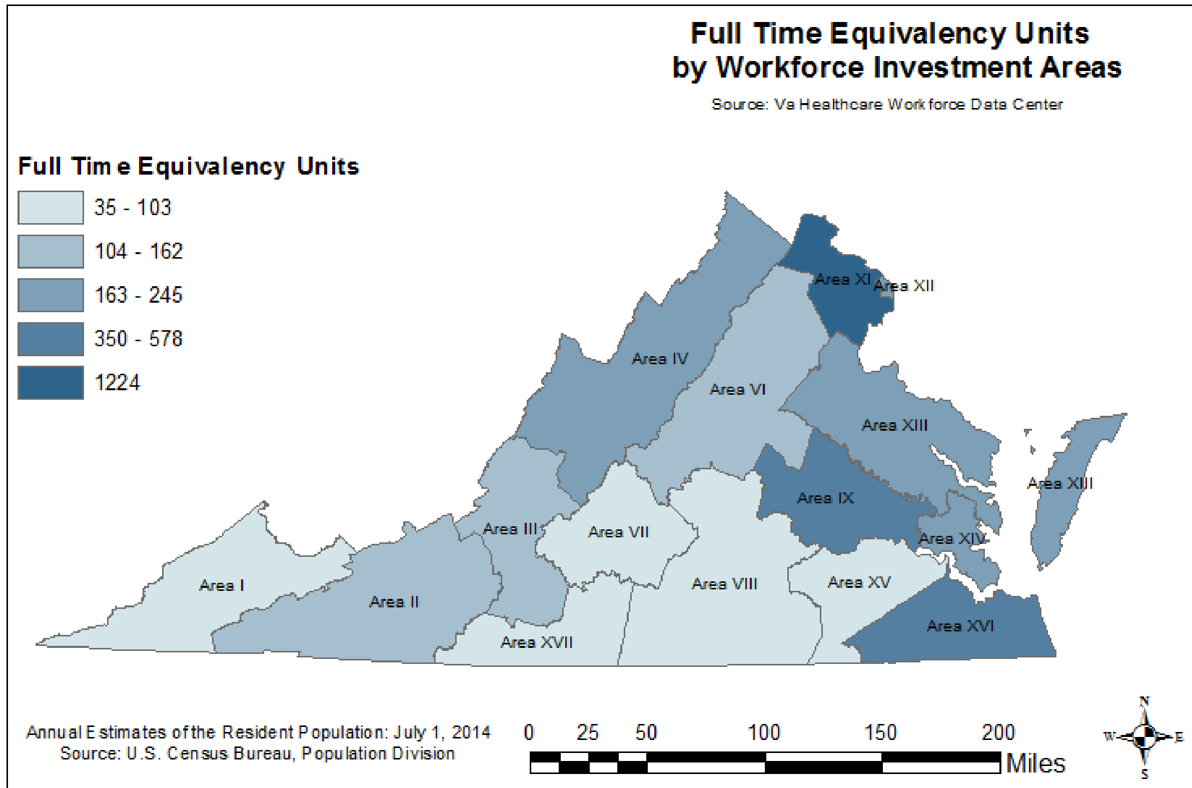
Council on Virginia's Future Regions

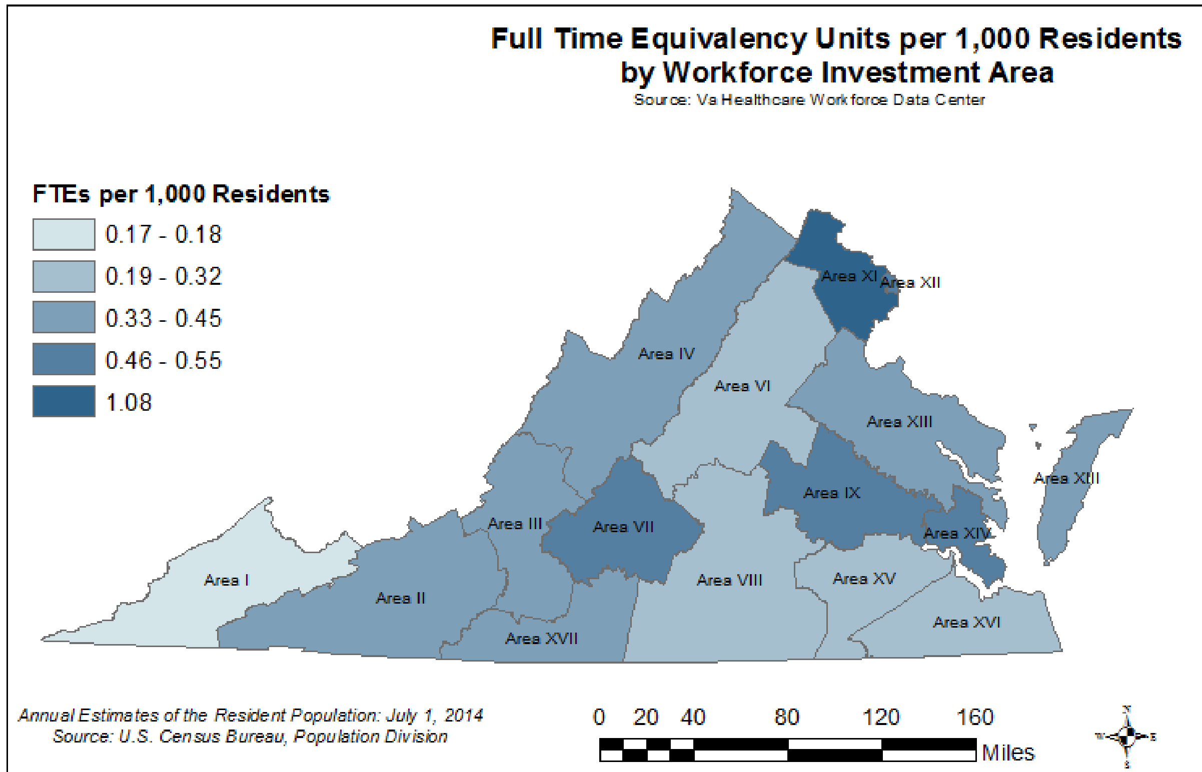


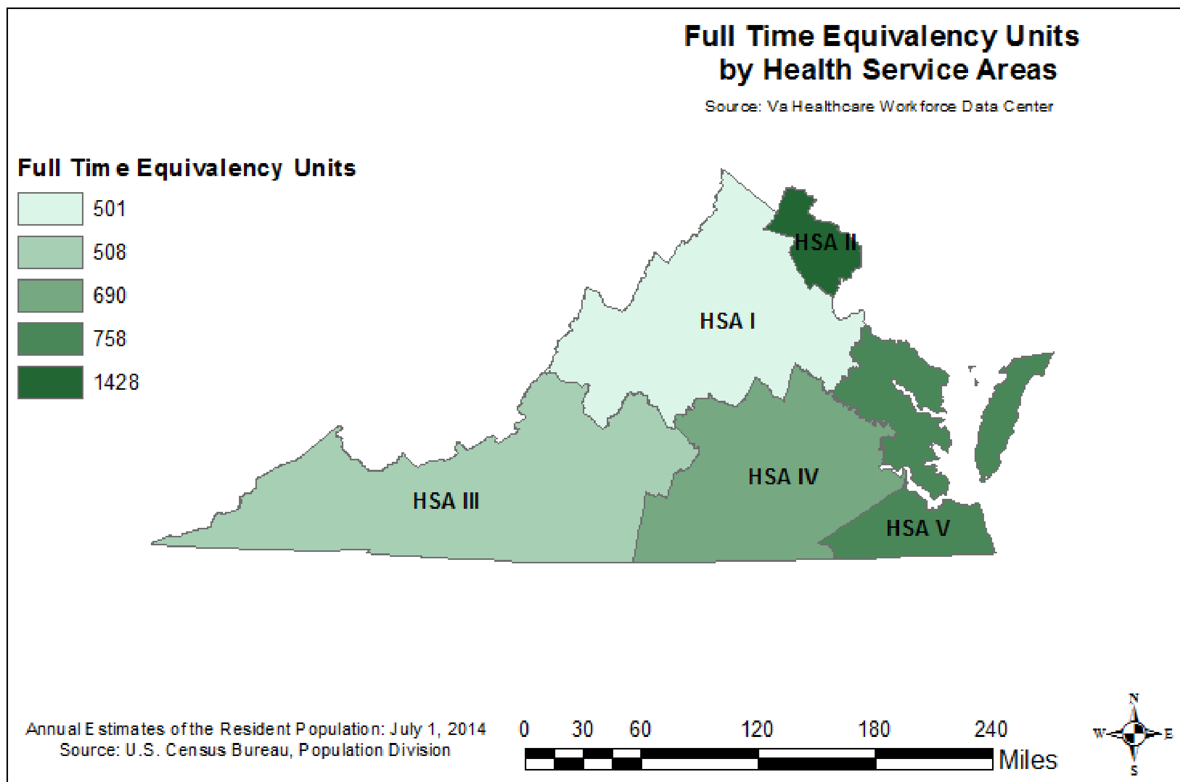


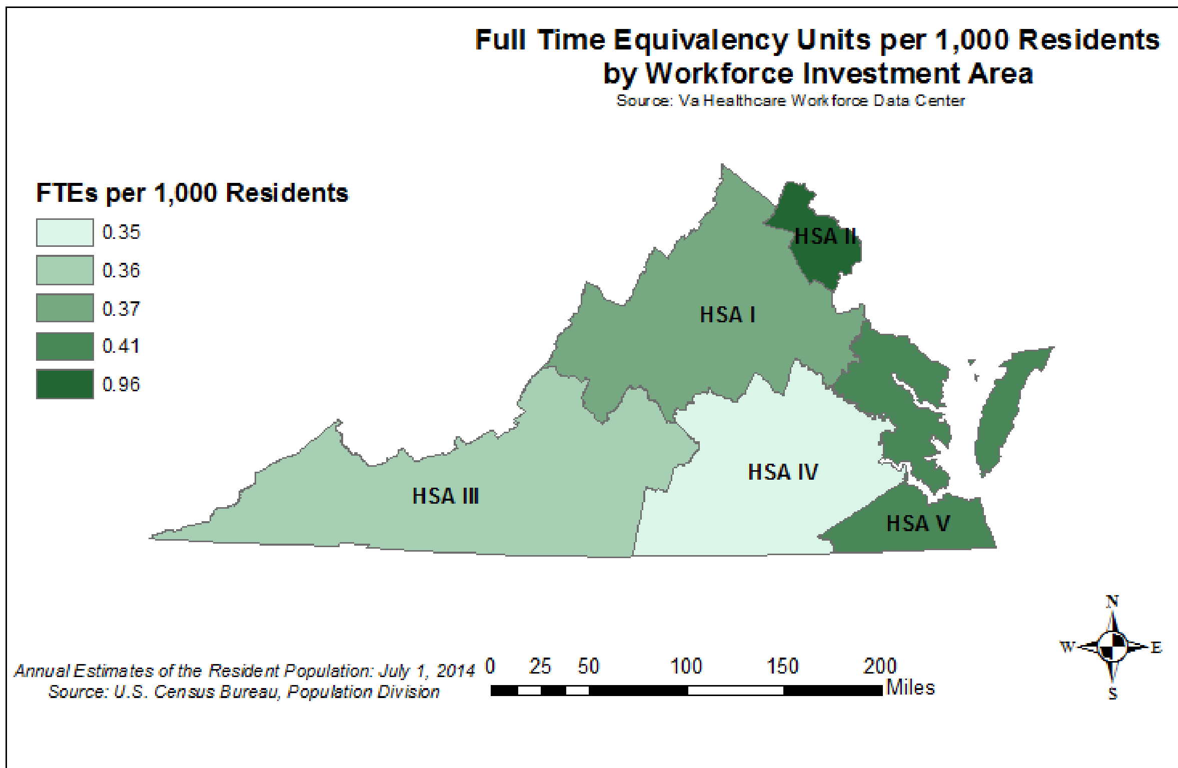

Full Time Equivalency Units
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
111 - 181
182 - 365
578-713
1428
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Eastern Virginia
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

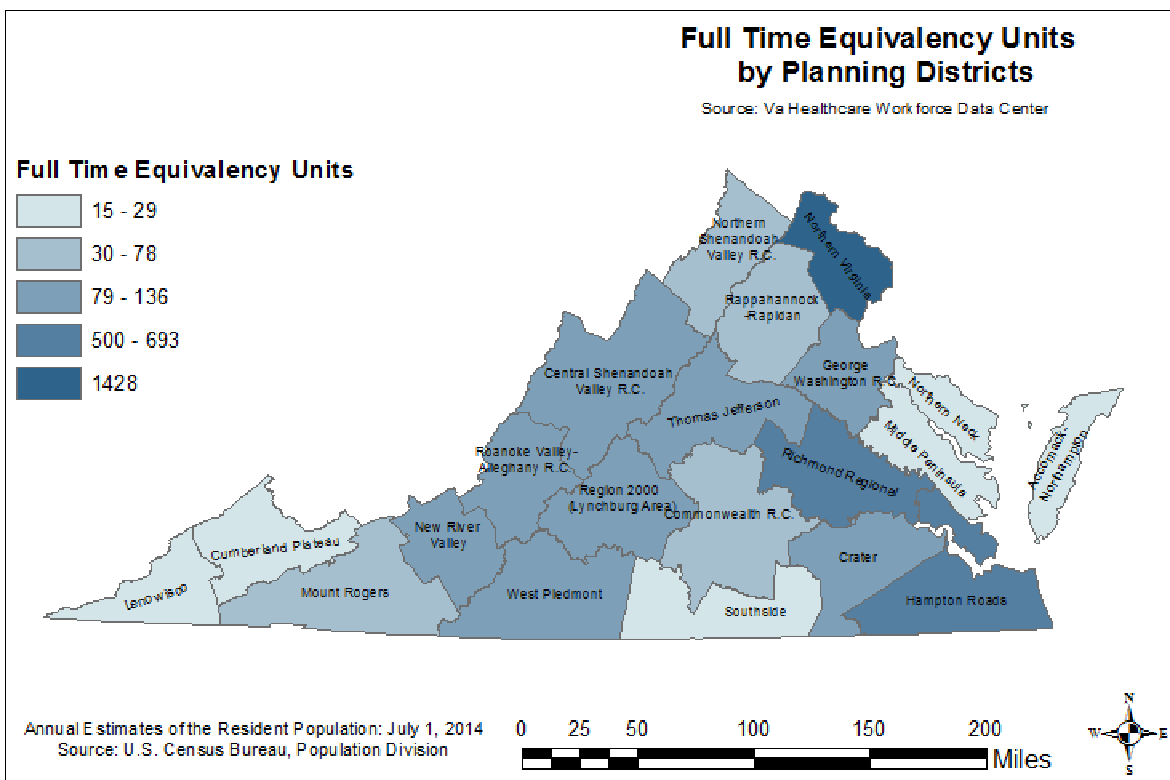

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.25 - 0.34
0.35 - 0.45
0.55
0.96
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Eastern Virginia
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 15 30 60 90 120
Miles

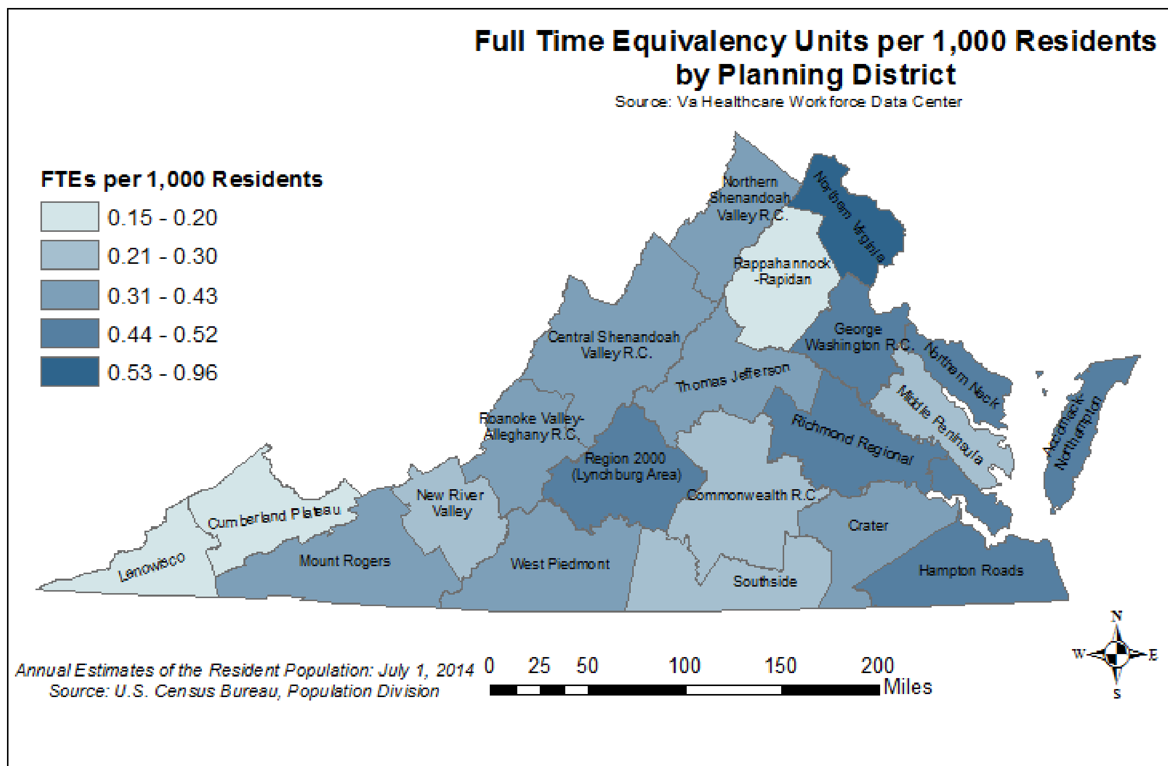

Full Time Equivalency Units
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
35 - 103
104 - 162
163 - 245
350 - 578
1224
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.17 - 0.18
0.19 - 0.32
0.33 - 0.45
0.46 - 0.55
1.08
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 20 40 80 120 160
Miles


Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
501
508
690
758
1428
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 30 60 120 180 240
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.35
0.36
0.37
0.41
0.96
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
15 - 29
30 - 78
79 - 136
500 - 693
1428
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
George Washington R.C.
Northern Neck
Central Shenandoah Valley R.C.
Thomas Jefferson
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
New River Valley
Cumberland Plateau
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.15 - 0.20
0.21 - 0.30
0.31 - 0.43
0.44 - 0.52
0.53 - 0.96
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
George Washington R.C.
Northern Neck
Central Shenandoah Valley R.C.
Thomas Jefferson
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
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Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	3,687	80.85%	1.236833277	1.160314	1.377758
Metro, 250,000 to 1 million	309	76.38%	1.309322034	1.228318	1.458506
Metro, 250,000 or less	440	80.68%	1.23943662	1.162756	1.380658
Urban pop 20,000+, Metro adj	64	79.69%	1.254901961	1.177265	1.351968
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	125	71.20%	1.404494382	1.317602	1.513131
Urban pop, 2,500-19,999, nonadj	66	81.82%	1.222222222	1.146607	1.361482
Rural, Metro adj	85	70.59%	1.416666667	1.329022	1.526245
Rural, nonadj	29	72.41%	1.380952381	1.295517	1.487768
Virginia border state/DC	744	77.82%	1.284974093	1.205476	1.431384
Other US State	1,636	80.20%	1.24695122	1.169806	1.389028

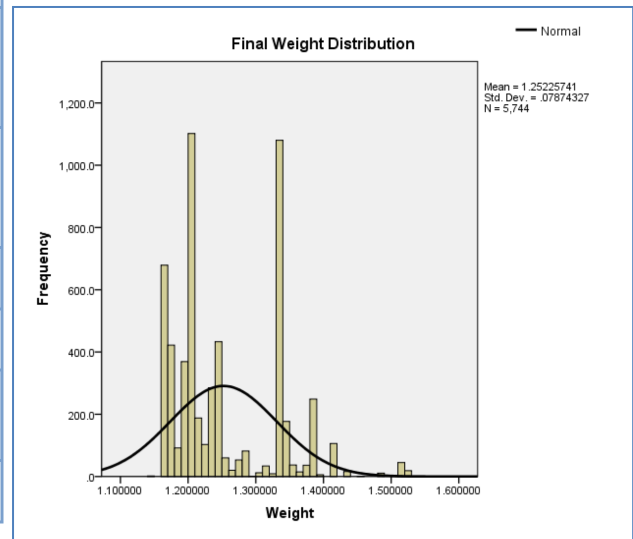
Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	205	71.71%	1.394557823	1.361482	1.458506
30 to 34	826	80.15%	1.247734139	1.21814	1.411936
35 to 39	926	82.94%	1.205729167	1.177132	1.364403
40 to 44	929	85.15%	1.174462705	1.146607	1.329022
45 to 49	745	84.03%	1.190095847	1.161869	1.346712
50 to 54	674	81.75%	1.22323049	1.194218	1.384207
55 to 59	728	82.28%	1.215358932	1.186533	1.3753
60 and Over	2,158	74.14%	1.34875	1.31676	1.526245

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.79877625



Source: Va. Healthcare Workforce Data Center

Virginia's Dental Hygienist Workforce: 2015

Healthcare Workforce Data Center

January 2016

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***

4,883 Dental Hygienists voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

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Lisa Hahn, MPA
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The Dental Hygienist Workforce: At a Glance:

The Workforce	
Licensees:	5,631
Virginia's Workforce:	4,623
FTEs:	3,024

Survey Response Rate	
All Licensees:	87%
Renewing Practitioners:	91%

Demographics	
Female:	98%
Diversity Index:	32%
Median Age:	44

Background	
Rural Childhood:	35%
HS Diploma in VA:	58%
Prof. Degree in VA:	64%

Education	
Associate:	53%
Baccalaureate:	41%

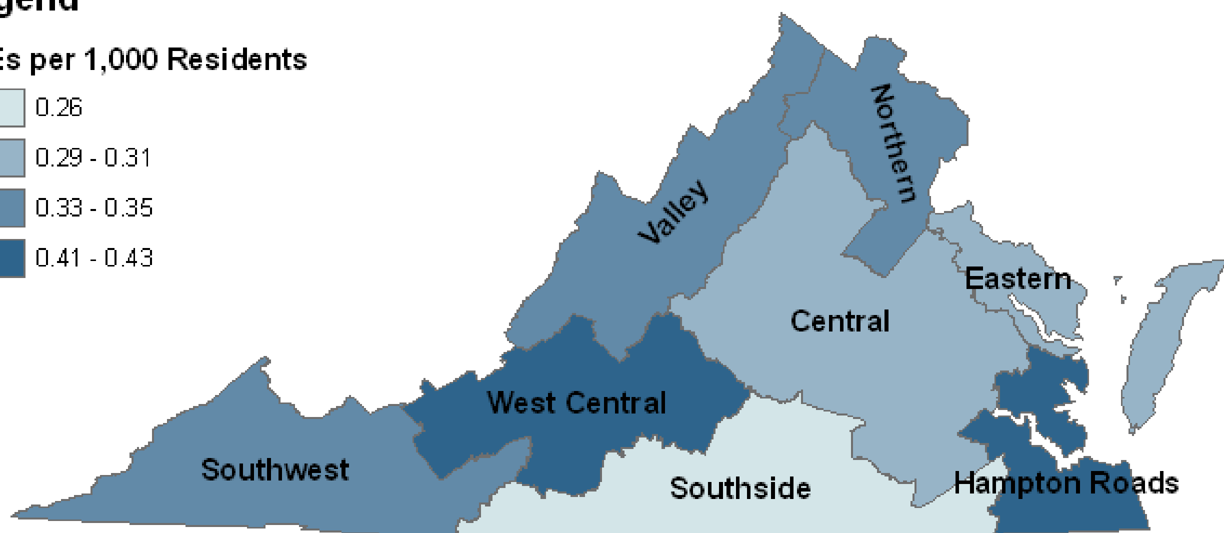
Finances	
Median Inc.:	$50k-$60k
Retirement Benefits:	45%
Under 40 w/ Ed debt:	50%

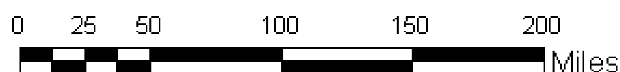
Current Employment	
Employed in Prof.:	92%
Hold 1 Full-time Job:	50%
Satisfied?:	92%

Job Turnover	
Switched Jobs:	6%
Employed over 2 yrs:	68%

Time Allocation	
Patient Care:	90-99%
Administration:	1-9%
Patient Care Role:	92%

Source: Va. Healthcare Workforce Data Center





Source: Va. Healthcare Workforce Data Center

4,883 dental hygienists voluntarily took part in the 2015 Dental Hygienist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for dental hygienists. These survey respondents represent 87% of the 5,631 dental hygienists who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 4,623 dental hygienists participated in Virginia's workforce during the survey period, which is defined as those dental hygienists who worked at least a portion of the year in the state or who live in the state and intend to return to work as a dental hygienist at some point in the future. Between April 2014 and March 2015, Virginia's dental hygienist workforce provided 3,024 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

Nearly all dental hygienists are female, while the median age of all dental hygienists is 44. In a random encounter between two dental hygienists, there is a nearly one-third chance that they would be of different races or ethnicities, a measure known as the diversity index. Meanwhile, dental hygienists who are under the age of 40 are somewhat more diverse with a diversity index of 39%. However, both of these values are less than the diversity index for Virginia's population as a whole, which currently stands at 55%.

35% of dental hygienists grew up in a rural area, but only 19% of these professionals currently work in non-Metro areas of the state. Meanwhile, 58% of Virginia's dental hygienists graduated from high school in Virginia, and 64% received their initial professional degree in the state. Overall, 71% of dental hygienists have some educational background in the state.

53% of all dental hygienists hold an Associate's degree as their highest professional degree, while another 41% have earned a baccalaureate degree. Currently, 29% of dental hygienists have educational debt, including half of all dental hygienists who are under the age of 40. The median debt burden for those dental hygienists with educational debt is between $10,000 and $20,000.

92% of dental hygienists are currently employed in the profession, and only 1% are involuntarily unemployed at the moment. In addition, half of all dental hygienists currently hold one full-time position. Nearly one-third of all dental hygienists currently work less than 30 hours per week, while only 1% work at least 60 hours per week.

The typical dental hygienist earns between $50,000 and $60,000 per year. Approximately three-quarters of all dental hygienists received an hourly wage at the primary work location, while only 22% earned a salary. 72% of dental hygienists who are paid with either an hourly wage or a salary also receive at least one employer-sponsored benefit, including 45% who have access to some form of retirement plan. 92% of dental hygienists indicate they are satisfied with their current employment situation, including 61% who indicate they are "very satisfied".

68% of dental hygienists have worked at their primary work location for at least two years, and only 6% switched jobs at some point in the past year. 72% of all dental hygienists work at a solo dental practice, while another 17% work at a group dental practice. Only 2% of Virginia's dental hygienists work for the federal government.

A typical dental hygienist spends nearly all of her time treating patients. For instance, 92% of all dental hygienists serve in a patient care role, meaning that at least 60% of their time is spent treating patients. On average, a dental hygienist treats between 25 and 50 patients per week at her primary work location and an additional 1 to 25 patients at a secondary work location, if they had one.

23% of dental hygienists expect to retire in the next decade, while half the current workforce expects to retire by 2035. Over the next two years, only 3% of dental hygienists plan on leaving the state, while just 2% plan on leaving the profession entirely. Meanwhile, 13% of dental hygienists expect to increase patient care activities within the next two years, while 9% are planning to pursue additional educational opportunities.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	5,160	92%
New Licensees	261	5%
Non-Renewals	210	4%
All Licensees	5,631	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 91% of renewing dental hygienists submitted a survey. These represent 87% of dental hygienists who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	78	614	89%
30 to 34	82	680	89%
35 to 39	60	630	91%
40 to 44	85	637	88%
45 to 49	72	620	90%
50 to 54	81	611	88%
55 to 59	102	559	85%
60 and Over	188	532	74%
Total	748	4,883	87%
New Licenses			
Issued in Past Year	50	211	81%
Metro Status			
Non-Metro	49	426	90%
Metro	474	3,271	87%
Not in Virginia	226	1,179	84%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Dental Hygienists

Number: 5,631
New: 5%
Not Renewed: 4%

Response Rates

All Licensees: 87%
Renewing Practitioners: 91%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,883
Response Rate, all licensees	87%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in March 2015.
2. **Target Population:** All Dental Hygienists who held a Virginia license at some point between April 2014 and March 2015.
3. **Survey Population:** The survey was available to dental hygienists who renewed their licenses online. It was not available to those who did not renew, including some dental hygienists newly licensed in 2015.

At a Glance:

Workforce
Dental Hygienist Workforce: 4,623
FTEs: 3,024

Utilization Ratios
Licensees in VA Workforce: 82%
Licensees per FTE: 1.86
Workers per FTE: 1.53

Source: Va. Healthcare Workforce Data Center

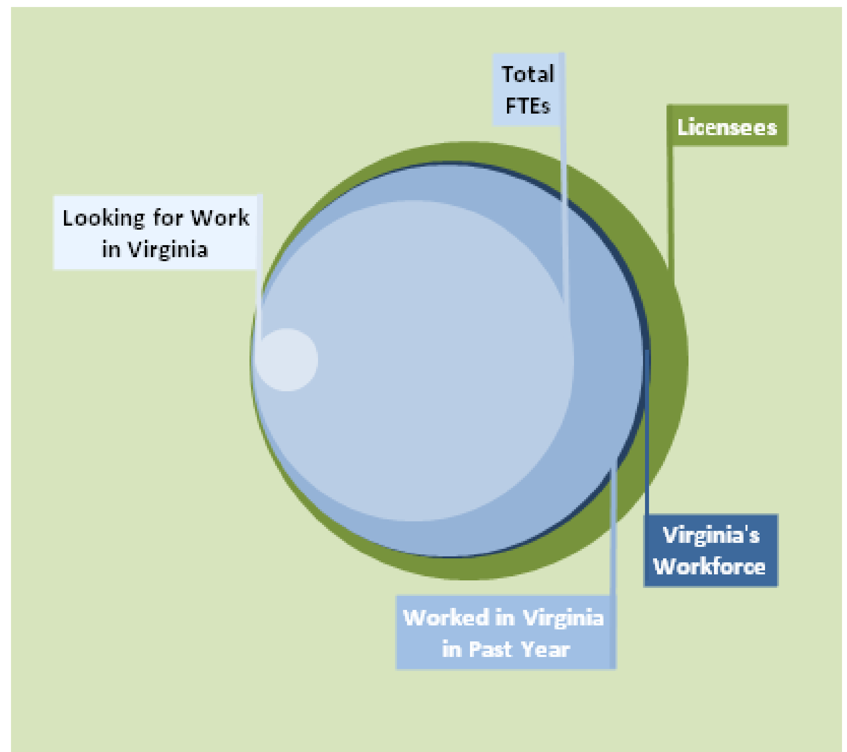
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between April 2014 and March 2015 or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Dental Hygienist Workforce		
Status	#	%
Worked in Virginia in Past Year	4,503	97%
Looking for Work in Virginia	119	3%
Virginia's Workforce	4,623	100%
Total FTEs	3,024	
Licensees	5,631	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	15	3%	553	97%	568	14%
30 to 34	17	3%	575	97%	592	14%
35 to 39	11	2%	511	98%	522	12%
40 to 44	15	3%	502	97%	517	12%
45 to 49	8	2%	527	99%	534	13%
50 to 54	2	0%	509	100%	512	12%
55 to 59	0	0%	469	100%	469	11%
60 +	5	1%	478	99%	484	12%
Total	73	2%	4,125	98%	4,198	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
% Female: 98%
% Under 40 Female: 97%

Age
Median Age: 44
% Under 40: 40%
% 55+: 23%

Diversity
Diversity Index: 32%
Under 40 Div. Index: 39%

Source: Va. Healthcare Workforce Data Center

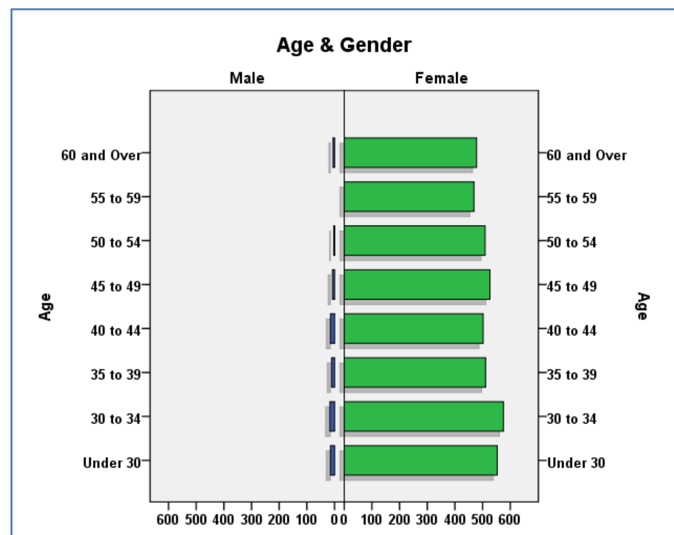
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Dental Hygienists		Hygienists Under 40	
	%	#	%	#	%
White	63%	3,459	82%	1,302	77%
Black	19%	194	5%	93	6%
Asian	6%	251	6%	139	8%
Other Race	0%	53	1%	23	1%
Two or more races	2%	85	2%	42	2%
Hispanic	9%	166	4%	85	5%
Total	100%	4,208	100%	1,684	100%

**Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.*

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two dental hygienists, there is a 32% chance they would be of a different race/ethnicity (a measure known as the Diversity Index).

40% of dental hygienists are under the age of 40. 97% of these professionals are female, and they have a diversity index of 39%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood
Urban Childhood: 13%
Rural Childhood: 35%

Virginia Background
HS in Virginia: 58%
Prof. in VA: 64%
HS or Prof. in VA: 71%

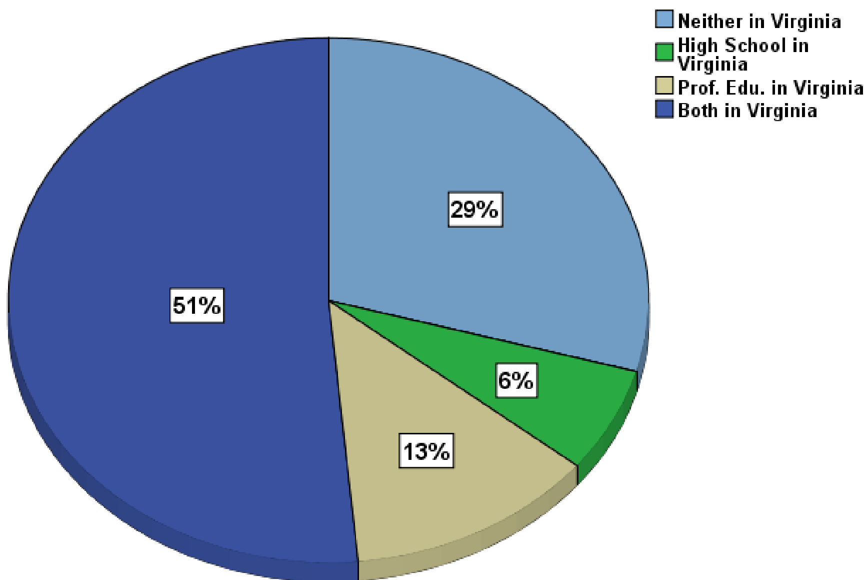
Location Choice
% Rural to Non-Metro: 19%
% Urban/Suburban to Non-Metro: 4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	25%	61%	15%
2	Metro, 250,000 to 1 million	49%	41%	10%
3	Metro, 250,000 or less	63%	31%	5%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	56%	35%	9%
6	Urban pop, 2,500-19,999, Metro adj	69%	23%	8%
7	Urban pop, 2,500-19,999, nonadj	89%	3%	8%
8	Rural, Metro adj	74%	23%	3%
9	Rural, nonadj	67%	25%	8%
	Overall	35%	52%	13%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Only 13% of dental hygienists grew up in a rural area, and 19% of this group currently works in non-Metro areas of the state. Overall, 9% of dental hygienists currently work in rural areas of Virginia.

Top Ten States for Dental Hygienist Recruitment

Rank	All Dental Hygienists			
	High School	#	Dental School	#
1	Virginia	2,435	Virginia	2,641
2	Outside U.S./Canada	218	North Carolina	205
3	New York	146	Maryland	122
4	Pennsylvania	145	West Virginia	117
5	North Carolina	140	New York	112
6	Maryland	122	Pennsylvania	96
7	West Virginia	113	Tennessee	95
8	New Jersey	85	Florida	94
9	Florida	84	Michigan	70
10	Michigan	77	Washington, D.C.	59

Source: Va. Healthcare Workforce Data Center

58% of all dental hygienists earned their high school degree in Virginia, and 64% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Dental School	#
1	Virginia	572	Virginia	662
2	Outside U.S./Canada	80	North Carolina	61
3	Pennsylvania	35	Maryland	40
4	North Carolina	34	Pennsylvania	26
5	Maryland	33	Florida	23
6	West Virginia	25	New York	23
7	New York	25	West Virginia	21
8	Michigan	20	Michigan	20
9	Ohio	17	Tennessee	16
10	California	17	Ohio	15

Source: Va. Healthcare Workforce Data Center

Among dental hygienists who received their initial license in the past five years, 55% earned their high school degree in Virginia, while 64% received their initial professional degree in the state.

18% of Virginia's licensees were not part of the state's dental hygienist workforce. 80% of these licensees worked at some point in the past year, and 69% currently work as dental hygienists.

At a Glance:

Not in VA Workforce

Total:	1,009
% of Licensees:	18%
Federal/Military:	5%
Va Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Dental Hygienist Degree		
Degree	#	%
Certificate	82	2%
Associate Degree	2,184	53%
Bachelor Degree	1,686	41%
Post-Graduate Cert.	16	0%
Master's Degree	111	3%
Doctorate	6	0%
Total	4,085	100%

Source: Va. Healthcare Workforce Data Center

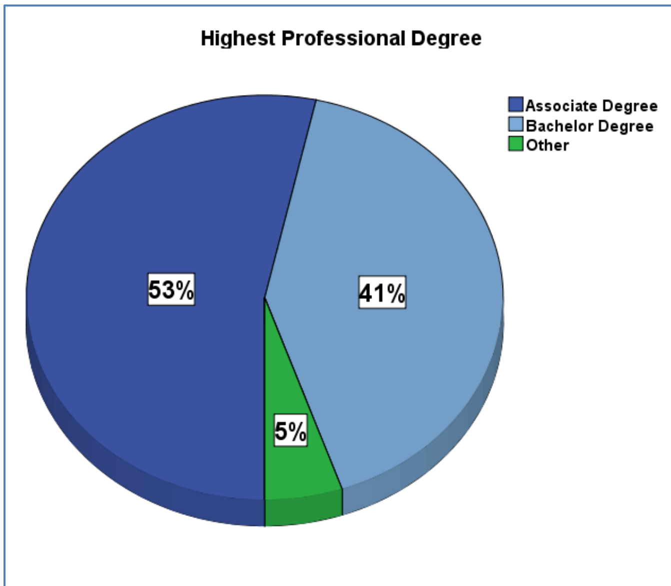
29% of dental hygienists carry educational debt, including one-half of those under the age of 40. For those with educational debt, their median burden is between $10,000 and $20,000.

At a Glance:

Education
Associate: 53%
Baccalaureate: 41%

Educational Debt
Carry debt: 29%
Under age 40 w/ debt: 50%
Median debt: $10k-$20k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Dental Hygienists		Hygienists under 40	
	#	%	#	%
None	2,676	71%	775	50%
Less than $10,000	295	8%	206	13%
$10,000-$19,999	262	7%	189	12%
$20,000-$29,999	179	5%	129	8%
$30,000-$39,999	114	3%	91	6%
$40,000-$49,999	72	2%	51	3%
$50,000-$59,999	37	1%	25	2%
$60,000-$69,999	35	1%	27	2%
$70,000-$79,999	24	1%	15	1%
$80,000-$89,999	24	1%	17	1%
$90,000-$99,999	13	0%	7	0%
$100,000 or more	27	1%	19	1%
Total	3,757	100%	1,550	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment
Employed in Profession: 92%
Involuntarily Unemployed: 1%

Positions Held
1 Full-time: 50%
2 or More Positions: 17%

Weekly Hours:
40 to 49: 11%
60 or more: 1%
Less than 30: 31%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a dentistry related capacity	3,868	92%
Employed, NOT in a dentistry related capacity	102	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	34	1%
Voluntarily unemployed	167	4%
Retired	31	1%
Total	**4,203**	**100%**

Source: Va. Healthcare Workforce Data Center

92% of Virginia's dental hygienists are currently employed in the profession, and only 1% are involuntarily unemployed. One-half of the state's dental hygienist workforce currently holds one full-time job, while more than one-quarter hold one part-time job.

Current Positions		
Positions	#	%
No Positions	232	6%
One Part-Time Position	1,137	27%
Two Part-Time Positions	398	10%
One Full-Time Position	2,059	50%
One Full-Time Position & One Part-Time Position	227	5%
Two Full-Time Positions	7	0%
More than Two Positions	87	2%
Total	**4,147**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	232	6%
1 to 9 hours	154	4%
10 to 19 hours	358	9%
20 to 29 hours	766	19%
30 to 39 hours	2,085	51%
40 to 49 hours	468	11%
50 to 59 hours	35	1%
60 to 69 hours	13	0%
70 to 79 hours	9	0%
80 or more hours	6	0%
Total	**4,126**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	**#**	**%**
Volunteer Work Only	35	1%
Less than $20,000	226	7%
$20,000-$29,999	206	6%
$30,000-$39,999	375	11%
$40,000-$49,999	485	14%
$50,000-$59,999	670	20%
$60,000-$69,999	637	19%
$70,000-$79,999	441	13%
$80,000-$89,999	206	6%
$90,000-$99,999	80	2%
$100,000 or More	59	2%
Total	3,419	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $50k-$60k

Benefits
Paid Vacation: 64%
Retirement: 45%

Satisfaction
Satisfied: 92%
Very Satisfied: 61%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	2,509	61%
Somewhat Satisfied	1,269	31%
Somewhat Dissatisfied	242	6%
Very Dissatisfied	74	2%
Total	4,094	100%

Source: Va. Healthcare Workforce Data Center

The typical dental hygienist made between $50,000 and $60,000 in the past year. Among dental hygienists who were compensated at their primary work location with either a salary or an hourly wage, 64% received paid vacation and 45% had access to some form of a retirement plan.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Vacation	2,543	66%	64%
Retirement	1,730	45%	45%
Paid Sick Leave	1,360	35%	34%
Dental Insurance	574	15%	14%
Group Life Insurance	440	11%	11%
Signing/Retention Bonus	82	2%	2%
Received At Least One Benefit	2,825	73%	72%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience involuntary unemployment?	123	3%
Experience voluntary unemployment?	284	6%
Work part-time or temporary positions, but would have preferred a full-time/permanent position?	462	10%
Work two or more positions at the same time?	828	18%
Switch employers or practices?	274	6%
Experienced at least 1	1,410	30%

Source: Va. Healthcare Workforce Data Center

Only 3% of Virginia's dental hygienists experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 5.2% during the same time period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	140	4%	100	10%
Less than 6 Months	223	6%	134	14%
6 Months to 1 Year	332	8%	139	14%
1 to 2 Years	583	15%	185	19%
3 to 5 Years	735	18%	172	18%
6 to 10 Years	777	20%	129	13%
More than 10 Years	1,184	30%	122	12%
Subtotal	**3,973**	**100%**	**982**	**100%**
Did not have location	162		3,570	
Item Missing	488		71	
Total	4,623		4,623	

Source: Va. Healthcare Workforce Data Center

More than three-quarters of all dental hygienists receive an hourly wage at their primary work location.

At a Glance:

Unemployment Experience
Involuntarily Unemployed: 3%
Underemployed: 10%

Turnover & Tenure
Switched Jobs: 6%
New Location: 21%
Over 2 years: 68%
Over 2 yrs, 2nd location: 43%

Employment Type
Hourly Wage: 76%
Salary/Commission: 22%

Source: Va. Healthcare Workforce Data Center

68% of dental hygienists have been employed at their primary work location for at least two years.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	719	22%
Hourly Wage	2,534	76%
By Contract	40	1%
Business/ Practice Income	16	0%
Unpaid	17	1%
Subtotal	3,326	100%
Did not have location	162	
Item Missing	1,135	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The not seasonally adjusted monthly unemployment rate ranged from 4.5% in December 2014 to 5.6% in January 2014.

At a Glance:

Concentration

Top Region:	34%
Top 3 Regions:	75%
Lowest Region:	1%

Locations

2 or more (Past Year):	26%
2 or more (Now*):	22%

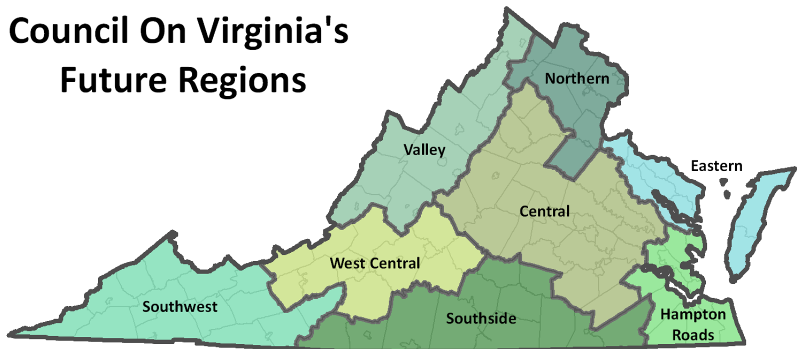
Source: Va. Healthcare Workforce Data Center

34% of all dental hygienists work in Northern Virginia, the most of any region in the state. Along with Hampton Roads and Central Virginia, these three regions employ three-quarters of the state's dental hygienist workforce.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	658	17%	158	15%
Eastern	59	1%	12	1%
Hampton Roads	975	25%	224	22%
Northern	1,327	34%	395	38%
Southside	122	3%	32	3%
Southwest	167	4%	30	3%
Valley	219	6%	42	4%
West Central	400	10%	100	10%
Virginia Border State/DC	18	0%	14	1%
Other US State	9	0%	26	3%
Outside of the US	0	0%	2	0%
Total	3,954	100%	1,035	100%
Item Missing	507		16	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	124	3%	240	6%
1	2,920	71%	2,947	72%
2	599	15%	552	14%
3	303	7%	289	7%
4	67	2%	29	0%
5	19	1%	6	1%
6 or More	57	1%	26	0%
Total	4,089	100%	4,089	100%

*At the time of survey completion, March 2015.

Source: Va. Healthcare Workforce Data Center

22% of all dental hygienists currently have multiple work locations, while 26% have worked at multiple locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-profit	3,629	94%	872	90%
Non-profit	55	1%	43	4%
State/local government	102	3%	48	5%
Veterans Administration	7	0%	1	0%
U.S. Military	51	1%	2	0%
Other Federal Government	11	0%	4	0%
Total	**3,855**	**100%**	**970**	**100%**
Did not have location	162		3,570	
Item missing	606		81	

Source: Va. Healthcare Workforce Data Center

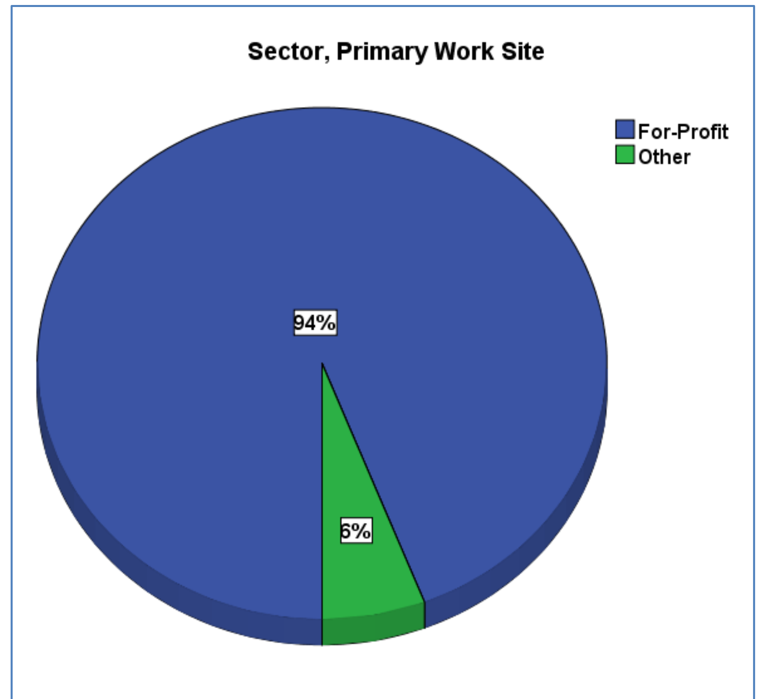
At a Glance:
(Primary Locations)

Sector
For Profit: 94%
Federal: 2%

Top Establishments
Solo Practice: 72%
Group Practice: 17%
Dental/Health Clinic: 6%

Source: Va. Healthcare Workforce Data Center

94% of dental hygienists work in for-profit establishments. Another 3% work for a state or local government, while 2% work for the federal government.



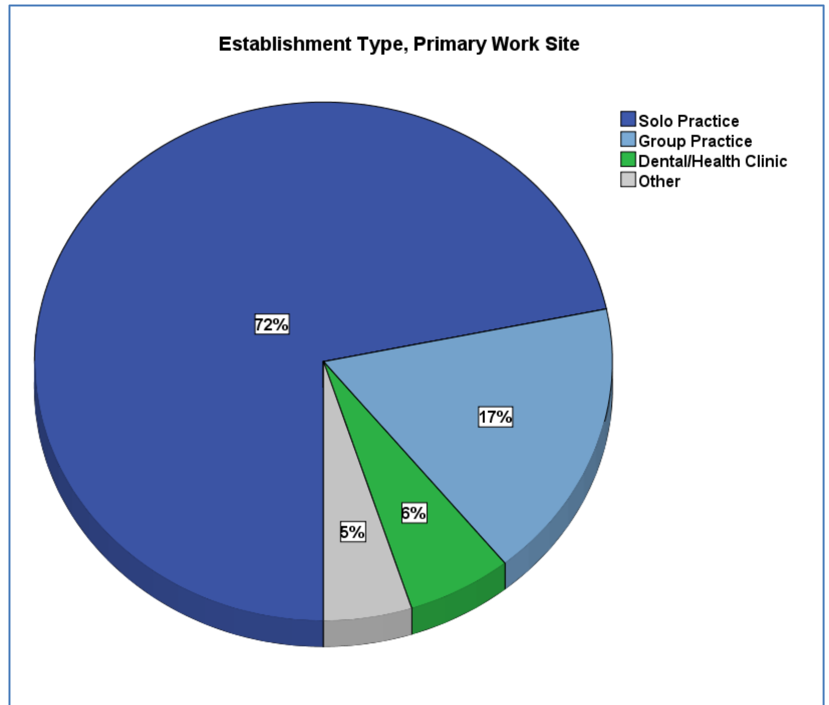
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,723	72%	661	69%
Group Practice	662	17%	130	14%
Dental/Health Clinic	223	6%	72	8%
Dental School (including Combined Dental/Dental Hygiene)	59	2%	39	4%
Hospital/Health System	25	1%	6	1%
Public Health Program	25	1%	5	1%
Corrections	12	0%	3	0%
Insurance	7	0%	2	0%
K-12 School or Non-Dental College	6	0%	4	0%
Nursing Home/Long-Term Care Facility	4	0%	7	1%
Supplier Organization	2	0%	1	0%
Other	49	1%	24	3%
Total	3,797	100%	954	100%
Did Not Have a Location	162		3,570	

Source: Va. Healthcare Workforce Data Center

72% of dental hygienists work at a solo dental practice at their primary work location, while another 17% work at a group dental practice. Another 6% of Virginia's dental hygienists work at Dental/Health Clinics.

Among those dental hygienists who also have a secondary work location, 69% work at a solo dental practice and 14% work at a group dentist practice.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

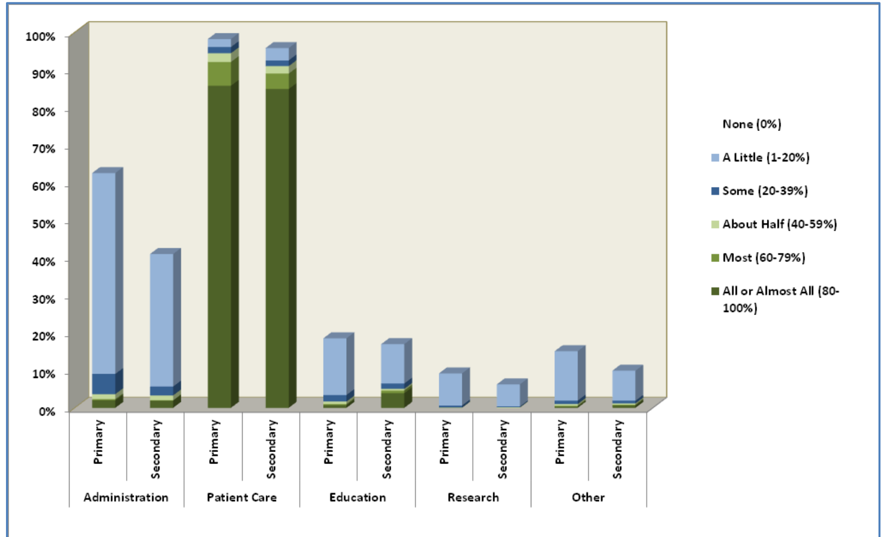
Typical Time Allocation
Patient Care: 90%-99%
Administration: 1%-9%

Roles
Patient Care: 92%
Administrative: 2%
Education: 1%

Patient Care Hygienists
Median Admin Time: 1%-9%
Ave. Admin Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



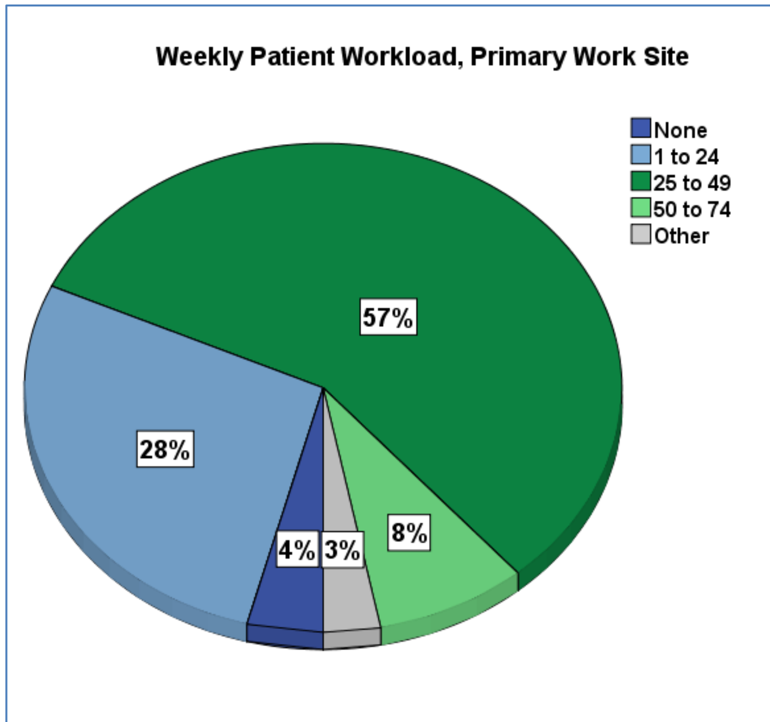
Source: Va. Healthcare Workforce Data Center

A typical dental hygienist spends nearly all of her time treating patients. In particular, 92% of dental hygienists fill a patient care role, defined as spending 60% or more of their time on patient care activities. Another 2% of dental hygienists fill an administrative role at their primary work location.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	86%	85%	1%	4%	0%	0%	0%	1%
Most (60-79%)	0%	0%	6%	4%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	1%	1%	2%	2%	1%	0%	0%	0%	0%	0%
Some (20-39%)	5%	2%	2%	2%	2%	1%	1%	0%	1%	1%
A Little (1-20%)	54%	35%	2%	3%	15%	10%	9%	6%	13%	8%
None (0%)	38%	59%	2%	4%	82%	83%	91%	94%	85%	90%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)
Primary Location: 25-49
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

The typical dental hygienist treated between 25 and 49 patients per week at her primary work location. For those dental hygienists who also had a secondary work location, the median workload was between 1 and 24 patients per week.

# of Patients Per Week	Patient Care Visits			
	Primary		Secondary	
	#	%	#	%
None	158	4%	93	10%
1-24	1,068	28%	697	73%
25-49	2,190	57%	122	13%
50-74	317	8%	28	3%
75-99	68	2%	10	1%
100-124	20	1%	7	1%
125-149	11	0%	0	0%
150-174	5	0%	1	0%
175-199	1	0%	1	0%
200 or More	15	0%	2	0%
Total	3,853	100%	961	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Dental Hygienists		Hygienists over 50	
	#	%	#	%
Under age 50	258	7%	-	-
50 to 54	382	10%	24	2%
55 to 59	634	17%	128	10%
60 to 64	1,061	29%	410	33%
65 to 69	855	23%	449	36%
70 to 74	210	6%	124	10%
75 to 79	30	1%	20	2%
80 or over	24	1%	12	1%
I do not intend to retire	202	6%	77	6%
Total	**3,655**	**100%**	**1,244**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Dental Hygienists
Under 65: 64%
Under 60: 35%
Hygienists 50 and over
Under 65: 45%
Under 60: 12%

Time until Retirement

Within 2 years: 5%
Within 10 years: 23%
Half the workforce: By 2035

Source: Va. Healthcare Workforce Data Center

64% of dental hygienists expect to retire by the age of 65, while 13% plan on working until at least age 70. Among dental hygienists who are already age 50 and over, 45% still expect to retire by age 65, while 19% plan on working until at least age 70.

Within the next two years, only 3% of Virginia's dental hygienists plan on leaving the state, while 2% plan on leaving the profession. At the same time, 13% of dental hygienists plan on increasing their patient care activities, and 9% plan on pursuing additional educational opportunities.

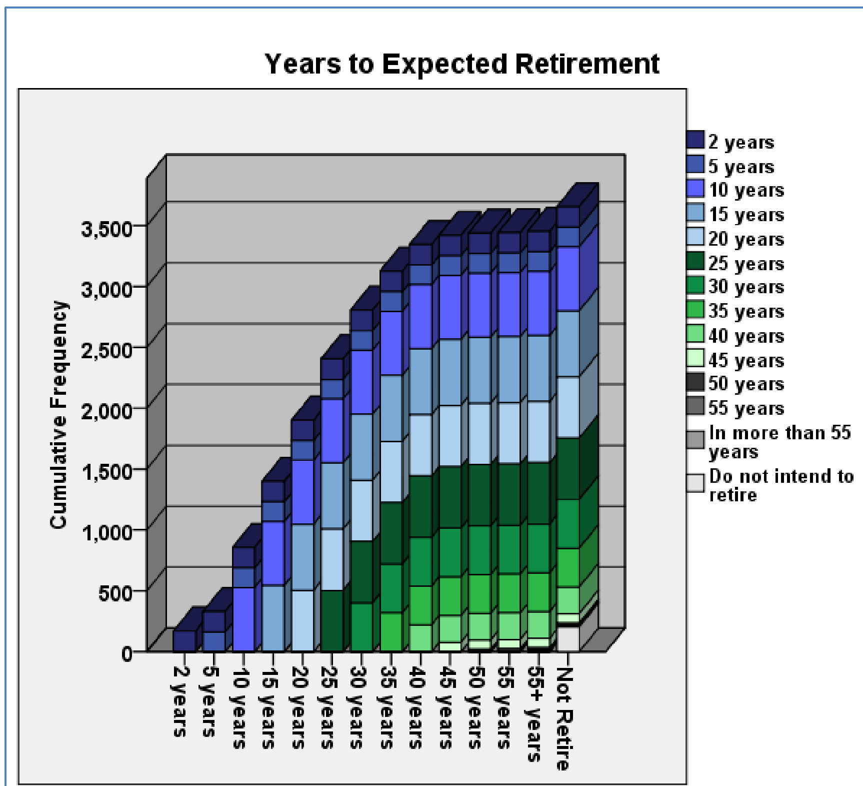
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	96	2%
Leave Virginia	137	3%
Decrease Patient Care Hours	398	9%
Decrease Teaching Hours	16	0%
Increase Participation		
Increase Patient Care Hours	602	13%
Increase Teaching Hours	136	3%
Pursue Additional Education	433	9%
Return to Virginia's Workforce	50	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for dental hygienists. While only 5% of dental hygienists expect to retire in the next two years, nearly one-quarter of them plan on retiring within the next decade. More than half of the current workforce expects to retire by 2035.

Time to Retirement			
Expect to retire within. . .	**#**	**%**	**Cumulative %**
2 years	169	5%	5%
5 years	160	4%	9%
10 years	526	14%	23%
15 years	543	15%	38%
20 years	504	14%	52%
25 years	503	14%	66%
30 years	401	11%	77%
35 years	319	9%	85%
40 years	219	6%	91%
45 years	77	2%	94%
50 years	18	0%	94%
55 years	4	0%	94%
In more than 55 years	9	0%	94%
Do not intend to retire	202	6%	100%
Total	**3,655**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2025. Retirements will peak at 15% of the current workforce around 2030 before declining to under 10% of the current workforce again around 2050.

At a Glance:

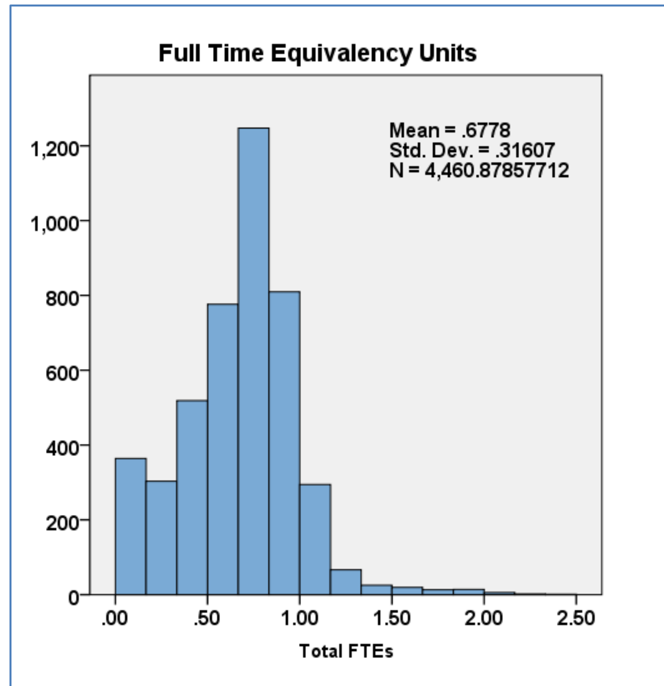
FTEs
Total: 3,024
FTEs/1,000 Residents: 0.363
Average: 0.68

Age & Gender Effect
Age, Partial Eta^2: Small
Gender, Partial Eta^2: Negligible

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

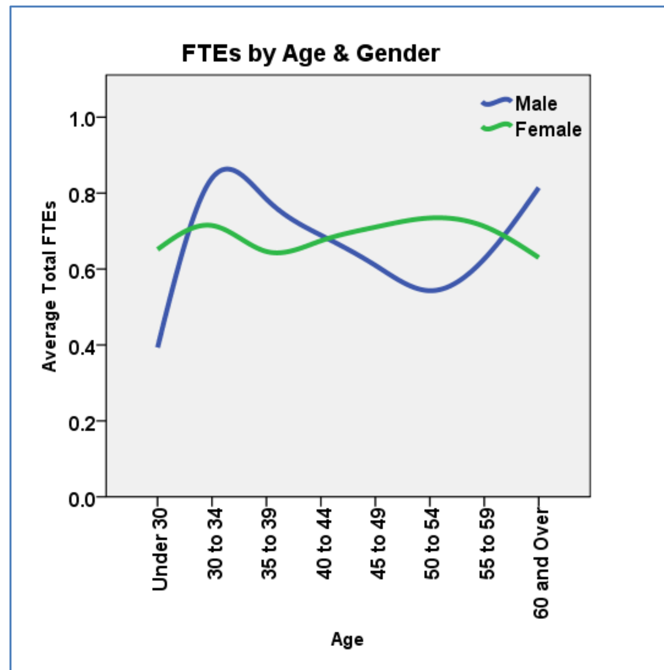


Source: Va. Healthcare Workforce Data Center

The typical dental hygienist provided 0.73 FTEs in the past year, or approximately 29 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify a difference exists.[2]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.63	0.68
30 to 34	0.72	0.78
35 to 39	0.64	0.68
40 to 44	0.65	0.67
45 to 49	0.72	0.80
50 to 54	0.70	0.73
55 to 59	0.71	0.70
60 and Over	0.66	0.76
Gender		
Male	0.67	0.80
Female	0.68	0.75

Source: Va. Healthcare Workforce Data Center

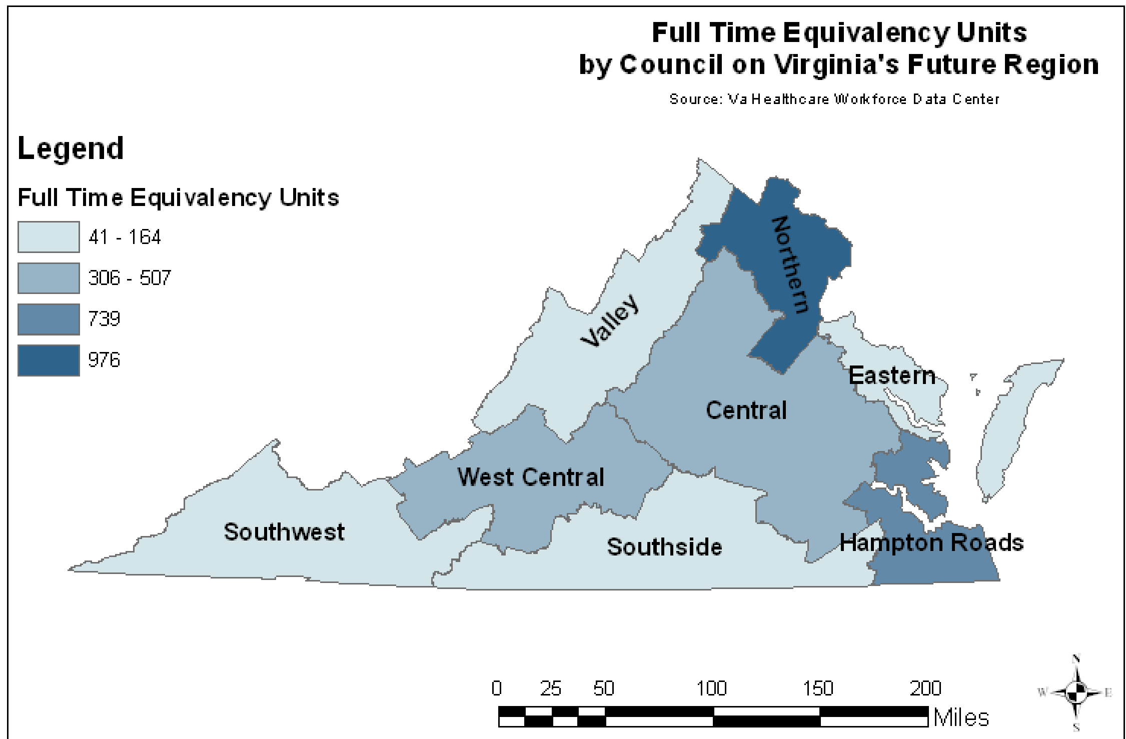


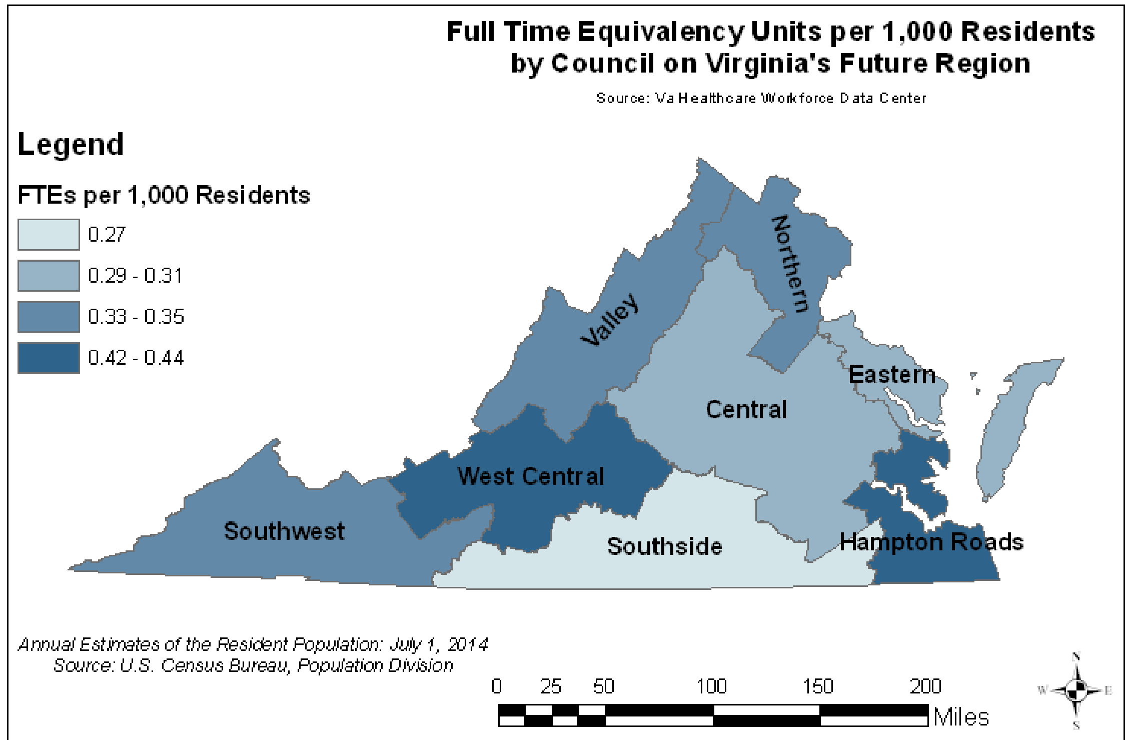
Source: Va. Healthcare Workforce Data Center

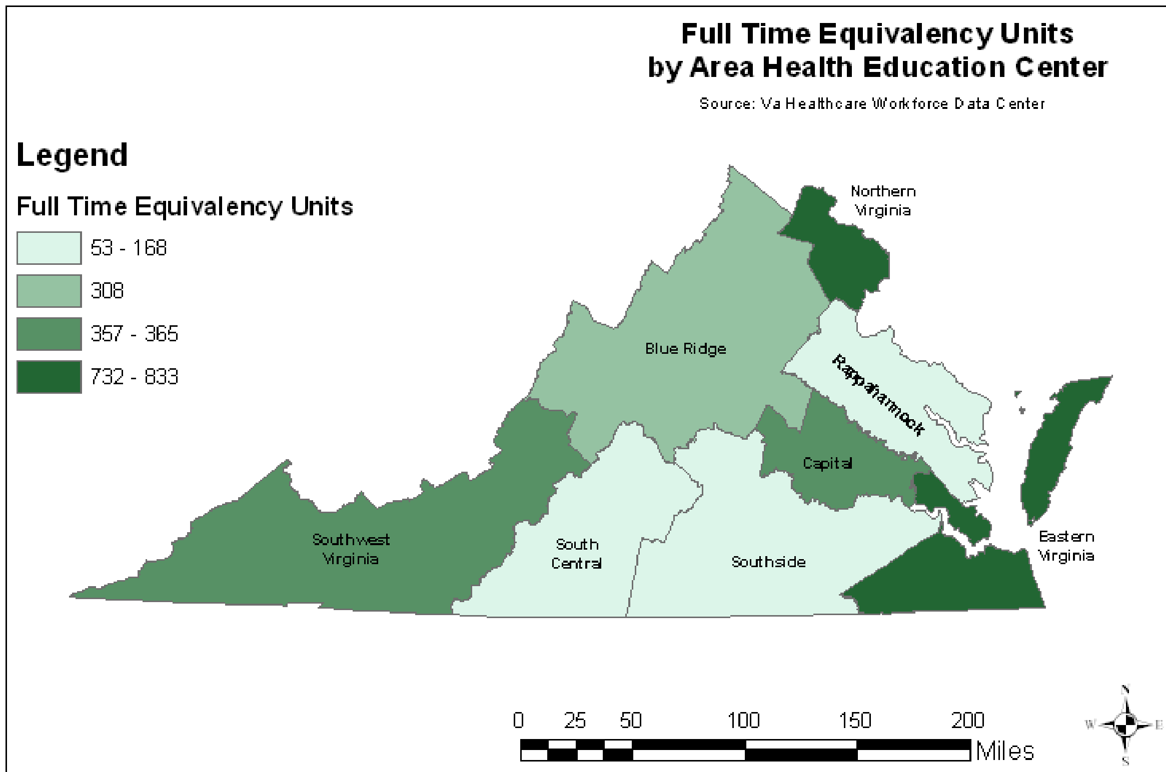
[2] Due to assumption violations in Mixed between-within ANOVA (Interaction effect is significant)

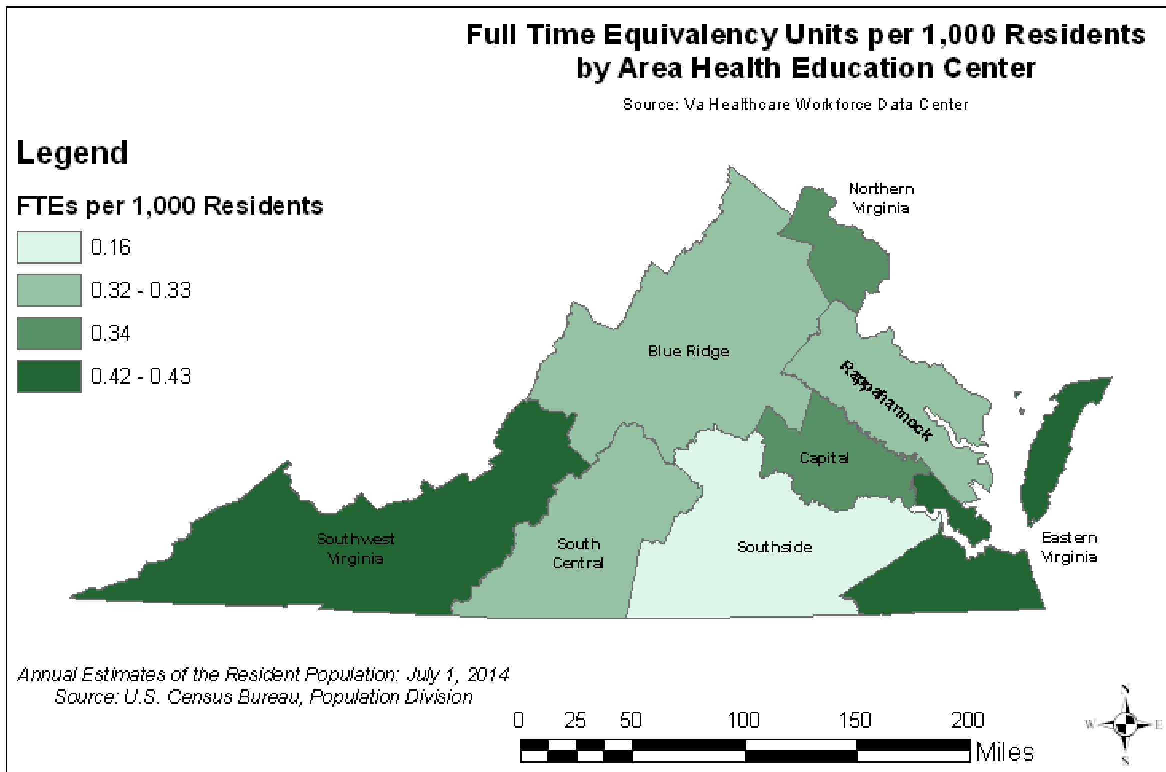
Maps

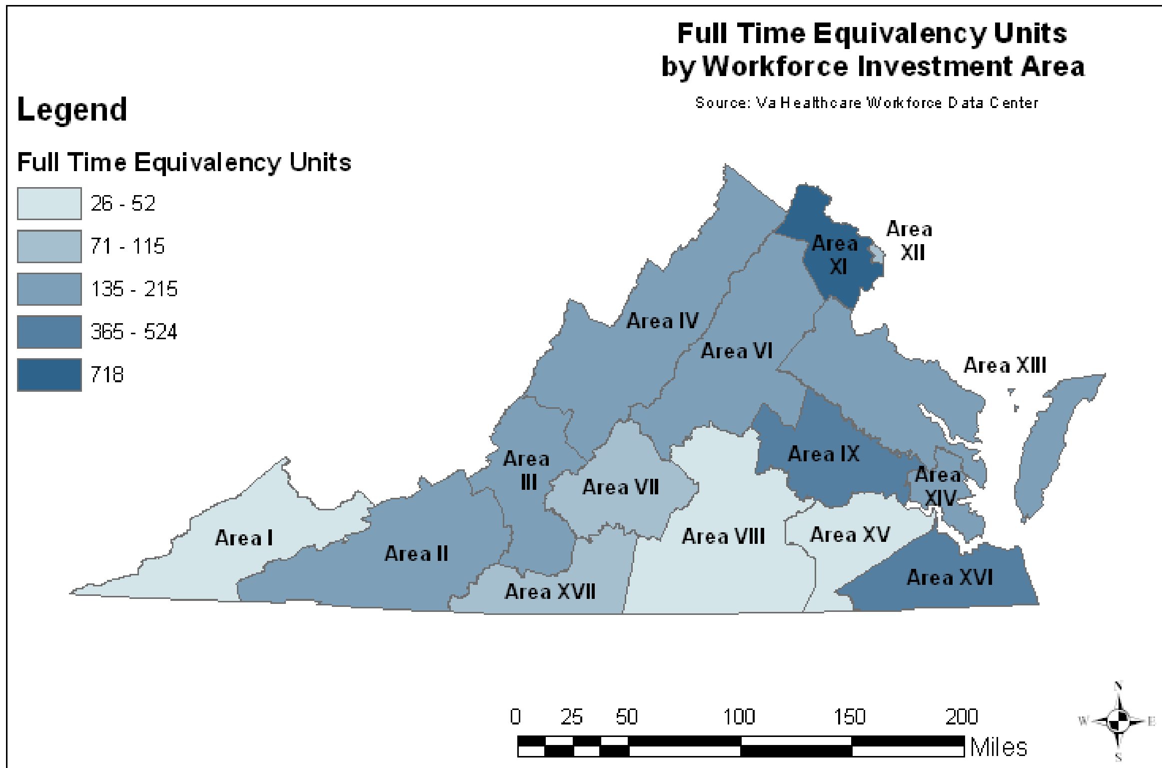
Council on Virginia's Future Regions

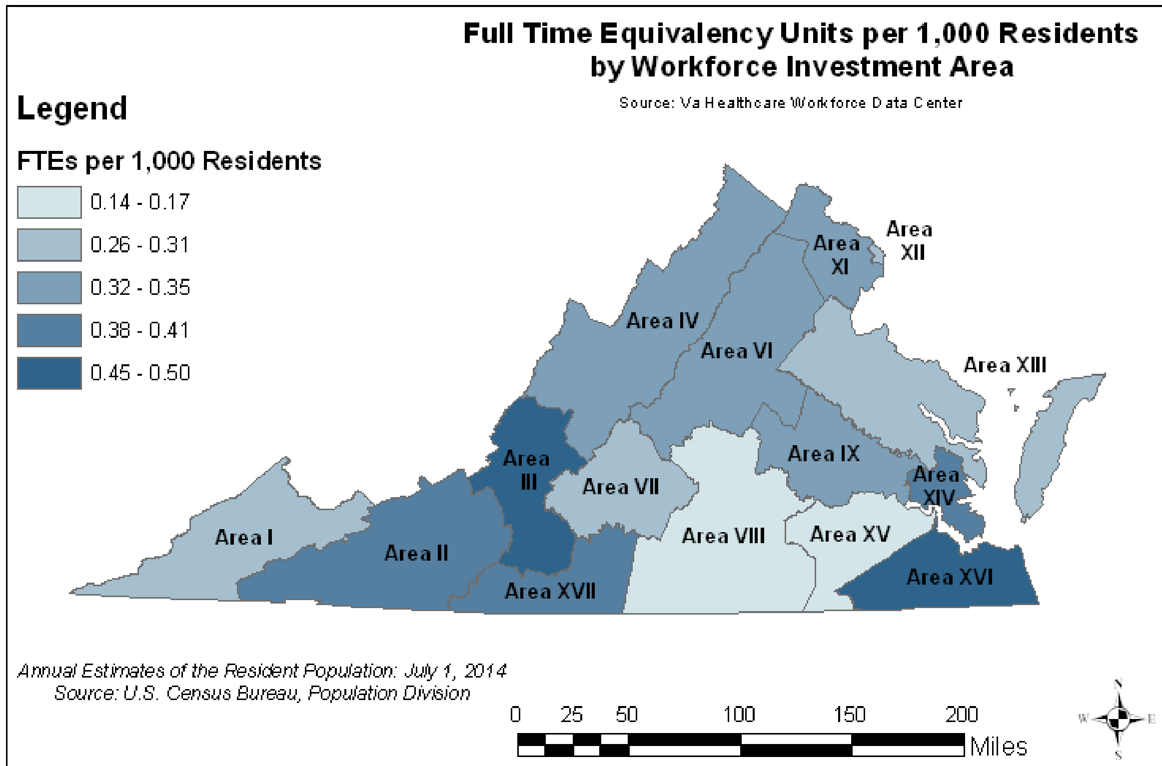


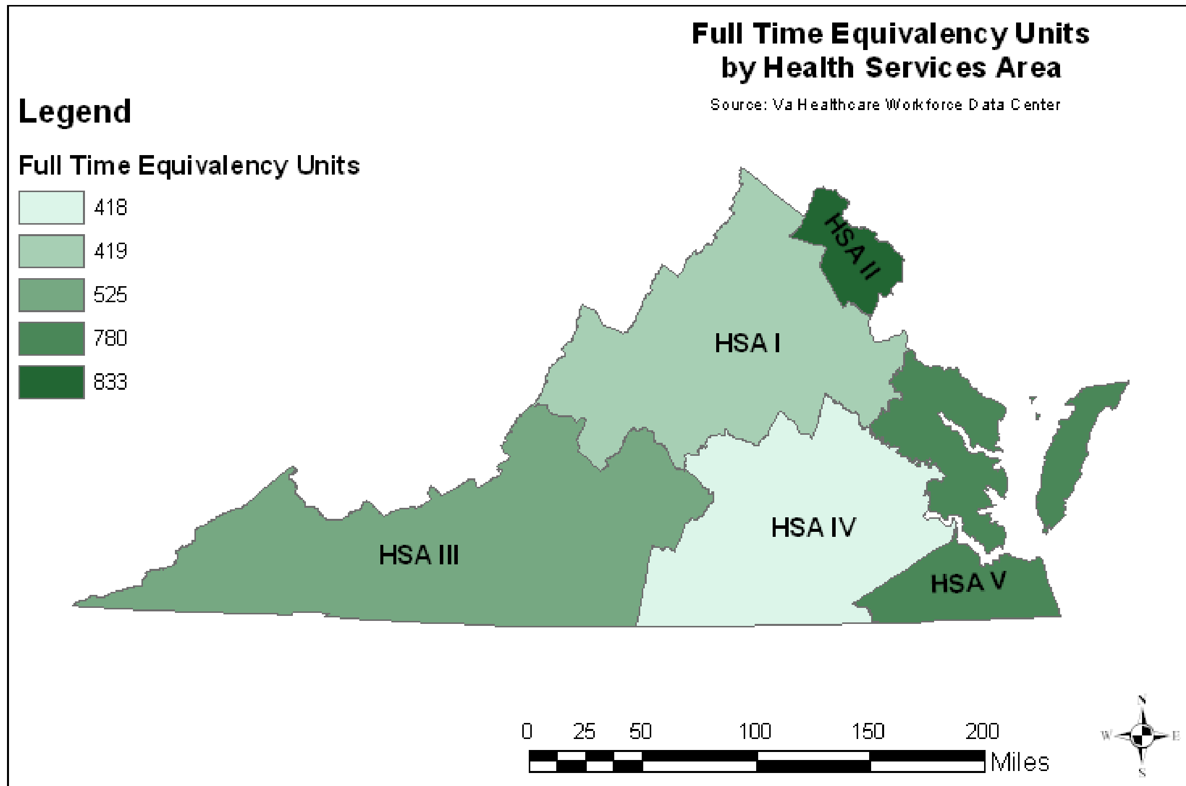


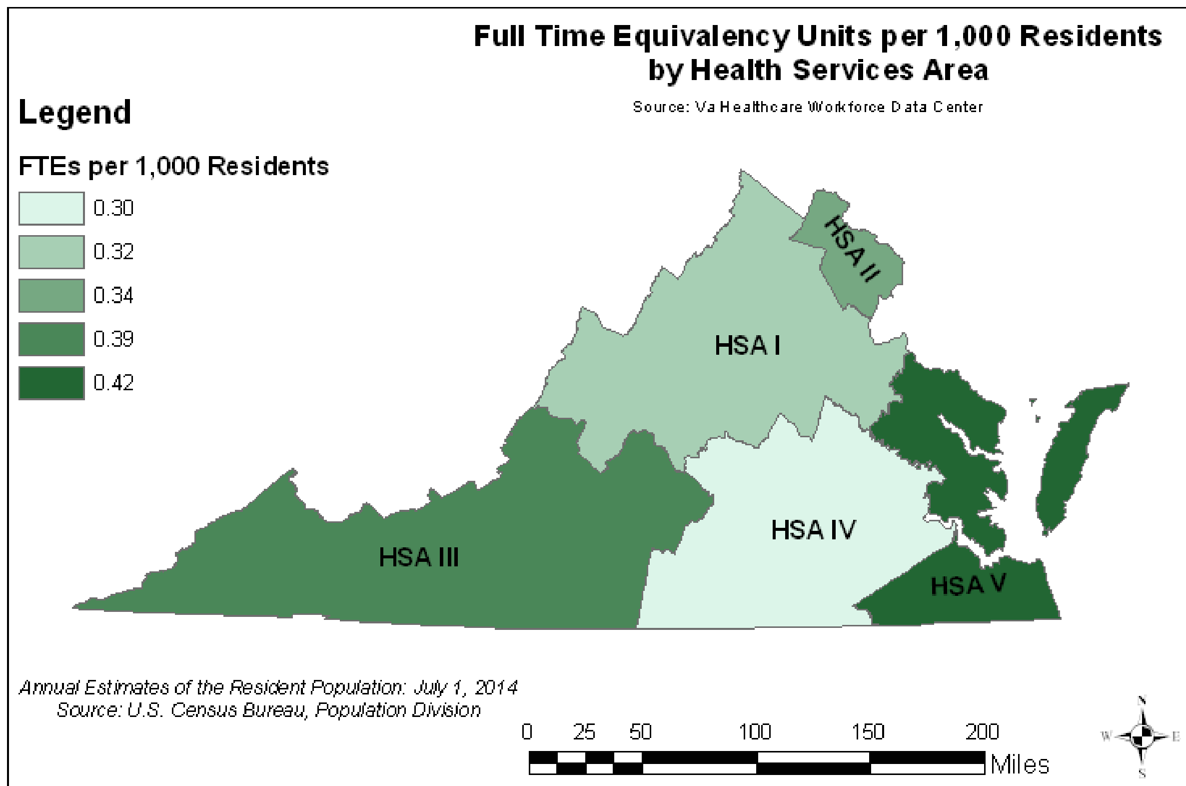

Full Time Equivalency Units
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
53 - 168
308
357 - 365
732 - 833
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
0 25 50 100 150 200
Miles

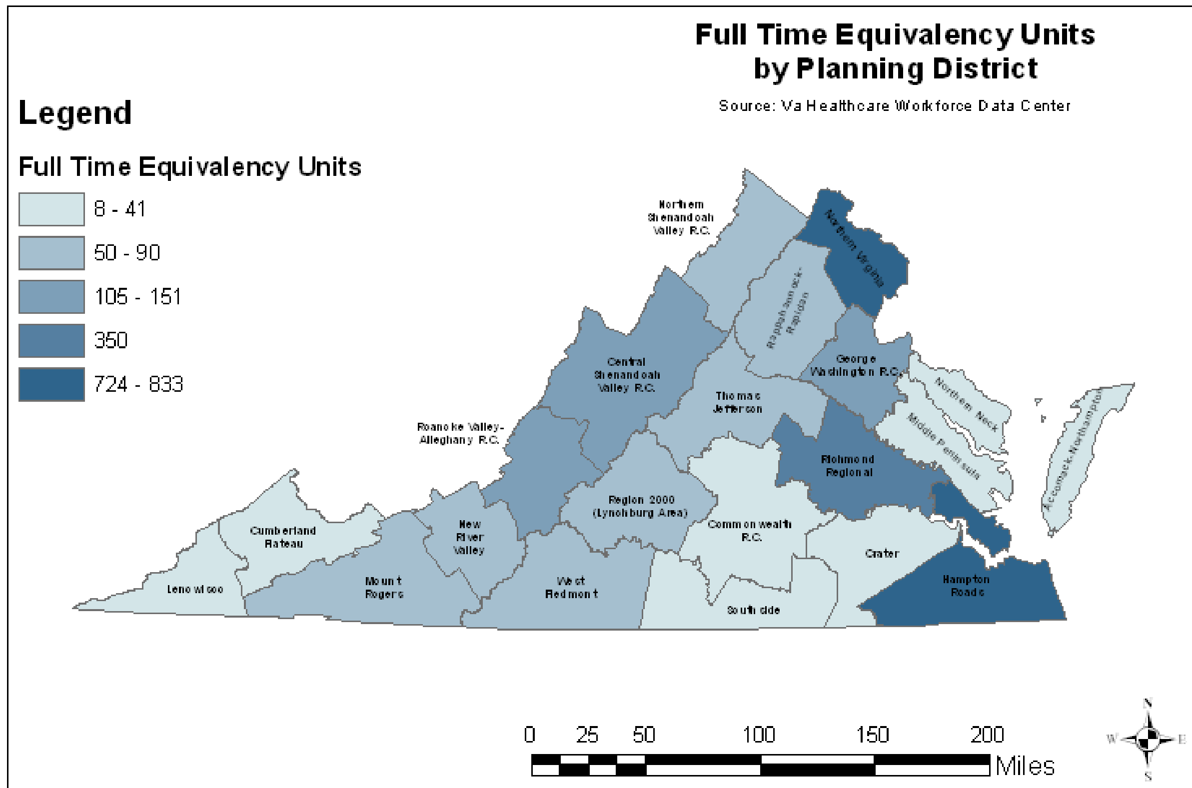

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.16
0.32 - 0.33
0.34
0.42 - 0.43
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

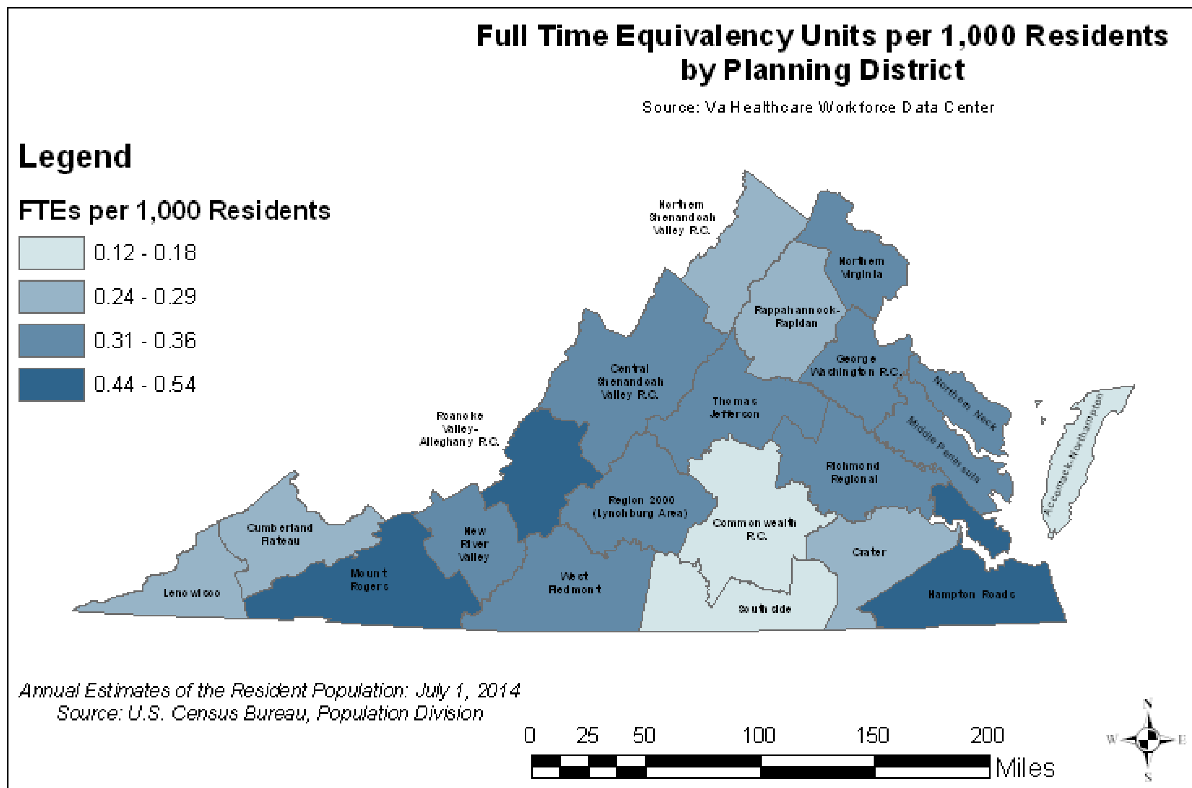

Full Time Equivalency Units
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
26 - 52
71 - 115
135 - 215
365 - 524
718
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.14 - 0.17
0.26 - 0.31
0.32 - 0.35
0.38 - 0.41
0.45 - 0.50
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Health Services Area
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
418
419
525
780
833
HSA I
HSA II
HSA III
HSA IV
HSA V
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Health Services Area
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.30
0.32
0.34
0.39
0.42
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Planning District
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
8 - 41
50 - 90
105 - 151
350
724 - 833
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Mount Rogers
West Piedmont
Hampton Roads
Lenowisco
Southside
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Planning District
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.12 - 0.18
0.24 - 0.29
0.31 - 0.36
0.44 - 0.54
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Mount Rogers
West Piedmont
Hampton Roads
Lenowisco
Southside
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	3,032	87.10%	1.14805	1.09017	1.34712
Metro, 250,000 to 1 million	367	88.28%	1.132716	1.07561	1.32913
Metro, 250,000 or less	346	88.44%	1.130719	1.07371	1.32678
Urban pop 20,000+, Metro adj	86	89.53%	1.116883	1.06057	1.31055
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	153	88.89%	1.125	1.06828	1.32007
Urban pop, 2,500-19,999, nonadj	115	92.17%	1.084906	1.03021	1.27303
Rural, Metro adj	79	87.34%	1.144928	1.0872	1.34345
Rural, nonadj	42	90.48%	1.105263	1.04954	1.29691
Virginia border state/DC	469	79.96%	1.250667	1.18761	1.46753
Other US State	936	85.90%	1.164179	1.10548	1.36604

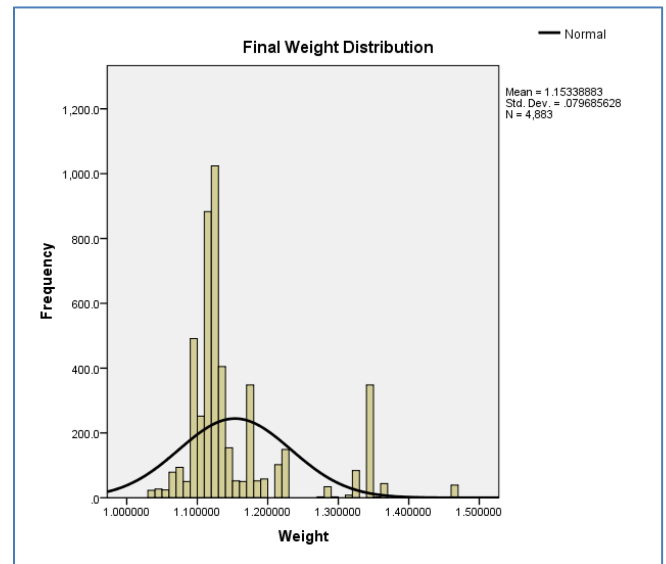
Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	692	88.73%	1.127036	1.06012	1.22209
30 to 34	762	89.24%	1.120588	1.05405	1.2151
35 to 39	690	91.30%	1.095238	1.03021	1.18761
40 to 44	722	88.23%	1.133438	1.06614	1.22903
45 to 49	692	89.60%	1.116129	1.04986	1.21026
50 to 54	692	88.29%	1.13257	1.06532	1.22809
55 to 59	661	84.57%	1.182469	1.11226	1.2822
60 and Over	720	73.89%	1.353383	1.27303	1.46753

See the Methods section on the HWDC website for details on HWDC Methods:
www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.867010



Source: Va. Healthcare Workforce Data Center

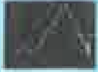
Virginia Department of Health Professions

DRAFT

Full Board Meeting

February 11, 2016
10:00 a.m. - Board Room 2
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Barbara Allison-Bryan, MD, Board of Medicine
	Robert J. Catron, Citizen Member
	Helene D. Clayton-Jeter, OD, Board of Optometry
	Kevin Doyle, Ed.D., LPC, LSATP, Board of Counseling
	Yvonne Haynes, LCSW, Board of Social Work
	Allen R. Jones, Jr., DPT, PT
	Robert H. Logan, III, Ph.D., Citizen Member
	Martha S. Perry, MS, Citizen Member
	Robert Logan III, Citizen Member
	Ryan Logan, Board of Pharmacy
	Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
	J. Paul Welch, II, Board of Funeral Directors and Embalmers
	James Wells, RPH, Citizen Member
Absent	Jacquelyn M. Tyler, RN, Citizen Member
	Trula E. Minton, MS, RN, Board of Nursing
	James D. Watkins, DDS, Board of Dentistry
DHP Staff	David E. Brown, D.C., Director DHP
	Lisa R. Hahn, MPA, Chief Deputy Director DHP
	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Elaine Yeatts, Senior Policy Analyst DHP
	Yetty Shobo, Ph.D., Deputy Executive Director BHP
	Laura L. Jackson, Operations Manager BHP
	Sandy Reen, Executive Director Board of Dentistry
	Leslie Knachel, Executive Director Boards of Optometry, Audiology and Speech-Language Pathology, Veterinary Medicine
Emergency Egress	Dr. Carter
Observers	No observers signed-in

 Virginia Department of Health Professions

DRAFT

Call to Order

Acting Chair Mr. Catron **Time** 10:00 a.m.

Quorum Established

The Board has three newly appointed members, Barbara Allison-Bryan, MD with the Board of Medicine, Ryan Logan with the Board of Pharmacy and Mark Johnson, DVM with the Board of Veterinary Medicine. Board member introductions were made.

Public Comment

Comment No public comment was provided

Approval of Minutes

Presenter Mr. Catron

Discussion

The August 6, 2015 11:00 a.m. Full Board meeting minutes were approved and properly seconded. All members in favor, none opposed.

Directors Report

Presenter Dr. Brown

Discussion

Dr. Brown stated that Ms. Yeatts would provide the majority of his report. He added that concerns have been expressed to the Board of Pharmacy regarding the lack of oversight of Pharmacy Benefit Managers (PBMs) and that a workgroup has been formed to make recommendations regarding the need for additional oversight of PBMs. A report has been prepared addressing these concerns and is in the review process at this time.

This year's General Assembly has several bills that are focused on nurse practitioners, dental hygienists and the Practitioner Monitoring Program.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts provided an overview of recent legislation and regulation. She stated that SB212 Health Regulatory Boards provides that members appointed by the Governor to serve on the Board of Health Professions for four-year terms under current law shall serve such term or terms concurrent with their terms as members of health regulatory boards, whichever is less. Also, HB574 Dietitians and

nutritionists clarify the situations under which they may practice. It is possible that dietitians and nutritionist may be repealed from BHP. Ms. Yeatts will provide updates at the May 5, 2016 meeting.

There are currently 59 House bills, 27 Senate bills, with 15 primarily associated with DHP.

Executive Directors Report

Presenter Dr. Carter

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Board Budget/Recruitment

Dr. Carter stated that the Board has utilized 51% of its budget as of December 31, 2015.

Healthcare Workforce Data Center

Dr. Carter provided a PowerPoint presentation overview on the Department's Healthcare Workforce Data Center.

Practitioner Self-Referral

A practitioner self-referral request was submitted by Alliance Xpress Care, LLC. July 9, 2015. It was reviewed and accepted by an agency subordinate September 24, 2015 and presented to the Full Board for consideration and ratification today.

Motion

A motion was made to consider and ratify the Practitioner Self-Referral request presented by Alliance Xpress Care, LLC. The motion was properly seconded by Mr. Wells. All members were in favor, none opposed.

Sanction Reference

Dr. Carter presented the December 31, 2015 Sanctioning Reference Points (SRP) Agreement Analysis report with the Board.

Funeral Multi-Licensure Update

Dr. Carter reviewed the letter that was sent to Senator Alexander in response to his request for a study on the options for separate funeral director-only and embalmer licenses. The letter stated the Board's findings and advised on the availability of the Board's standard policies and procedures for evaluating the need to regulate any new profession.

Retreat

The Board will be holding a retreat May 5, 2016 here at the Perimeter Center that will run concurrent with the Full Board meeting scheduled for 10:00 a.m. A committee will be established to review the Boards duties and determine items that need to be reviewed, such as statutes and regulations and guidance documents, along with guidance concerning views on the chief issues for the Board moving

forward. It was requested that materials be disseminated at least one month prior to the retreat for the Board members to review.

Telehealth Review

Dr. Shobo provided a PowerPoint presentation elaborating on the report that was submitted by Andrew Feagans and Andrea Peaks, VCU Capstone students. It was determined that the report needs to be reviewed by DHP boards that participate in telehealth, to ensure that the information contained is accurate.

Motion

A motion was made to have the each Board Executive Director, and/or relevant staff, review the report and return with a determination of the Board's actual telehealth findings. The motion was properly seconded by Mr. Catron. All members were in favor, none opposed.

Election - Chair and Vice Chair

Presenter Dr. Carter

Chair

Dr. Carter called for nominations for the position of Board Chair. Mr. Logan, III moved to nominate Mr. Catron as Chair.

Motion

With no other nominations made, the motion was seconded by Dr. Jones and carried Mr. Catron would be Chair.

Vice Chair

Dr. Carter called for nominations for the position of Vice chair. Mr. Wells, Mr. Logan, III and Dr. Clayton-Jeter each voiced their interest in the position. Mr. Wells rescinded his bid and it was determined by a vote of 6 to 4 that Dr. Clayton Jeter would be the Vice Chair.

Motion

With no other motions made, the motion was seconded and carried that Dr. Clayton-Jeter would be Vice Chair.

Board Reports

Presenter Mr. Catron

Board of Physical Therapy

Dr. Jones stated that the Board of Physical Therapy has established telehealth guidelines. They are in the process of gathering additional information regarding dry needling.

Board of Medicine

Dr. Allison-Bryan stated the Board has telemedicine guidelines but not with regard to practice crossing state lines.

Board of Funeral Directors and Embalmers

Mr. Welch reported that according to the Maryland Board of Morticians and Funeral Directors, only a registered mortuary transport service may remove or transport human remains in Maryland and to hold such a permit, you must agree to use a vehicle that has been inspected by an inspector designated by the Maryland Board.

Board of Social Work

Ms. Haynes stated that the Board of Social Work is reviewing multi-level licensure. The Board has also been looking into telehealth but refers to it in different terms.

Board of Pharmacy

Mr. Logan stated that the Board of Pharmacy is conducting a full review of their regulations which they are hoping to have finalized in September 2016.

New Business

Presenter Mr. Catron

There was no new business to discuss.

Adjourned

Adjourned 1:28 p.m.

Acting Chair Robert Catron

Signature: ______________________________ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: ______________________________ Date: ____/____/____

DEC 2 9 2015

ADEX
AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Stanwood Kanna, D.D.S., President
William Pappas, D.D.S., Vice-President
Jeffery Hartsog, D.M.D., Secretary
Conrad McVea, III, D.D.S., Treasurer
Bruce Barrette, D.D.S., Past President

December 17, 2015

Melanie C. Swain, RDH, President
Virginia Board of Dentistry
5525 Devonshire Ct
Richmond, VA 23225-2570

Received
DEC 2 9 2015
Board of Dentistry

Dear President Swain:

The ADEX 2015 Annual Meeting is history and we are already planning for the ADEX 2016 Meeting on August 5, 6, 7, 2016 at the Doubletree Rosemont O'Hare.

A number of Bylaw changes were passed by the 2015 ADEX House of Representatives that will have an impact on who attends future ADEX Meetings.
The first Bylaws change has to do with Conflict of Interest.

SECTION 5. Conflict of Interest. No Officer, Member Representative, Director, or Member of any committee of the Corporation may be an Officer, Director, or Members of an operational, governance, or policy-making committee of an organization that:
- *(a) Develops and administers licensure examinations which are substantially the same as those developed by the Corporation; and*
- *(b) Is not authorized to administer examinations developed by the Corporation.*

For clarity, ADEX is a test development agency **not** a test administration agency. The Commission on Dental Assessments (CDCA) and The Council of Interstate Testing (CITA) are test administration agencies that currently administer the ADEX Examination.

Western Regional Boards (WREB), Central Regional Dental Testing Service, (CRDTS) and Southern Regional Boards (SRTA) are both test development agencies **and** test administration agencies.

To avoid any possible conflict of interest this new Bylaw does not allow an Officer, Director, Member Representative, or Member of an operational, governance, or policy-making committee of WREB, CRDTS, and SRTA, cannot serve in a similar capacity with ADEX This does not mean that you cannot serve as **an examiner** with the test administration agencies CDCA, CITA, WREB, CRDTS and SRTA as this is not a conflict of interest.

The next Bylaws change deals with the Membership of the ADEX Dental and Dental Hygiene Examination Committees and the ADEX House of Representatives (ADEXHR).

Section 1. A. Each Member Board shall have one vote to cast on all matters submitted for a vote of the Members. The vote shall be cast by a dentist representative designated by each Member Board. Each dentist representative shall (i) be the member of the Dental Examination Committee representing his or her Board; and (ii) shall be or has been an active member of that Member Board. Member Boards will be entitled to vote on matters related to the examination(s) that they accept.

P.O. Box 50718 • Mesa, AZ 85208
Telephone (503) 724-1104
ADEXOFFICE@aol.com
www.adex.org

The 2016 ADEXHR Representatives will be the same person who currently serve as the State Members of the ADEX Dental Examination Committee and District Representatives to the ADEX Dental Hygiene Examination Committee the Consumer District Representatives that were selected by Districts at the 2015 ADEXHR.

This will mean that the ADEX jurisdictions will only select one person to serve on the ADEX Dental Examination Committee and they will also be the State Representative to the ADEXHR.

ADEX Dental Examination Members are selected by the Member Jurisdiction of ADEX and they serve a three year term.

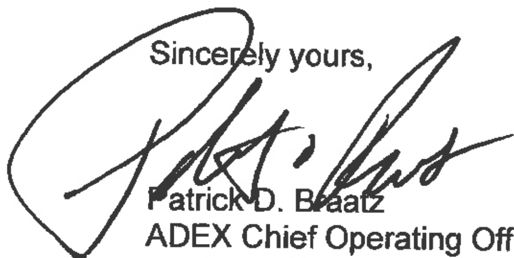
Your current ADEX Dental Examination Member is Dr. AL Rizkalla and the term will expire at the ADEXHR 2016.

Please advise ADEX no later than March 1, 2016 who your ADEX Dental Examination Committee Member will be.

Please send via e-mail to ADEXOFFICE@aol.com.

If you have any questions, please feel free to contact me at the e-mail address above or call me at 503-724-1104

Sincerely yours,



Patrick D. Braatz
ADEX Chief Operating Officer

cc: Executive Director/Administrator
Current Dental Exam Committee Member

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Please send via e-mail to ADEXOFFICE@aol.com.

If you have any questions, please feel free to contact me at the e-mail address above or call me at 503-724-1104

Sincerely yours,

Patrick D. Braatz
ADEX Chief Operating Officer

cc: Executive Director/Administrator
Current Dental Exam Committee Member

UNAPPROVED

BOARD OF DENTISTRY
MINUTES OF REGULATORY–LEGISLATIVE COMMITTEE
Friday, February 12, 2016

TIME AND PLACE:	The meeting of the Regulatory-Legislative Committee of the Board of Dentistry was called to order on November 12, 2016 at 9:30 a.m. at the Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia.
PRESIDING:	Melanie C. Swain, R.D.H., Chair
BOARDMEMBERS PRESENT:	Charles E. Gaskins, III, D.D.S. Tonya A. Parris-Wilkins, D.D.S. Al Rizkalla, DDS Tammy K. Swecker, R.D.H. Bruce S. Wyman, D.M.D.
ESTABLISHMENT OF QUORUM:	With three members of the Committee present, a quorum was established.
STAFF PRESENT:	Sandra K. Reen, Executive Director Kelley W. Palmatier, Deputy Executive Director Huong Q. Vu, Operations Manager Elaine Yeatts, DHP Policy Analyst
PANELISTS PRESENT:	Tina A. Bailey, CDA, President Virginia Dental Assistants Association (VDAA) Cathy A. Berard, RDH, Virginia Dental Hygienists' Association (VDHA) Vicki Brett, DA Program Director, ECPI University Nancy C. Daniel, CDA, DA Program Head, J. Sargeant Reynolds Community College (JSRCC) Yolanda J. Gray, CDA, DA Program Director, Fortis College Michele Green-Wright, RN, Program Specialist, Virginia Department of Education (DOE) Misty Mesimer, RDH, DA Program Director, Germanna Community College (GCC) Kara Spouse, RDH, CDA, DA II Richard Taliaferro, DDS, President Virginia Dental Association (VDA) Lori Turner, BSH/HM, VCU School of Dentistry
DISCUSSION WITH THE REGULATORY ADVISORY PANEL ON THE EDUCATION AND PRACTICE OF DENTAL ASSISTANTS I & II:	Ms. Swain welcomed the members of the Regulatory Advisory Panel and asked them to introduce themselves. She then opened the floor for discussion. The first topics raised were who is and should be teaching

DA II programs and whether the faculty is calibrated. Discussion followed about the two schools offering the program, Fortis-Richmond and GCC, and their capacity, staffing and program funding. It was noted that the lack of accreditation standards for the program affects the funding available to support program development, prevents programmatic consistency and limits the credential that can be offered for completing the program. Several panelists spoke in favor of requiring all DAs I to be Certified Dental Assistants as a strategy to establish a career path and increase interest in DA II registration. It was suggested that other community colleges are or may be interested in starting programs now that there are 6 related courses recognized by the VCCS. Several panelists also spoke in favor of calibrating program faculty and requiring the clinical components be taught under the oversight of dentists. Discussion of this topic concluded with general agreement that DA II programs should be taught by dentists, dental hygienists with DA II credentials, and DA II registrants.

Ms. Swain asked the panelist to address the DA II curriculum. Many panelists spoke in favor of establishing additional pathways to obtain registration for:

- dental hygienists,
- experienced dental assistants, and
- those with secondary level dental assisting education.

The panelists acknowledged that Registered Dental Hygienists are already educated in Infection Control and Radiation Health and Safety practices so requiring them would be duplication. It was noted that there should be programs available for preparing to take the CDA exam. Panelists recommended that the requirements for clinical experience be change from the number of hours required for each procedure to the minimum number of procedures that must be completed to competency. Several panelists advised the Board to approve DA II programs in order to standardize the curriculum and calibrate the faculty. Panelists said that Board oversight could include administration of a final practical exam to test competency. Review of DOE's requirements for dental assisting programs was suggested as a resource for curriculum development. There was also a recommendation that there should be a seat on the Board for a dental assistant.

Prior to concluding the RAP, Ms. Reen explained the lengthy process for Board consideration and for addressing regulatory changes. She encouraged panelists to monitor the Board's activities for opportunities to address any proposals that may be advanced regarding dental assistants. Ms. Swain thanked the panelists for their time and recommendations. She adjourned the meeting with the RAP at 11:30 am.

The Committee reconvened at 11:40 a.m.

PUBLIC COMMENT:

David Black, D.D.S., stated that the Board should regulate only DAsII and trust the dentists to regulate DAs I.

APPROVAL OF MINUTES:

Ms. Swain asked if Committee members had reviewed the October 16, 2015 minutes. Dr. Wyman moved to accept the minutes. The motion was seconded and passed.

STATUS REPORT ON LEGISLATION AND REGULATORY ACTIONS:

Ms. Yeatts reported:

- The comment period on the NOIRA for a law exam ended on December 16, 2015 and 191 comments were received. The Board will consider them at its March meeting.
- The fast track action to accept education programs accredited by the Commission on Dental Accreditation of Canada went into effect on January 28, 2016;
- The comment period on the NOIRA to require capnography equipment for monitoring anesthesia or sedation ended on December 30, 2015 with no comment received. The Board will consider this matter at its March meeting.
- The fast track regulatory action to amend of 18VAC60-21-230 on the qualifications for a restricted license is under review. She added that statutory changes which were made in 2012 for a faculty license and a temporary resident's license were not included in the new regulations.

Ms. Yeatts stated that the bill addressing the composition of health profession boards was amended to strike the proposal to add a citizen member to the Board of Dentistry. She then reviewed the following legislative proposals which are being considered by the General Assembly:

- A bill allowing volunteer heath care providers to count volunteer hours as required continuing education;
- A bill requiring prescribers to query the PMP when prescribing an opiate or benzodiazepine;
- A bill authorizing the PMP to send unsolicited reports on prescribers and dispensers; and
- A bill allowing dental hygienists to practice under remote supervision in free clinics and federally qualified health centers.

RECOMMENDATION ON THE REQUIREMENTS FOR DA II REGISTRATION:

Ms. Swain asked the Committee to discuss the information provided by the RAP and propose recommendations for consideration by the Board. Discussion followed about:

- having DA II students perform the clinical training at dental schools or equivalent institutions;
- requiring more than one site for clinical experience;
- establishing a uniform curriculum for DA II based on competency rather than the number of hours;
- establishing requirements for instructors; and
- taking no action.

Ms. Reen suggested asking for information on the competency standards for dental students performing restorative procedures at the VCU School of Dentistry and for the Dean's recommendation on requirements for instructional personnel.

Dr. Parris-Wilkins moved to have staff investigate the competency measurement standards for restorative procedures and to get recommendations on education requirements for instructors supervising clinical practice, and program accreditation. The motion was seconded and passed.

DRAFT GUIDANCE DOCUMENT(GD) ADDRESSING DENTAL PRACTICE:

Ms. Reen stated that the Board charged the Committee to propose a GD addressing dental practice ownership and duties only a dentist might perform. She reported Board counsel advised her to compile the various Code and regulatory provisions into a proposal guidance document for consideration. The draft document is provided for discussion.

There was agreement that Ms. Reen should add the text of

§54.1-2712(3) and add the following Code sections:

- §32.1-127.1:03 - Patient Health Record; and
- §54.1-2405 – Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.

Dr. Wyman moved to present the GD as amended to the Board for consideration. The motion was seconded and passed.

NEXT MEETING: By consensus, the Committee decided to meet on Friday, October 14, 2016.

ADJOURNMENT: With all business concluded, Ms. Swain adjourned the meeting at 1:55 p.m.

Melanie C. Swain, R.D.H., Chair	Sandra K. Reen, Executive Director
Date	Date

61st Southern Conf. of Dental Deans and Examiners Meeting Summary

The 61st Southern Conference of Dental Deans and Examiners Meeting was held on January 29th thru 31st, 2016, in Jackson, MS, at the Jackson Marriott Downtown Hotel. The meeting was hosted by the Univ. of Mississippi Medical Center, School of Dentistry. The theme of the meeting was "iDentistry/iCare: Innovative Ideas for Patient Care". Conference attendees included dental professionals from various dental schools, state boards of dentistry, and several dental testing agencies. The Virginia DHP Board of Dentistry was represented at the meeting by Board members, Drs. Charles Gaskins and James Watkins, and by Board Exec. Dir. Ms. Sandy Reen. The meeting encompassed the following presentational topics and speakers:

Unconscious Bias: Mr. Howard Ross, founder and Chief Learning Officer of Cook Ross, Inc., was the meeting's featured speaker. During a 3/4 day seminar, he first demonstrated how the human brain functions, how to recognize unconscious bias as a natural and not necessarily bad function of the mind, patterns of unconscious bias, and how bias might variously impact upon decision-making processes. Suggestions were made as to how to practice conscious awareness, and how to examine one's background and identity; perhaps improving one's interactions with co-workers, patients, and the public community. Six ways to mitigate bias might be: 1) to recognize and accept any bias that is already present; 2) to develop the capacity to perform self-assessment; 3) to begin practicing "Constructive Uncertainty"; 4) to explore awkwardness and personal discomfort; 5) to engage with those considered as "others", and to expose oneself to positive role models within those groups; and 6) to solicit "feedback" from others.

Drilling Into Your Dental Data With Visualizations: Denise Krause, Ph.D., former I.T. Director for the UMMC, School of Dentistry, described and demonstrated her ongoing efforts to develop a state-wide health data repository which might be queried by various entities to facilitate health planning, and used to develop future web-based applications for improving delivery of health services to the citizens of Mississippi.

Integrative Medicine and Dentistry: New Opportunities to Improve Health: Gailen D. Marshall, Jr., MD, UMMC Chair of Allergy and Immunology, presented principles of integrative medicine which help to direct total patient wellness care. He discussed concepts related to mixing evidence-based conventional therapies with complementary and/or alternative modalities of care: i.e: a homeostasis of physical and emotional/psychological (body, mind, spirit) parameters was required for "health". Clinical expertise, external evidence, and patient values and expectations all were factors in evidence-based medicine.

RICE (Rural Interdisciplinary Case Experience) Bowl Competition: Dr. Scott M. Phillips, UMMC, School of Dentistry Asst. Dean for Clinical Affairs, other UMMC faculty members, and a 4th year UMMC dental student member who competed on the 2015 winning team presented the Mississippi RICE Bowl and its facets of competition. Essentially, the UMMC

School of Dentistry stages and hosts this annual competition between 14 differing schools/programs throughout the State of Mississippi. There are four (4) competing teams; each team being composed of a member from each of the differing schools/programs (i.e.: a medical student, a dental student, a pharmacy student, a law student, a social work student, a psychology student, a dietary student, etc.). Each team is given a "case" to solve, which necessitates utilizing the skills and knowledge bases of the various students/programs. In an auditorium, all teams then gather to answer questions for the judges, and are handed additional case questions to solve in twenty minute "closed sessions". Each team then returns for their presentations and for ranking of their efforts. Real-world problems requiring multiple bases of solution were the desired outcome of the competition. By report, the RICE Bowl competition has been well received by both the involved students, their faculties, and the communities that are studied or affected. It is planned for ongoing problem compilations/stagings throughout Mississippi.

The 62nd Southern Conference of Dental Deans and Examiners Meeting will be hosted by the LSU School of Dentistry (Metairie, LA), and will be held in New Orleans, LA in 2017.

Submitted by Charles E. Gaskins III, DDS

Report of Attendance at SCDDE Meeting

January 29-31, 2016

Thanks to the Board for allowing me to attend this meeting held in Jackson, Mississippi.

A full day was devoted to a presentation on human biases, conscious and unconscious. All attendees were able to see how such biases can affect us in our everyday lives, including the workplace. I found this part of the program to be very rewarding and a presentation that would be of value to anyone.

The remainder of the conference consisted of reports from various agencies about the Mississippi Dental Board and the state of healthcare in Mississippi.

J. D. Watkins, D.D.S.

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of February 22, 2016)

Board	Board of Dentistry	
Chapter		**Action / Stage Information**
[18 VAC 60 - 20]	Regulations Governing Dental Practice	Requirement for jurisprudence examination [Action 4364] NOIRA - *Register Date: 11/16/15* *Comment ended: 12/16/15*
[18 VAC 60 - 20]	Regulations Governing Dental Practice	Requirement for capnography for monitoring anesthesia or sedation [Action 4411] NOIRA - *Register Date: 11/30/15* *Comment ended: 12/30/15*
[18 VAC 60 - 20]	Regulations Governing Dental Practice	Recognition of Commission on Dental Accreditation of Canada [Action 4387] Fast-Track - *Register Date: 12/14/15* *Effective: 1/28/16*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Qualifications for restricted or temporary licenses [Action 4504] Fast-Track - *DPB Review in progress*

Board of Dentistry

Report of the 2016 General Assembly

HB 310 Mobile dental clinics; exemption from registration requirements.

Chief patron: Orrock

Summary as passed House:

Mobile dental clinics; exemption from registration requirements. Adds to the list of mobile dental clinics exempt from the requirement to register with the Board of Dentistry mobile dental clinics operated by federally qualified health centers with a dental component that provides dental services via mobile model to adults and children within 30 miles of the federally qualified health center; mobile dental clinics operated by free health clinics or health safety net clinics that have been granted tax-exempt status pursuant to § 501(c)(3) of the Internal Revenue Code that provide dental services via mobile model to adults and children within 30 miles of the free health clinic or health safety net clinic; and mobile dental clinics that provide dental services via mobile model to individuals who are not ambulatory and who reside in long-term care facilities, assisted living facilities, adult care homes, or private homes.

HB 319 Health regulatory boards; continuing education for certain individuals.

Chief patron: Rasoul

Summary as passed House:

Volunteer health care providers. Requires health regulatory boards to promulgate regulations providing for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. The bill has a delayed effective date of January 1, 2017.

HB 462 Administrative Process Act; contents of notices for case proceedings.

Chief patron: Head

Summary as introduced:

Administrative Process Act; contents of notices for case proceedings. Requires the notice for either an informal conference or a formal proceeding to include contact information consisting of the name, telephone number, and government email address of the person designated by the agency to answer questions or otherwise assist a named party.

HB 586 Health regulatory boards; confidentiality of certain information obtained by boards.

Chief patron: Yost

Summary as passed House:

Confidentiality of certain information obtained by health regulatory boards in disciplinary proceedings. Provides that in disciplinary actions involving allegations that a practitioner is or may be unable to practice with reasonable skill and safety to patients and the public because of a mental or physical disability, a health regulatory board shall consider whether to disclose and may decide not to disclose in its notice or order the practitioner's health records or his health services, although such information may be considered by the board in a closed hearing and included in a confidential exhibit to a notice or order. The bill provides that the public notice or order shall identify, if known, the practitioners' mental or physical disability that is the basis of its determination.

HB 657 Prescription Monitoring Program; indicators of misuse, disclosure of information.

Chief patron: O'Bannon

Summary as passed House:

Prescription Monitoring Program; indicators of misuse; disclosure of information. Directs the Director of the Department of Health Professions to develop, in consultation with an advisory panel that shall include representatives of the Boards of Medicine and Pharmacy, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and authorizes the Director to disclose information about the unusual prescribing or dispensing of a covered substance by an individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions.

HB 825 Military medical personnel; pilot program for personnel to practice medicine.

Chief patron: Stolle

Summary as passed House:

Military medical personnel; pilot program. Directs the Department of Veterans Services, in collaboration with the Department of Health Professions, to establish a pilot program in which military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine under the supervision of a licensed physician or podiatrist. The bill requires the Department of Veterans Services to establish general requirements for participating in the program.

SB 212 Health regulatory boards; membership and terms.

Chief patron: Dunnavant

Summary as passed Senate:

Health regulatory boards; membership and terms. Amends statutes governing membership and terms of various health regulatory boards. The bill (i) provides that members appointed by the Governor to serve on the Board of Health Professions for four-year terms under current law shall serve such terms or terms concurrent with their terms as members of health regulatory boards, whichever is less; (ii) increases the membership of the Health Practitioners' Monitoring Program Committee from seven to nine members by increasing the number of licensed, certified, or registered practitioners from seven to eight members and adding a citizen member; (iii) increases the membership of the Board of Nursing from 13 to 14 members by increasing the required number of registered nurses from seven to eight members and also increasing the number of such registered nurses who must be licensed nurse practitioners from one to two; and (iv) reduces the total number of members of the Board of Counseling from 14 to 12 by reducing the number of licensed substance abuse treatment practitioners from three to one. In addition, the bill replaces the requirement that three members of the Board of Counseling be clinical fellows of the American Association of Marriage and Family Therapy with a requirement that three members be licensed marriage and family therapists who have passed the examination for licensure as a marriage and family therapist and removes the requirement that at least two members representing each specialty on the Board of Counseling shall have been in active practice for a least four years.

SB 343 Cancer; possession or distribution of marijuana for medical purposes.

Chief patron: Lucas

Summary as introduced:
Possession or distribution of marijuana for medical purposes; cancer. Provides an affirmative defense in a prosecution for the possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil possessed pursuant to a valid written certification issued by a practitioner of medicine or osteopathy licensed by the Board of Medicine for purposes of treating cancer or alleviating such patient's symptoms. The bill provides that a practitioner shall not be prosecuted for distribution of marijuana under the circumstances outlined in the bill.

SB 491 Prescription Monitoring Program; disclosure of certain information.

Chief patron: Hanger

Summary as passed Senate:

Prescription Monitoring Program; disclosures. Provides that the Director of the Department of Health Professions may disclose information in the possession of the Prescription Monitoring Proram about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia Medicaid managed care program to determine eligibility for and to manage the care of

the specific recipient in a Patient Utilization Management Safety or similar program. The bill also requires the Prescription Monitoring Program advisory committee to provide guidance to the Director regarding such disclosures.

SB 513 Prescription Monitoring Program; requirements of prescribers of opiates.

Chief patron: Dunnavant

Summary as passed Senate:

Prescription Monitoring Program; requirements of prescribers opioids. Requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days. Currently, a prescriber must request such information when a course of treatment is expected to last 90 days. The bill also eliminates the requirement that a prescriber request information about a patient from the Prescription Monitoring Program when prescribing benzodiazepine; allows a prescriber to delegate the duty to request information from the Prescription Monitoring Program to another licensed, registered or certified health care provider who is employed at the same facility under the direct supervision of the prescriber or dispenser who has routine access to confidential patient data and has signed a patient data confidentiality agreement; and creates an exemption from the requirement that a prescriber check the Prescription Monitoring Program for cases in which (i) the opioid is prescribed to a patient currently receiving hospice or palliative care; (ii) the opioid is prescribed to a patient as part of treatment for a surgical procedure, provided that such prescription is not refillable; (iii) the opioid is prescribed to a patient during an inpatient hospital admission or at discharge; (iv) the opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy; (v) Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or (vi) the prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record. The bill requires the Director of the Department of Health Professions to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on utilization of the Prescription Monitoring Program and any impact on the prescribing of opioids. The provisions of this act shall expire on July 1, 2019.

SB 712 Dental hygienists; remote supervision.

Chief patron: McDougle

Summary as introduced:
Dental hygienists; remote supervision. Authorizes dental hygienists to practice, with certain requirements and restrictions, under the remote supervision of a licensed dentist. The bill directs the Board of Dentistry to promulgate regulations to implement the provisions of the act within 280 days of its enactment.

16104061D

1 **HOUSE BILL NO. 310**
2 AMENDMENT IN THE NATURE OF A SUBSTITUTE
3 (Proposed by the House Committee on Health, Welfare and Institutions
4 on January 19, 2016)
5 (Patron Prior to Substitute—Delegate Orrock)

6 *A BILL to amend and reenact § 54.1-2708.3 of the Code of Virginia, relating to mobile dental clinics;*
7 *exemption from registration requirements.*

8 **Be it enacted by the General Assembly of Virginia:**
9 **1. That § 54.1-2708.3 of the Code of Virginia is amended and reenacted as follows:**
10 **§ 54.1-2708.3. Regulation of mobile dental clinics.**

11 No person shall operate a mobile dental clinic or other portable dental operation without first
12 registering such mobile dental clinic or other portable dental operation with the Board, except that *the*
13 *following shall be exempt from such registration requirement: (i)* mobile dental clinics or other portable
14 dental operations operated by federal, state, or local government agencies or other entities identified by
15 the Board in regulations ~~shall be exempt from such registration requirement~~*; (ii) mobile dental clinics*
16 *operated by federally qualified health centers with a dental component that provides dental services via*
17 *mobile model to adults and children within 30 miles of the federally qualified health center; (iii) mobile*
18 *dental clinics operated by free health clinics or health safety net clinics that have been granted*
19 *tax-exempt status pursuant to § 501(c)(3) of the Internal Revenue Code that provide dental services via*
20 *mobile model to adults and children within 30 miles of the free health clinic or health safety net clinic;*
21 *and (iv) mobile dental clinics that provide dental services via mobile model to individuals who are not*
22 *ambulatory and who reside in long-term care facilities, assisted living facilities, adult care homes, or*
23 *private homes*.

24 The Board shall promulgate regulations for mobile dental clinics and other portable dental operations
25 to ensure that patient safety is protected, appropriate dental services are rendered, and needed follow-up
26 care is provided. Such regulations shall include, but not be limited to, requirements for the registration
27 of mobile dental clinics, locations where services may be provided, requirements for reporting by
28 providers, and other requirements necessary to provide accountability for services rendered.

HOUSE SUBSTITUTE

16103968D

SENATE BILL NO. 712

Offered January 21, 2016

A BILL to amend and reenact §§ 54.1-2722 and 54.1-2724 of the Code of Virginia, relating to dental hygienists; practicing under remote supervision.

Patrons—McDougle; Delegates: Hester and Peace

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2722 and 54.1-2724 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2722. License; application; qualifications; practice of dental hygiene.

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection V of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

~~For the purposes of this section, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have done an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.~~

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. *For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.*

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health. A dental hygienist providing such services shall practice pursuant to a protocol adopted by

59 the Commissioner of Health on September 23, 2010, having been developed jointly by (i) the medical
60 directors of the Cumberland Plateau, Southside, and Lenowisco Health Districts; (ii) dental hygienists
61 employed by the Department of Health; (iii) the Director of the Dental Health Division of the
62 Department of Health; (iv) one representative of the Virginia Dental Association; and (v) one
63 representative of the Virginia Dental Hygienists' Association. Such protocol shall be adopted by the
64 Board as regulations.
65 ~~F.~~ A report of services provided by dental hygienists pursuant to such protocol, including their
66 impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted by
67 the Department of Health to the Virginia Secretary of Health and Human Resources annually. Nothing
68 in this section shall be construed to authorize or establish the independent practice of dental hygiene.
69 *F. For the purposes of this subsection, "remote supervision" means that a dentist is accessible and*
70 *available for communication and consultation with a dental hygienist employed by such dentist during*
71 *the delivery of dental hygiene services but such dentist may not have conducted an initial examination of*
72 *the patients who are to be seen and treated by the dental hygienist and may not be present with the*
73 *dental hygienist when dental hygiene services are being provided.*
74 *Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the*
75 *remote supervision of a dentist who holds an active, unrestricted license by the Board and who has a*
76 *dental office physically located in the Commonwealth. No dental hygienist shall practice under remote*
77 *supervision unless he has (i) completed a continuing education course offered by an accredited dental*
78 *education program or from a continuing education provider approved by the Board and (ii) at least two*
79 *years of clinical experience, consisting of at least 2,500 hours of clinical experience. A dental hygienist*
80 *practicing under remote supervision shall have professional liability insurance with policy limits*
81 *acceptable to the supervising dentist. A dental hygienist shall only practice under remote supervision at*
82 *a community health center, charitable safety net facility, free clinic, long-term care facility, elementary*
83 *or secondary school, Head Start program, or women, infants, and children program.*
84 *A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history*
85 *and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all*
86 *educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent*
87 *with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer*
88 *topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a*
89 *doctor of medicine or osteopathic medicine pursuant to subsection V of §54.1-3408, and (h) perform any*
90 *other service ordered by the supervising dentist or required by statute or Board regulation. No dental*
91 *hygienist practicing under remote supervision shall administer local anesthetic or nitrous oxide.*
92 *Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote*
93 *supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement*
94 *disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for*
95 *the need for regular dental examinations by a dentist and (2) verbal or written permission of any dentist*
96 *who has treated the patient in the previous 12 months and can be identified by the patient.*
97 *After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote*
98 *supervision shall consult with the supervising dentist prior to providing further dental hygiene services if*
99 *such patient is medically compromised or has periodontal disease.*
100 *A dental hygienist practicing under remote supervision shall inform the supervising dentist of all*
101 *findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a*
102 *patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances,*
103 *shall either conduct an examination of the patient or refer the patient to another dentist to conduct an*
104 *examination. The supervising dentist shall develop a treatment plan for the patient and either the*
105 *supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The*
106 *supervising dentist shall review a patient's records at least once every 10 months.*
107 *Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under*
108 *general supervision whether as an employee or as a volunteer.*
109 **§ 54.1-2724. Limitations on the employment of dental hygienists.**
110 The Board shall determine by regulation ~~how many~~ *the total number of* dental hygienists, *including*
111 *dental hygienists under general supervision and dental hygienists under remote supervision, who* may
112 work at one time for a dentist. *No dentist shall employ more than two dental hygienists who practice*
113 *under remote supervision at one time.* The State Board of Health may employ the necessary number of
114 hygienists in public school dental clinics, subject to regulations of the Board.
115 **2. That the Board of Dentistry shall promulgate regulations to implement the provisions of this act**
116 **to be effective within 280 days of its enactment.**

Agenda Item: Board action on NOIRA for capnography

Included in your agenda package are:

Copy of agency background document on Notice of Intended Regulatory Action

Copy of draft regulation (Previously adopted as a fast-track action)

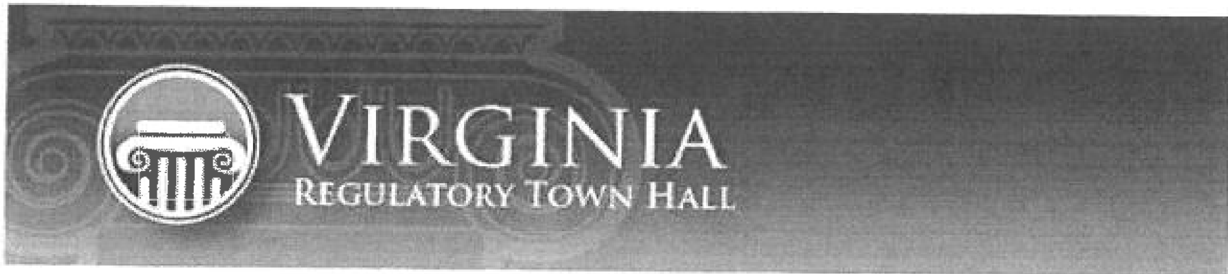
Staff Note:

There was a comment period on the petition from November 30, 2015 to December 30, 2015. No comments were received.

Board action:

The Board may adopt the proposed amendments (as previously adopted as a fast-track); or

The Board may withdraw the NOIRA and not proceed.



Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Dentistry, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC60-20-10 et seq.
Regulation title(s)	Regulations Governing Dental Practice
Action title	Requirement for capnograph/end tidal CO2 monitor
Date this document prepared	8/18/2015

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Subject matter and intent

Please describe briefly the subject matter, intent, and goals of the planned regulatory action.

Amendments will require that a dentist who administers conscious/moderate sedation or deep sedation/general anesthesia maintain a capnograph/end tidal CO2 monitor in working order and immediately available to areas where patients will be sedated and recover from sedation.

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and(2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Dentistry the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards
The general powers and duties of health regulatory boards shall be:
...
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

The statutory authority for the Board to promulgate regulations to determine required equipment standards for safe administration and monitoring of sedation and anesthesia is found in Chapter 27 of Title 54.1:

§ 54.1-2709.5. Permits for sedation and anesthesia required.
A. Except as provided in subsection C, the Board shall require any dentist who provides or administers sedation or anesthesia in a dental office to obtain either a conscious/moderate sedation permit or a deep sedation/general anesthesia permit issued by the Board. The Board shall establish by regulation reasonable education, training, and equipment standards for safe administration and monitoring of sedation and anesthesia to patients in a dental office.
B. A permit for conscious/moderate sedation shall not be required if a permit has been issued for the administration of deep sedation/general anesthesia.
C. This section shall not apply to:
1. An oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the Board with reports which result from the periodic office examinations required by AAOMS; or
2. Any dentist who administers or prescribes medication or administers nitrous oxide/oxygen or a combination of a medication and nitrous oxide/oxygen for the purpose of inducing anxiolysis or minimal sedation consistent with the Board's regulations.

Purpose

Please describe the specific reasons why the agency has determined that the proposed regulatory action is essential to protect the health, safety, or welfare of citizens. In addition, please explain any potential issues that may need to be addressed as the regulation is developed.

The purpose of the amendments is to include the use of capnography as a requirement for dentists who administer moderate sedation, deep sedation or general anesthesia in their offices.

Capnography is the monitoring of the concentration or partial pressure of carbon dioxide (CO_2) in the respiratory gases. According to source references used by Wikipedia, "Capnography has been shown to be more effective than clinical judgement alone in the early detection of adverse respiratory events such as hypoventilation, oesophageal intubation and circuit disconnection; thus allowing patient injury to be prevented. During procedures done under sedation, capnography provides more useful information, e.g. on the frequency and regularity of ventilation, than pulse oximetry. Capnography provides a rapid and reliable method to detect life-threatening conditions (malposition of tracheal tubes, unsuspected ventilatory failure, circulatory failure and defective breathing circuits) and to circumvent potentially irreversible patient injury. Capnography and pulse oximetry together could have helped in the prevention of 93% of avoidable anesthesia mishaps according to an ASA (American Society of Anesthesiologists) closed claim study."

Since such equipment is the national standard for monitoring patients, it should be incorporated into Virginia regulation to ensure that the health and safety of dental patients is adequately protected.

Substance

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

Currently, subsection F section 110 requires a capnograph/end tidal CO2 monitor as equipment for use for intubated patients; the amendment would require it for all patients receiving deep sedation or general anesthesia. Section 120 sets out the requirements for administration of conscious/moderate sedation; subsection I would be amended to include a capnograph/end tidal CO2 monitor as required equipment.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

There are no alternatives to the proposal; this is the least burdensome alternative that meets the essential purpose of safety in sedation and anesthesia.

Public participation

The agency is seeking comments on this regulatory action, including but not limited to: ideas to be considered in the development of this proposal, the costs and benefits of the alternatives stated in this background document or other alternatives, and the potential impacts of the regulation.

The agency is also seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: projected reporting, recordkeeping, and other administrative costs; the probable effect of the regulation on affected small businesses; and the description of less intrusive or costly alternatives for achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Town Hall website (**http://www.townhall.virginia.gov**), or by mail, email, or fax to Elaine Yeatts at Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233 or elaine.yeatts@dhp.virginia.gov or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by midnight on the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (**http://www.townhall.virginia.gov**) and on the Commonwealth Calendar website (https://www.virginia.gov/connect/commonwealth-calendar). Both oral and written comments may be submitted at that time.

Project 4438 - none

BOARD OF DENTISTRY

Capnography monitoring

18VAC60-20-110. Requirements for the administration of deep sedation/general anesthesia.

A. After March 31, 2013, no dentist may administer deep sedation/general anesthesia in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. To determine eligibility for a deep sedation/general anesthesia permit, a dentist shall submit the following:

1. A completed application form;

2. The application fee as specified in 18VAC60-20-30;

3. A copy of the certificate of completion of a CODA accredited program or other documentation of training content that meets the educational and training qualifications specified in subsection C of this section; and

4. A copy of current certification in ACLS or PALS as required in subsection C of this section.

C. Educational and training qualifications for a deep sedation/general anesthesia permit.

1. A dentist may be issued a permit to use deep sedation/general anesthesia in a dental office by meeting one of the following educational criteria. These requirements shall not apply or interfere with requirements for obtaining hospital staff privileges.

a. Completion of a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred; or

b. Completion of a CODA accredited residency in any dental specialty which incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e., medical evaluation and management of patients), comparable to those set forth in published guidelines by the American Dental Association for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred.

2. Dentists who administer deep sedation/general anesthesia shall hold current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for health care providers, including basic electrocardiographic interpretation, such as courses in Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals and current Drug Enforcement Administration registration.

D. Posting. The deep sedation/general anesthesia permit or AAOMS certificate required under subsection A of this section shall be posted along with the dental license and registration with the Drug Enforcement Administration. All licenses and permits must be current.

E. Delegation of administration.

1. A dentist who does not hold a permit to administer deep sedation and general anesthesia shall only use the services of a dentist with a current deep sedation/general anesthesia permit or an anesthesiologist to administer deep sedation or general anesthesia in a dental office. In a licensed outpatient surgery center, a dentist not qualified who does not hold a permit to administer deep sedation or general anesthesia shall use either a permitted dentist, an anesthesiologist, or a certified registered nurse anesthetist to administer deep sedation or general anesthesia.

2. A dentist who does hold a permit may administer or use the services of the following personnel to administer deep sedation or general anesthesia:

a. A dentist with a current deep sedation/anesthesia permit;

b. An anesthesiologist; or

c. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the educational requirements of subsection C of this section.

3. Preceding the administration of deep sedation or general anesthesia, a permitted dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to anesthetize the injection or treatment site:

a. A dental hygienist with the training required in 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 years or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

4. A dentist who delegates administration of deep sedation/general anesthesia shall ensure that:

a. All equipment required in subsection F of this section is present, in good working order, and immediately available to the areas where patients will be sedated and treated and will recover; and

b. Qualified staff is on site to monitor patients in accordance with requirements of subsection G of this section.

F. Required equipment and techniques. A dentist who administers deep sedation/general anesthesia shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation and immediate establishment of an airway and cardiopulmonary resuscitation. He shall have available the following equipment in sizes for adults or children as appropriate for the patient being treated and shall maintain it in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face masks;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both;

5. Source of delivery of oxygen under controlled positive pressure;

6. Mechanical (hand) respiratory bag;

7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;

8. Appropriate emergency drugs for patient resuscitation;

9. EKG monitoring equipment and temperature measuring devices;

10. Pharmacologic antagonist agents;

11. External defibrillator (manual or automatic);

12. ~~For intubated patients, an End-Tidal CO^2 monitor~~ Capnograph/end tidal CO2 monitor;

13. Suction apparatus;

14. Throat pack; and

15. Precordial or pretracheal stethoscope.

G. Monitoring requirements.

1. The treatment team for deep sedation/general anesthesia shall at least consist of the operating dentist, a second person to monitor and observe the patient and a third person to assist the operating dentist, all of whom shall be in the operatory with the patient during the dental treatment. The second person may be the health professional delegated to administer sedation or anesthesia.

2. Monitoring of the patient undergoing deep sedation/general anesthesia, including direct, visual observation of the patient by one member of the treatment team, is to begin prior to induction and shall take place continuously following induction, during the dental procedure, and during recovery from anesthesia. The person who administered the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

3. Monitoring deep sedation/general anesthesia shall include the following:

a. EKG readings and baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility to include: temperature, blood pressure, pulse, oxygen saturation, and respiration. The EKG readings and patient's vital signs shall be monitored, recorded every five minutes, and reported to the treating dentist throughout the administration of controlled drugs and recovery. When depolarizing medications are administered, temperature shall be monitored constantly.

b. A secured intravenous line must be established during induction and maintained through recovery.

H. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number for the dental practice.

3. The patient shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

18VAC60-20-120. Requirements for administration of conscious/moderate sedation.

A. After March 31, 2013, no dentist may administer conscious/moderate sedation in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. Automatic qualification. Dentists who hold a current permit to administer deep sedation/general anesthesia may administer conscious/moderate sedation.

C. To determine eligibility for a conscious/moderate sedation permit, a dentist shall submit the following:

1. A completed application form indicating one of the following permits for which the applicant is qualified:

a. Conscious/moderate sedation by any method;

b. Conscious/moderate sedation by enteral administration only; or

c. Temporary conscious/moderate sedation permit (may be renewed one time);

2. The application fee as specified in 18VAC60-20-30;

3. A copy of a transcript, certification, or other documentation of training content that meets the educational and training qualifications as specified in subsection D or E of this section, as applicable; and

4. A copy of current certification in ACLS or PALS as required in subsection F of this section.

D. Educational requirements for a permit to administer conscious/moderate sedation by any method.

1. A dentist may be issued a conscious/moderate sedation permit to employ or use any method of conscious/moderate sedation by meeting one of the following criteria:

a. Completion of training for this treatment modality according to guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the

training occurred, while enrolled at an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of a continuing education course offered by a provider approved in 18VAC60-20-50 and consisting of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in parenteral conscious sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

2. A dentist who was self-certified in anesthesia and conscious/moderate sedation prior to January 1989 may be issued a temporary conscious/moderate sedation permit to continue to administer only conscious/moderate sedation until May 7, 2015. After May 7, 2015, a dentist shall meet the requirements for and obtain a conscious/moderate sedation permit by any method or by enteral administration only.

E. Educational requirement for enteral administration of conscious/moderate sedation only. A dentist may be issued a conscious/moderate sedation permit to only administer conscious/moderate sedation by an enteral method if he has completed a continuing education program, offered by a provider approved in 18VAC60-20-50, of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious/moderate sedation techniques. The course content shall be consistent with the guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred. The certificate of completion and a detailed description of the course content must be maintained.

F. Additional training required. Dentists who administer conscious/moderate sedation shall hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, including basic electrocardiographic interpretation, such as Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals, and current registration with the Drug Enforcement Administration.

G. Posting. The conscious/moderate sedation permit required under subsection A of this section and issued in accordance with subsection C of this section or the AAOMS certificate issued to an oral and maxillofacial surgeon shall be posted along with the dental license and registration with the Drug Enforcement Administration. All licenses and permits must be current.

H. Delegation of administration.

1. A dentist who does not hold a permit to administer conscious/moderate sedation shall only use the services of a permitted dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient surgery center, a dentist who does not hold a permit to administer conscious/moderate sedation shall use either a permitted dentist, an anesthesiologist, or a certified registered nurse anesthetist to administer such sedation.

2. A dentist who holds a permit may administer or use the services of the following personnel to administer conscious/moderate sedation:

a. A dentist with the training required by subsection E of this section to administer by an enteral method;

b. A dentist with the training required by subsection D of this section to administer by any method;

c. An anesthesiologist;

d. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the education and training requirements of subsection D or E of this section; or

e. A registered nurse upon his direct instruction and under the immediate supervision of a dentist who meets the education and training requirements of subsection D of this section.

3. If minimal sedation is self-administered by or to a patient age 13 years or older before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2 of this subsection to administer local anesthesia. No sedating medication shall be prescribed for or administered to a patient age 12 years or younger prior to his arrival at the dentist office or treatment facility.

4. Preceding the administration of conscious/moderate sedation, a permitted dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to anesthetize the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 years or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

5. A dentist who delegates administration of conscious/moderate sedation shall ensure that:

a. All equipment required in subsection I of this section is present, in good working order, and immediately available to the areas where patients will be sedated and treated and will recover; and

b. Qualified staff is on site to monitor patients in accordance with requirements of subsection J of this section.

I. Required equipment and techniques. A dentist who administers conscious/moderate sedation shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall have available the following equipment in sizes for adults or children as appropriate for the patient being treated and shall maintain it in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face masks;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes for children or adults, or both, with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway and a laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both;

4. Pulse oximetry;

5. Blood pressure monitoring equipment;

6. Pharmacologic antagonist agents;

7. Source of delivery of oxygen under controlled positive pressure;

8. Mechanical (hand) respiratory bag;

9. Appropriate emergency drugs for patient resuscitation;

10. Defibrillator;

11. Suction apparatus;

12. Temperature measuring device;

13. Throat pack;

14. Precordial or pretracheal stethoscope; ~~and~~

15. Capnograph/end tidal CO2 monitor; and

~~15.~~16. Electrocardiographic monitor, if a patient is receiving parenteral administration of sedation or if the dentist is using titration.

J. Monitoring requirements.

1. The treatment team for conscious/moderate sedation shall at least consist of the operating dentist and a second person to assist, monitor, and observe the patient. Both shall be in the operatory with the patient throughout the dental treatment. The second person may be the health professional delegated to administer sedation.

2. Monitoring of the patient undergoing conscious/moderate sedation, including direct, visual observation of the patient by one member of the treatment team, is to begin prior to administration of sedation, or if medication is self-administered by the patient, immediately upon the patient's arrival at the dental office and shall take place continuously during the dental treatment and during recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is evaluated and is discharged.

3. Monitoring conscious/moderate sedation shall include the following:

a. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge; and

b. Blood pressure, oxygen saturation, and pulse shall be monitored continually during the administration and recorded every five minutes.

K. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number of the dental practice.

3. The patient shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

Agenda Item: Board action on NOIRA for Jurisprudence Examination

Included in your agenda package are:

Copy of agency background document on Notice of Intended Regulatory Action

Copy of public comment

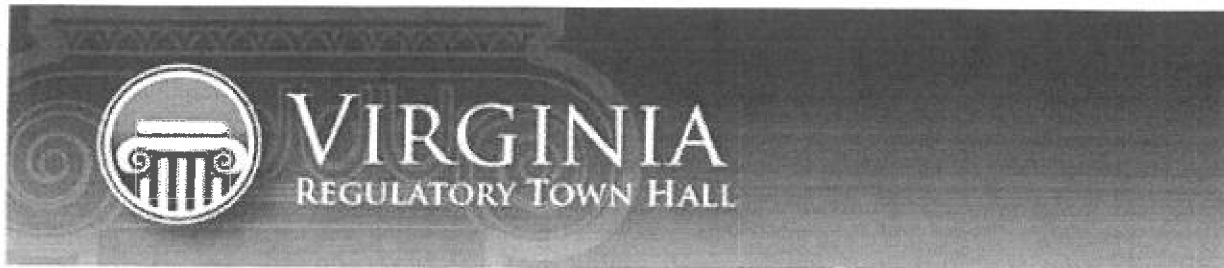
Staff Note:

There was a comment period on the petition from November 16, 2015 to December 16, 2015. Comments were opposed to the proposed action.

Board action:

The Board may adopt the proposed amendments; or

The Board may withdraw the NOIRA and not proceed.



townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Dentistry, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC60-20
Regulation title(s)	Regulations Governing Dental Practice
Action title	Requirement for jurisprudence exam
Date this document prepared	3/18/15

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Subject matter and intent

Please describe briefly the subject matter, intent, and goals of the planned regulatory action.

The Board intends to amend regulations for initial licensure and renewal of licensure to require passage of an examination on the laws and regulations governing the practice of dentistry. The goal of the planned regulatory action is to improve licensee familiarity with laws and regulations to facilitate compliance, reduce the number of complaints received, and eliminate some of the violations the Board has found in adjudicating disciplinary matters.

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and(2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific

provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Dentistry the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards
The general powers and duties of health regulatory boards shall be:
...
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

The statutory authority for the Board to promulgate regulations to determine the qualifications for initial licensure and to specify continuing education for renewal of licensure is found in Chapter 27 of Title 54.1:

§ 54.1-2709. License; application; qualifications; examinations.
A. No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry.
B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character; (ii) is a graduate of an accredited dental school or college, or dental department of a university or college; (iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board; and (v) ***has met other qualifications as determined in regulations*** *promulgated by the Board...*
E. The Board shall ***promulgate regulations requiring continuing education for any dental license renewal or reinstatement.*** *The Board may grant extensions or exemptions from these continuing education requirements.*

§ 54.1-2729. Continuing education.
The Board shall ***promulgate regulations requiring continuing education for any dental hygienist license renewal or reinstatement.*** *The Board may grant exceptions or exemptions from these continuing education requirements.*

Purpose

Please describe the specific reasons why the agency has determined that the proposed regulatory action is essential to protect the health, safety, or welfare of citizens. In addition, please explain any potential issues that may need to be addressed as the regulation is developed.

The purpose of the proposed action is to improve the knowledge of dental laws and regulations for persons who are licensees of the Board. By doing so, the public is better assured of compliance with rules for professional practice. Dentists and dental hygienists will be required to keep up with changes in laws and regulations, such as those for sedation and anesthesia which were adopted to protect the health and safety of dental patients.

Substance

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

The proposed action would require passage of a jurisprudence examination for all persons applying for licensure. All licensees would also have to certify at renewal that they have passed the examination within the preceding three years, which would be verifiable by score reports from an on-line testing company. Continuing education credits of three hours could be awarded for passage. The intent is for the examination to be "open book" and to be available electronically. It is anticipated that the cost to the applicant or licensee would be approximately $50 for the services of a testing company to host the website, trouble-shoot issues, score the examination and provide reports to the Board.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

A jurisprudence examination has been available and is required by Board Order for some licensees who are found in violation of law or regulation. However, since it is not required for licensure, it is not financially feasible for a testing agency to contract for its administration and is currently administered by board staff only to persons under a Board Order. To achieve the intent of ensuring that all licensees are current in their knowledge of the laws and regulations governing their practice, the Board must amend regulations and develop an examination that is readily available for all applicants and licensees.

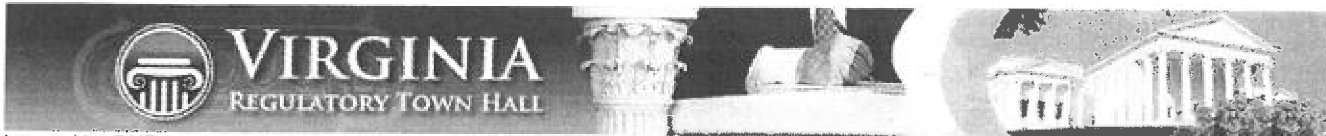
Public participation

The agency is seeking comments on this regulatory action, including but not limited to: ideas to be considered in the development of this proposal, the costs and benefits of the alternatives stated in this background document or other alternatives, and the potential impacts of the regulation.

The agency is also seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: projected reporting, recordkeeping, and other administrative costs; the probable effect of the regulation on affected small businesses; and the description of less intrusive or costly alternatives for achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Town Hall website (**http://www.townhall.virginia.gov**), or by mail, email, or fax to Elaine Yeatts, Agency Regulatory Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or at elaine.yeatts@dhp.virginia.gov. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by midnight on the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (**http://www.townhall.virginia.gov**) and on the Commonwealth Calendar website (https://www.virginia.gov/connect/commonwealth-calendar). Both oral and written comments may be submitted at that time. A regulatory panel will not be used, but the language will be drafted in an open meeting of the Regulation Committee.



Agency **Department of Health Professions**

Board **Board of Dentistry**

Chapter **Regulations Governing Dental Practice [18 VAC 60 - 20]**

Action	Requirement for jurisprudence examination
Stage	NOIRA
Comment Period	Ends 12/16/2015

All good comments for this forum Show Only Flagged

Commenter: David Black, Virginia Dental Association Board * 11/18/15 12:23 pm

All paying for the sins of a few

We have discussed this both with the BOD and in our VDA Board of Directors meetings. Ignorance of the law is no excuse. Why subject those of us who comply with the law with another layer of red tape and expense because a few people violate the statutes and then fall back on the lame excuse of not knowing the law. In an increasingly complex world, where more and more time and expense is needed to run a small business, I plead with you to not increase our load in a situation that does not need to add regulation and expense. Please, please listen to the doctors of our state who are bending over with the extra burdens that are put on us each day.

Commenter: VaCora L. Rainey, DDS * 11/18/15 1:05 pm

Exam for Renewals is unnecessary

My name is Dr. VaCora Rainey and I am a general dentist from Stafford. I am in agreement with the Board on the issue of requiring an exam for initial licensures. However, I feel that an "open book" exam every 3 years is unnecssary for renewals. While I appreciate your proactive approach to reduce complaints and eliminate violations, this will be a time and financial burden for practitioners. I recommend you send a document to all licensed dentists every year with the information you feel would be helpful to us. We can all benefit from your guidance on how to prevent common violations.

Thank you for your time

Commenter: Scott H Francis, DDS * 11/18/15 8:20 pm

Regulation regarding jurisprudence examination

The establishment of a regulation requiring initial licensees and established dentists to take a jurisprudence exam would seem, on first blush, to be a great idea. Who would deny that "knowing

the law" is good thing, and for initial licensees, it is a probably a valid approach to establish baseline knowledge of legal issues and the laws governing the practice of dentistry. For the practicing dentist, to cause this to rise to the level of proposing a regulation, however, the Board of Dentistry must have certain violations in mind that they see over and over, situations that they feel that with better understanding of the law would decrease over time (and yes, I agree that decreasing the workload of the Board is a very reasonable goal because one interpretation of that is that patients are being better treated within the parameters of Board rules and regulations). Would it not be a better approach to create a document (newsletter, mailer, etc.) that outlines the Board's concerns? This would have the dual effect of 1) not adding another regulation to the many thousands on the books already in the Commonwealth, and 2) not burdening the established practitioner with a time-consuming test. The Board could tailor their information to those topics that would have the most impact on the knowledge base of practicing dentists.

Commenter: George J Lake DDS * 11/21/15 4:30 pm

Laws affecting Denistry

Just another waste of time and money for a problem that does not exist.This is so typical of goverment bodies.

Commenter: William"Vince" Dougherty, President Elect- Virginia Dental Association * 11/29/15 5:34 pm

rather than one more test just to test-educate dentists on reprimands,fines, loss of license

Dear Board,

It is apparant from Board meetings that some dental practices do not follow the law. They use the excuse of not knowing the law. These dental practices need to be educated not tested.

Routine testing on the laws of dentistry does not insure dentists understand the laws. It only insures they took the test and passed the test. It will be equivalent to the standard of learning tests in education. Dentists will study quickly or use open book if allowed to most efficiently pass the exam. They will not remember or actually use the material in a beneficial way.

I suggest bringing back the old system when all dentists were educated with a newsletter which informed dentists on all the reprimands, penalties, fines or loss of license in any given period. This type of education is not forgotten when dentists see what actually occurs when the law is not followed.

When the newsletter was distributed, our office would key on the information. All staff would read it and pass it around to be certain we were not violating any laws. It was extremely effective. I do not remember if the newsletter listed names but it would work with names or without.

I assume a law test would mean another unnecessary fee for dentists. It would also allow the Board of Dentistry to say "You took the test and passed. You should have known better."

The more effective way to get dentist to do the right thing would be to educate them on what dentists are doing wrong. Please send us a newsletter. Don't give us more unnecessary requirements and charge us more fees.

Commenter: Richard Taliaferro, DDS President, Virginia Dental Association * 11/29/15 7:43 pm

Requirement for a Dental Jurisprudence Exam

I am writing concerning the propposed Regulatory Action requiring a dental jurisprudence exam. I believe that all initial licensees should be required to pass the exam prior to licensure. I feel requiring licensees to repeat the exam every three years is a burden that is being forced on the backs of 95% of the licensees that abide by the laws of the commonwealth, and are paying for the sins of repeat offenders. I feel the Board of Dentistry to should keep licensees informed of changes in regulations, and interpretations of the regulations through e-mail newsletters. I would be interested to know if the Board has looked at other states to see if three year testing has greatly improved licensees compliance with the law. I know the Board has a thankless job and I appreciate their efforts to protect the citizens of Virginia. I feel that timely communications will go further to help us remain compliant rather than a test every three years. To illustrate the importance of communication, I learned about this regulation only through our Virginia Dental Association leadership. The average dentist and hygienist are unaware of this proposed regulatory action. All licensees should have been informed by the Board before the comment period. Communication always inproves governance.

Commenter: Michael J. Link, Immediate Past President of the Virginia Dental Associatio * 11/30/15 3:01 pm

Strongly opposed to a mandatory test every 3 years. Support an entry level test.

I believe that we, as dental professionals, hold ourselves to a higher standard than the average individual. Continuous education is the hallmark of our profession. There are a small percentage of individuals in our profession who do not adhere to this principle; however, trying to catch the 10% of the violators while punishing 90% of all licensees, is not right. While there are constant changes in the regulations governing Dentistry, ignorance of the laws by a few is not a reason to punish those who do keep up to date. Improving compliance with the rules lies in the communications from the Board of Dentistry; therefore, I challenge the Board of Dentistry to improve its communication with your licensees. Currently, the Board of Dentistry acquires the e-mail address of each licensee at renewal. Why in the 21st century can't the Board communicate to each Licensee regarding any changes in the regulations instead of interested third parties? Why is there no hotline to help licensees better understand questions regarding the statutes and regulations? This type of dialogue should be improved when the Board of Dentistry knows that there is a problem. Previously the Board of Dentistry published a printed quarterly newsletter with up-to-date guidelines, policy decisions and infractions that have occurred to licensees and mailed it to all Dentist and Hygienist. This type of communication was extremely helpful in understanding the type of infractions, rationale and the sanctions that were being imposed by the Board of Dentistry. I know your website contains the newsletter, statutes and regulations of Virginia. However, as a licensee who pays a fee to a governing Board, we should receive correspondence from that Board! The quarterly newsletters were discontinued several years ago due to budgetary concerns. We encourage the Board of Dentistry to bring back this type of interaction by electronic means to all Dentists and Hygienists in Virginia. I personally believe this can be accomplished by sending e-mail notices regarding, Board actions, infractions that occurred, NORA requests and any other pertinent communication to all of its licensees. This type of communication will help each licensee to better understand the statutes, rules and regulations governing Virginia's dentists and hygienists. Furthermore, the Board of Dentistry will receive more communications from the licensees than it currently does. Plus the Board has yet to answer several questions that were

made in open forums. Who can own a dental practice? Can your hygienist charge out an examination when the Dentist is not present? It's not the fault of the licensee that you have not decided on the answers to the above questions.

What we need is better communications from the Board of Dentistry. Your vote was unanimous without any discussion by a single Board member. Since there was no discussion at this meeting, maybe you can show me the data that backs up your claim that a test will improve compliance by your licensees? Who will pay the cost of developing this test every three years? Who will pay for administering this test? Is there any concern by our Board of Dentistry about increasing the cost to your licensees? Therefore, I strongly oppose a mandatory test for all Licensees every 3 years.

Commenter: Guy Levy, Private Practice * 12/1/15 3:45 pm

Examination

I am in support of assuring dental professionals of the Commonwealth know and understand the statutes that regulate dental practice through an initial examination. However, requiring a test every 3 years is a poor method for achieving this goal at this time. First, there has been no promotion of the existing rules to practicing dental professionals by the BOD. In fact, I have been aware of no regular communication from the BOD to practicing dentists in recent years. We used to receive regular newsletters by mail, which one would think would be even more efficient by email, but this has not been the case. Second, the BOD has been reluctant to clearly define their positions re: important areas of the professional code relating to the ethical practice of dentistry and the ownership of dental practices. Third, it is not clear how this unproctored examination is going to solve a problem, which has not been clearly identified. I would suggest considering the following, prior to instituting this triennial examination:

1. Identify the areas of the regulatory codes in which the BOD has determined poor understanding and/or adherence by dental professionals of the Commonwealth.

2. Reinstitute regular communication with licensed dental professional in order to promote understanding of the regulatory codes.

3. Communicate directly with the VDA and other dental organizations in order to facilitate the education of dental practitioners re: the regulatory codes.

4. Reassess the necessity for an examination or other means for assuring understanding and adherence to the regulatory codes after the above steps have been followed.

Thank you for your consideration,

Guy Levy

Commenter: Richard F. Roadcap, DDS * 12/1/15 8:22 pm

mandatory jurisprudence examination

Mandatory jurisprudence examinations, whether open-book or not, will not serve to increase compliance with Board of Dentistry regulations. There's been no evidence that this approach has succeeded in other states. Doctors who are non-compliant, even if they profess ignorance, have failed their profession and their patients. Should a doctor fail his or her test, what will be the sanctions? We know that the Board elects now to enforce continuing education requirements only as a "secondary offense", much like the enforcement of seat belt laws. Let's not add one more feel-good administrative burden to the vast majority of Virginia dentists who make it their professional responsibility to be in compliance with all laws and regulations.

Commenter: Lanny R. Levenson, DDS Virginia Dental Association Board of Directors *

12/2/15 2:08 pm

Requirement for Jurisprudence Examination

I strongly oppose mandatory testing every 3 years for jurisprudence examination for the following reasons:

1.Repetition of the tests which I passed after graduate school is an unnecessary financial burden and takes me away from my office.

2.The process by which this recommendation has occurred would have benefitted by input from the VDA who shares the concerns of the Board of Dentistry that all dentists understand the regulations governing the practice of dentistry. Other means can achieve this goal whether it be email communications, Board guidance on trends noticed, or printed quarterly mailings.

3.I ask the Board to delay implementation of this in order to discern together if there is another way to achieve the goal we all desire-well trained and ethical dentists.

Thanks you for your consideration.

Commenter: Tyler Perkinson *

12/2/15 9:53 pm

blame poor BOD communication, not VA dentists

I oppose the proposed requirement of a jurisprudence exam every three years. I agree that there is a lack of understanding among dentists about the current Board of Dentistry regulations, but I believe the problem is the consequence of poor communication from the BOD rather than willful ignorance on the part of Virginia dentists.

Within my group practice, we have made considerable effort to design and enforce our internal guidelines to meet or exceed the state regulations. In doing this, we found the written regulations were not clear as to how they should be implemented. In those situations we turned to the state board for clarification, and in every case, the board refused to offer any guidance in reading the vague language that they wrote. I find it troubling that the instincts of the state board is to punish Virginia dentists rather than improve its efforts to clarify and educate.

I think a reasonable compromise is to create a jurisprudence exam to be taken before a license is initially granted. This could be implemented along side a renewed effort to educate existing dentists.

Tyler Perkinson DDS

Commenter: Tricia Gurbel *

12/3/15 9:06 am

I oppose

I feel this is an unecessary process. We complete 15 hrs of CEU yearly and as dental professionals should be capapble of knowing the laws surrounding our profession without monitoring.

Commenter: jesse r wall dds *

12/3/15 9:38 am

3 yr test

I oppose this idea! Should we require lawmakers to take a test on the Constututiion every three years?

Commenter: Jennifer Mueller *

12/3/15 9:45 am

Jurisprudence Examination

If there is to be a recurring jurisprudence examination there would need to be a well written,definitive source to use as a reference.

Commenter: flavio w. nasr, dds, pc *

12/3/15 10:01 am

Oppose Jurisprudence test for license renewal/ There is a better way

Please Stop burdening Dentists with additional layers of requirements. Enough is enough. You must do a better job at educating. For example, create a top 10 List of infractions, disclose typical fines for those infractions, then explain how these infractions can be avoided or corrected. Utilize examples.

Commenter: Carl Block *

12/3/15 10:03 am

Opposed mandatory jurisprudence exam.

It is imperative that each and every licensed provider is knowledgeable (and is in compliance) as to the requirements setforth by the board. Any violation could, and perhaps should, necessitate a mandatory remediation of the regulations with an examination, but do not impose such a hardship on those that are and continue to be in compliance.

Commenter: Michael E. King, DDS Team Dental at River Oaks *

12/3/15 10:31 am

Opposing with suggestion/JP testing every 3 years to promote adherence

I oppose testing every 3 years to promote adherence.

I agree with some of my fellow dentist that EDUCATION is KEY here, Not a test. I would suggest the following: Just like we do with OSHA, have a 1-2 credit mandatory per annual license renewal to go towards JP. Dentist can read online or attend a course.

Commenter: Jennifer M Dixon DDS *

12/3/15 10:40 am

Oppose Mandatory Jurisprudence Exam Renewal

I oppose the proposal for a mandatory jurisprudence renewal exam! We are kept abreast of any changes in the regulations and laws via email and mail. As dental professionals, it is our duty to adhere to the regulations and laws and make changes to our practice when necessary. A mandatory renewal exam is not necessary.

A solution would be to offer an online CE course with jurisprudence information to review recent changes. Perhaps you could require 1 hour of Jurisprudence CE rather than a mandatory exam.

Commenter: Kelly Viau, Peak City Family Dentistry * 12/3/15 11:39 am

Oppose Jurisprudence Exam

I oppose the proposal for a mandatory jurisprudence renewal exam. A mandatory renewal exam is not necessary since we are notified of any changes in the regulations and laws via email and mail. As dental professionals, it is our duty to adhere to the regulations and laws and make changes to our practice when necessary. A mandatory renewal exam is not necessary.

Commenter: Christine Marczak, RDH * 12/3/15 11:49 am

I object

I disagree with retaking a laws and regulation exam every three years. If there seems to be an issue with the small percentage of law breaker; look for a solution to address those individuals, and not the majority that follow the laws and regulations.

Commenter: virginia family dentistry * 12/3/15 12:15 pm

exam every three years

If the goal is to try to reduce the jurisprudence problems due to new or misunderstood current laws, you could have a mandatory meeting where all the new laws are presented and questions answered once a year which would be much more effective than some type of written exam every three years. I am opposed because I think there are better alternatives. Dale Rogers

Commenter: Dr.Chand * 12/3/15 12:29 pm

Objection

Please let's not start penalize us dentists who care and love our patients because of some bad eggs. I strongly object to this.

Commenter: Frank Iuorno, DDS, MS * 12/3/15 12:45 pm

Jurisprudence Exam

Communication between the Board and dentists seems to be a clear theme when reviewing the comments in this forum, and I agree wholeheartedly. Often times, it seems as though there is a disconnect between the Board and its actions, and the dentists/hygienists of the State, even though our missions are essentially the same-- to ensure and provide the hightest quality dental care for our commuinities. There is an opportunity here for the Board to create an athmosphere of mutual benefit rather than promulgate the perceived ominous relationship that exists today.

If the intent of an exam is to educate, then why not simply educate. An online CE module to be completed prior to license renewal seems not only logistically easier, but less expensive to administer. This sends a positive message to providers opens communication in a constructive way. I would respectfully ask the Board rethink the proposal of a *mandated* exam.

Commenter: Wesley * 12/3/15 2:45 pm

OBJECTION

I don't believe that it's fair to make the mistakes and poor practice of a few dentists affect all others. If a dentist has legal/ethical problems then they should be made to retake the legal/ethics exam every 3 years. As the saying goes, "do not let a few bad apples ruin the whole bunch"

Commenter: Smile America * 12/3/15 2:48 pm

Examination

Object

Commenter: Karen Dunegan * 12/3/15 3:03 pm

I prefer CE module to testing

I thought that a suggestion by another posting would possibly be more useful and timely:
Jurisprudence Exam

Communication between the Board and dentists seems to be a clear theme when reviewing the comments in this forum, and I agree wholeheartedly. Often times, it seems as though there is a disconnect between the Board and its actions, and the dentists/hygienists of the State, even though our missions are essentially the same-- to ensure and provide the hightest quality dental care for our commuinities. There is an opportunity here for the Board to create an athmosphere of mutual benefit rather than promulgate the perceived ominous relationship that exists today.

If the intent of an exam is to educate, then why not simply educate. An online CE module to be completed prior to license renewal seems not only logistically easier, but less expensive to administer. This sends a positive message to providers opens communication in a constructive way. I would respectfully ask the Board rethink the proposal of a *mandated* exam.

Commenter: danine fresch gray * 12/3/15 3:07 pm

paying for sins of the few once more

Are we not capable to read the laws that change without creating another layer of regulation? Maybe we should be more concerned about continuing education, helping our fellow man and sustainability?

Commenter: Gregory K. Kontopanos, D.D.S. *

12/3/15 3:57 pm

Strongly opposed to a mandatory test every 3 years.

Strongly opposed to a mandatory test every 3 years.

I believe that we, as dental professionals, hold ourselves to a higher standard than the average individual. Continuous education is the hallmark of our profession. There are a small percentage of individuals in our profession who do not adhere to this principle; however, trying to catch the 10% of the violators while punishing 90% of all licensees, is not right. While there are constant changes in the regulations governing Dentistry, ignorance of the laws by a few is not a reason to punish those who do keep up to date. Improving compliance with the rules lies in the communications from the Board of Dentistry; therefore, I challenge the Board of Dentistry to improve its communication with your licensees. Currently, the Board of Dentistry acquires the e-mail address of each licensee at renewal. Why is there no hotline to help licensees better understand questions regarding the statutes and regulations? This type of dialogue should be improved when the Board of Dentistry knows that there is a problem. Previously the Board of Dentistry published a printed quarterly newsletter with up-to-date guidelines, policy decisions and infractions that have occurred to licensees and mailed it to all Dentist and Hygienist. This type of communication was extremely helpful in understanding the type of infractions, rationale and the sanctions that were being imposed by the Board of Dentistry. I know your website contains the newsletter, statutes and regulations of Virginia. However, as a licensee who pays a fee to a governing Board, we should receive correspondence from that Board! The quarterly newsletters were discontinued several years ago due to budgetary concerns.I encourage the Board of Dentistry to bring back this type of interaction by electronic means to all Dentists and Hygienists in Virginia. I personally believe this can be accomplished by sending e-mail notices regarding, Board actions, infractions that occurred, NORA requests and any other pertinent communication to all of its licensees. This type of communication will help each licensee to better understand the statutes, rules and regulations governing Virginia's dentists and hygienists. Furthermore, the Board of Dentistry will receive more communications from the licensees than it currently does. The Board has yet to answer several questions that were made in open forums. Who can own a dental practice? Can your hygienist charge out an examination when the Dentist is not present? It's not the fault of the licensee that you have not decided on the answers to the above questions. The few times I have contacted the BOD for an interpretation of a statute I have been told by the BOD's Executive Director the she and the Board could not and would not comment or interpret. I feel communication and education from the BOD is what is needed, not every three years testing of Virginia's Dentists.

What we need is better communications from the Board of Dentistry. Your vote was unanimous without any discussion by a single Board member. Since there was no discussion at this meeting, maybe you can show me the data that backs up your claim that a test will improve compliance by your licensees? Who will pay the cost of developing this test every three years? Who will pay for administering this test? Is there any concern by our Board of Dentistry about increasing the cost to your licensees? Therefore, I strongly oppose a mandatory test for all Licensees every 3 years.

Commenter: Carl O. Atkins, Jr., D.D.S. *

12/3/15 4:57 pm

Oppose the Requirement for jurisprudence examination

The problem is the lack of clear and concise communication from the BOD, rather than publishing statues in arcane legal language, the regulations should be clearly stated, in plain English.

Email updates and newsletters would better inform the dental professionals in Virginia than a test every 3 years.

We already have a continuing education requirement; it makes more sense to have a Jurisprudence and Ethics C.E. requirement rather than an examination.

Commenter: Libbey Family Dentistry * 12/3/15 5:13 pm

waste of resources

I oppose the proposal for a mandatory jurisprudence renewal exam! A mandatory renewal exam is not only unnecessary, but also a waste of resources as it will require time and money to administer and regulate.

I support the proposal made for an online CE course with jurisprudence information to review recent changes.

Commenter: Stan Dameron DDS, member VDA, Member Rappahanock Valley Dental Society * 12/3/15 6:43 pm

Dental jurisprudence exam

Test is not necessary. One more layer of govt regulation which I'm sure will have a fee to cover the administrative costs. It would be more cost effective to just mail a reminder to all licensed dentists every three years. Also it would be very helpful for notices sent to dentists with board actions regarding lack of compliance with the laws and regulations governing the practice of dentistry, which would be regular reminders of violations if this is really a problem and not something the board staff have just suggested. over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Dr. Robert Allen * 12/3/15 9:29 pm

Jurisprudence re exam every 3 years?

The BOD means well, but again is misguided; I am not opposed to the review of the ever-changing Board of Dentisry interpretations of the "Code", but a re =exam every 3 years is overkill; I would suggest the time be reduced to every 6 or 8 years. The BOD is tired of having comlaints directly related to dentists who incorrectly interpret the ever -changing "CODE"; perhaps the BOD should accept some of the responisblity for what is happening by stepping up their efforts to educate the dentists of VA about how the BOD interpretes the "Code" more often...by pointing out where dentists are overstepping the legal line.

Commenter: Ralph L Howell, Jr., DDS * 12/3/15 9:37 pm

Jurisprudence Exam

I am opposed to any additional regulation. I feel a module to review or a quarterly newsletter highlighting various regulations would be more productive and require less administrative burden on the Board of Denitisry than requireing an exam every three years.

Commenter: Jeena Devasia * 12/4/15 11:26 am

Opposed to JP Exam

Commenter: R. Alan Hinkle * 12/5/15 7:47 am

Exam

It is time to educate rather than regulate.

Commenter: Andrea Onderdonk * 12/7/15 8:15 am

Jurisprudence Exam objection

I agree with the overhelming whole of the group that a manditory Jurisprudence exam ever three years is unnecessary. I agree that an online CE module would be more efficient way to educate us and keep us up to date on regulation changes.

Commenter: Patrice Harmon, DMD * 12/7/15 9:25 am

CE over exam

I, too, feel that a CE module with license renewal would address the problem of communication and knowledge of laws without putting the unnecessary financial burden of testing on both the board and dentists. Please reconsider.

Commenter: Elizabeth M Attreed * 12/7/15 1:10 pm

CE

I feel required CE as is necessary for sedation is a better solution than requiring testing and financial obligation for the board and practicing dentists. Please reconsider this legislation. Thank you.

Commenter: Paul T. Olenyn DDS Ltd * 12/7/15 1:49 pm

Jurisprudence exam

I am opposed to an exam.This put more workn on the Board. If you feel it is necessary to bring people up to date on the laws then a required continuing education course could be offered on line or at a local component meeting. However,having served on my local as well state peer review committee I still feel that this is not neessary. Few cases involved problems of this nature.

Commenter: Ashley Holmes, DDS * 12/8/15 12:42 pm

I strongly oppose a JP exam

I am strongly opposed to any additional regulation. I feel a module to review or a quarterly newsletter highlighting various regulations would be more productive and require less administrative burden on the Board of Dentistry than requiring an exam every three years.

Commenter: Cappy SInclair * 12/8/15 1:58 pm

I oppose a manditory exam

In other states where this is mandatory, there is no direct benefit to the dentists or the patients that they treat.

Commenter: Faryl Hart * 12/9/15 10:53 am

No test-have information come from Board

The issues that the Board of Dentistry are concerned about would be better managed by improved communication from the Board. Quarterly emailed newsletters would be an option. This is how I share my information with my patients instead of having to pay printing and mailing charges. Certainly the Board can do it if I can.

Commenter: Rebecca Reeves * 12/9/15 10:59 am

In oppose this Jurisprudence test.

I think the Board of Dentistry should have better communication with us at practioners. One option would be via email notifications. Keeping the lines of communication open regarding updates or changes to rules and regulations should eliminate the need for additional testing.

Commenter: robert campbell * 12/9/15 11:23 am

jurisprudence exam

Rather than a mandated jurisprudence exam consider sending more "guidance documents". The resposibility of knowing and understanding the current the rules and regulations including the new chapter 21 falls upon the dentist. Most dentists get into trouble because of infractions in these areas, R&Rs, not the information presented in the current jurisprudence exam given at intial Board

exam for state licensure.

Commenter: janine randazzo * 12/9/15 11:29 am

undue burden

Why are the masses being punished for the few that do not obey the regulations?

Commenter: Jay K. White, DDS, * 12/9/15 11:29 am

Strongly Oppose Juris Prudence Exam Every 3 years

I Strongly oppose a juris prudence exam every 3 years. We would be much better served by periodic updates regarding regulation changes.

Sincerely,

Jay K. White, DDS

Commenter: Ken Grindlay * 12/9/15 11:30 am

Jurisprudence exam

I stongly oppose the proposed new regulation.

Commenter: Barney E Selph, DDS * 12/9/15 11:32 am

Opposed to Requirement to pass JP exam

This requirement would place the burden of a few on the majority of dentist that are in compliance.

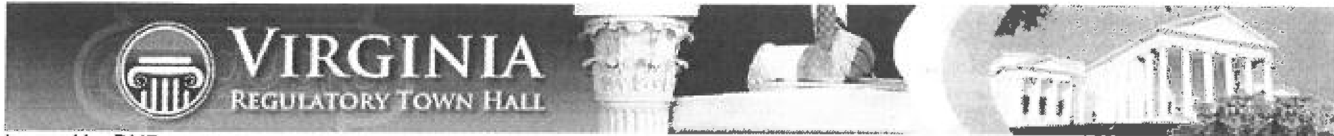
The problem of compliance with regulations would be better solved by requiring initial licensees to pass a jurisprudence exam and then providing communication, either by mail or E-mail about various regulations on a timely basis.

Commenter: Katryna Golian Dds * 12/9/15 11:32 am

Jurisprudence exam for Virginia Dentists

I believe this to be undo burden to have to do this every three years. The dentists applying for initial licensing should have to pass an initial jurisprudence exam. The existing dentists should be e-mailed all of the law changes directly. I would read them and abide by them as I believe most dentists would. I believe it is difficult enough to run our practices without additional layering of administrative requirements.

* Nonregistered public user



Logged in: DHP

Agency **Department of Health Professions**

Board **Board of Dentistry**

Chapter **Regulations Governing Dental Practice [18 VAC 60 – 20]**

Action	Requirement for jurisprudence examination
Stage	NOIRA
Comment Period	Ends 12/16/2015

All good comments for this forum Show Only Flagged

Previous Next Back to List of Comments Page 2 of 4 50 comments per page go

Commenter: Dr C William Dabney * 12/9/15 11:35 am

Juris prudence exam

i am strongly opposed to requiring this exam every 3 years. do our laws really change that much that quickly? do other professions have such a requirement ? what was the passing percentage of previous exams? why was even given consideration. we may need an exam every three years on dental materials or dental technolgy but this idea is rediculous .

Commenter: Fred N . Kessler, DDS * 12/9/15 11:36 am

Proposed Jurisprudence Exam Requirement

Feel this proposed regulation is unnecessary. The Board needs to merely inform its licensees of the current jurisprudence regulations and any infractions that are happening repeatedly by mail.

Commenter: Hunter Bell, DDS * 12/9/15 11:37 am

Juridprudence needs no further controls

It is an insult to the professionals who have satisfied regulations for liscencing in previous years to be required to pass another jurisprudence exam every three years. Updates to regulations are the only step an agency should provide to practioners. This new regulation would only be enforcement nightmare, a burden on resources, an an inane approach to perceived corrective needs. Stop treating professionals like children!

Commenter: Dr. Thomas B Padgett * 12/9/15 11:38 am

Jurisprudence

I strongly feel the Jurisprudence exam should be completed by all new Licenses. The majority of the Dentists in the Commonwealth abide by those rules. If a Dentist breaks the rules and is subject to punishment by the BOD then they should be required to retake the exam. It should also be available to take on a voluntary basis with no penalty for those who want to brush up on the regulations. I do not feel the whole should be penalized for the mistakes of the few

Commenter: Jennifer Lysenko Johannsen, DDS * 12/9/15 11:40 am

Strongly oppose exam

I don't think adding this exam would help at all, and it would take time away from our patients. This is an unnecessary burden and as most others have mentioned, an online CE course would be a better way of distrubuting information.

Commenter: John Ashby * 12/9/15 11:41 am

unneeded regulation

This seems backward thinking and unnecessary expense and time. If this is for prevention, what study shows that spending so much time and money prevents violations? If for remediation, then require it for those that have violated.

Commenter: James Willis, DDS; Burke Dental * 12/9/15 11:42 am

Opposed to Requirement to pass JP exam

The proposed requirement would be an undue burden that an overwhelming majority of licensees would be forced into shouldering due to act of a minority who do not obey the regulations.

Any problem of compliance with regulations would be better solved by requiring initial licensees to pass a jurisprudence exam and then providing communication about various regulations on a timely basis.

Commenter: Kimberlyn Atherton, DDS * 12/9/15 11:42 am

Jurisprudence Exam Every 3 Years

Makes far more sense to have new licencees pass a jurisprudence exam to get their license like in the state of Florida. It's total overkill to make currently licensed dentists taake and exam even once not to mention every 3 years.

Commenter: Maribel M. Vann, DDS, PLLC * 12/9/15 11:44 am

JURISPRUDENCE EXAM

I am opposed to this exam.

Commenter: Marci Guthrie, DDS, James River Family Dentistry * 12/9/15 11:45 am

Oppose exam

I strongly oppose a 3 year Jurisprudence exam. Please reconsider.

Commenter: Robert Y Cox, DDS * 12/9/15 11:48 am

opposed to jurisprudence Q3 years

Dear BOD,

I am opposed to an exam every 3 years for the jurisprudence. If the goal of this is to insure all dentists know the regulations, why doesn't the Board send out the regualations yearly to all dentists and ask that each dentist review the laws and regs. This is much more cost-effective and less hassel for all involved. If a dentist has disciplinary action against him/her, then this dentsit should be required to submit to a test yearly for a specified period. This is a much more sensible legislation.

thanks,

Robert Y. Cox, DDS

Commenter: Nick Lombardozzi * 12/9/15 11:50 am

Oppose mandatory exam

Commenter: Dept of Dentistry, U. of Virginia Health System * 12/9/15 11:51 am

Proposed requirement for jurisprudence exam every 3 years

I do not understand this proposal and how it would work. Sounds like needless over regulation to me, and I question why Dentistry should have this burden when, as far as I know, Medicine, Law, etc do not have to repeat their jurisprudence equivalent exams.

1) Is there a charge associated with this jurisprudence exam? If so, how much? Seems like yet another "tax" to dentists.

2) Why every 3 years? Why not 5? Why not longer? If our regulations are changing so rapidly that we have to be subjected to an exam every 3 years, then we are being over-regulated. The professional regulations should not be changing this fast.

3) How will you take this exam? Online or in person in Richmond?--Seriously, are we going to have to drive to Richmond every 3 years to take this exam?

4) If it's online, will it be in the form of a Computerized Based Learning module, where you read the CBL text (changes in regulations) and then take an exam on computer, with something like an 80% passing grade requirement?

5) What happens if you don't pass? Is your practice shut down until you retake it? When would be the next opportunity to retake it?--next day, one month, 6 months, a year?

I don't see how the Board can propose this without also proposing extensive details as to the mechanics of the proposal.

Commenter: Gustav Horsey, DDS, MS * 12/9/15 11:52 am

Jurisprudence exam

I am opposed to a jurisprudence exam every 3 years.

Commenter: Wakeshi Benson * 12/9/15 11:52 am

Opposed to jurisprudence testing

I am opposed to a jurisprudence exam every 3 years. I feel it is burdensome, costly, and time consuming. If updated information is given, it should be the responsibility of the professional to know the rules.

Commenter: Sheila R. Field, DDS * 12/9/15 11:54 am

Better communication, better results

The problem of compliance with regulations would be better solved by requiring initial licensees to pass a jurisprudence exam and then providing communication about various regulations on a timely basis. We all want to do the right thing. Communication is too easy in today's world. Another exam will not solve the problem..

Commenter: Eunghwan Kim * 12/9/15 11:56 am

non sense exam. waste budget.

If you have confidence of this system, take driving licence exam every year. The morality or ethics can not be changed with a test.

Commenter: Russell Mullen, DDS * 12/9/15 11:58 am

Oppose Mandatory Jurisprudence Exam

I oppose requiring a jurisprudence exam for practicing dentists every three years. The current system works well.

Commenter: Donald F. Larson, DMD * 12/9/15 11:58 am

Jurisprudence opposition

Ignorance is not an excuse. If it's truly a problem, then why not establish it (jurisprudence) as a required unit in the already established CE requirements needed each year for licensure? Just a thought. I oppose it as a separate hoop to jump through.

Dr. Donald F. Larson

Alexandria

Commenter: Dr M. S. Denbar * 12/9/15 12:02 pm

Oppose Jurisprudence examination

I am adamantly opposed to the proposed examination. Responsible professionals are diligently striving to provide optimal patient care within the prescribed guidelines. I believe the Board of Dentistry should focus on those that are not acting professionally rather than wasting time mentoring an examination.

Commenter: Tina Lefta, DMD * 12/9/15 12:04 pm

I am opposed to taking a jurisprudence exam every 3 years

It is certainly necessary to take this exam prior to graduating dental school, however; i believe it will be an additional burden (monetary and time consuming) to a competent practicing dentist. It is our responsibility as dental professionals to stay up-to-date with the latest changes (materials, technology, laws, etc). We do not need to take an exam to prove that.

Commenter: Jhia-Ming Chang, DDS * 12/9/15 12:10 pm

I am opposed to taking a jurisprudence exam every 3 years

I am opposed to taking a jurisprudence exam every 3 years. I think it is not necessary and is an additional burden for the licensees.

Commenter: Herschel L Jones D.D.S * 12/9/15 12:16 pm

Jurisprudence exam

I strongly oppose this proposal!

Commenter: James Glaser, DDS * 12/9/15 12:16 pm

Jurisprudence exam

I feel that the administration of a dental jurisprudence test every 3 years tends to force practitioners who follow the rules as unnecessary. For those of us who obey the rules and regulations, this retesting appears as a punishment. Dentists who have erred in their following the laws and regulations might be put into a group requiring this refresher test. The time limit might be as suggested for every 3 years up to 9 years post infraction, and then suspended. The proposed law would be nothing more than an encumbrance. I hope my observation will be construed as a positive input.

Commenter: Joanna Claustro DMD * 12/9/15 12:16 pm

Opposed!!!

I strongly oppose the requirement to take a jurisprudence exam every 3 years in order to maintain my license to practice dentistry.

Commenter: Mark Raymond, DMD, Coeburn Dentistry * 12/9/15 12:18 pm

Strongly oppose 3 Year Jurisprudence exam

I am strongly opposed to requiring a jurisprudence exam every 3 years for dentists in VA. I agree with a previous comment submitted to this board....Requiring VA dentists to pass a jurisprudence exam every 3 years is equivalent to having state legislators take an exam on our state constitution every 3 years. Please ask yourself if you would vote "yes" to that?

Commenter: Scott R. Miller, DDS * 12/9/15 12:25 pm

Opposed

There is already enough regualtion and demand on those providing care to the citizns of Virginia. I feel this will be a burden that an overwhelming majority of licensees are shouldering due to act of a minority who do not obey the regulations. I feel the problem of compliance with regulations would be better solved by requiring initial licensees to pass a jurisprudence exam and then providing communication about various regulations on a timely basis.

Sincerley,
Scott Miller

Commenter: T.E.Leinbach DDS * 12/9/15 12:25 pm

jurisprudence test

No need to increase regulation here. We are notified of changes in the Practice Acts and we are responsible for knowing the laws of Virginia. Do not burden the system and the law abiding dentists with a new regulatory requirement.

Commenter: Christian Tabor, Christian S. Tabor DMD, PC * 12/9/15 12:26 pm

Objection

I respectfully object to the proposal of mandatory exam every 3 threes on the BOD laws. The laws governing Dentistry have not changed much if at all in the 15 years I have had my license, yet as they say, 'ignorance of the law is no defense'. If the laws do not change that much, how can Dentists, subjected to disciplinary action by the Board claim 'they weren't aware'. If they passed the exam once, they knew the material once. Needing a refresher course in the form of a mandatory CE update may be a better approach. Please do not punish all for the actions of few.

Commenter: Young Lim * 12/9/15 12:28 pm

Requirement of jurispruduce exam every 3 years

I strongly oppose this requirement. Every 3 years exam makes another regulatory burden and we do not need it.

e over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Doug Overstreet * 12/9/15 12:34 pm

Jurisprudence exam

I would support some sort of on line CE, but would be opposed to a mandatory exam.

Commenter: Joshua Binder * 12/9/15 12:41 pm

Jurisprudence exam

This new regulation is unnecessary. Maybe only needed if doctor has a violation occur, then have them take jurisprudence exam every 3 years.

Commenter: Augustus A. Petticolas, Jr., D.D.S. * 12/9/15 12:45 pm

Proposed Jurisprudence exam every three years

I agree with the position set forth by our Virginia Dental Association on this issue. The aim of insuring that our members are aware of the ever-changing regulations governing our profession can be achieved without adding a regulatory burden to our license renewal process.

Commenter: Carl M. Steger, DDS * 12/9/15 12:48 pm

Opposed

I would concur with the majority of Virginia dentists on this forum: this new regulation would be just another burden that slows my delivery of compassionate, high quality care to my patients in Chantilly, VA. Members of the profession who are convicted/penalized for violating provisions of the Board of Dentistry should only be put through this Jurisprudence exam process. Sincerely, Carl Steger, DDS

Commenter: Jessica Clark * 12/9/15 12:50 pm

Strongly Oppose

I stongly oppose the proposed new regulation.

Commenter: Eliot Bird DDS * 12/9/15 12:52 pm

Jumping on the pile

Looks like everyone making a comment is in agreement. Put me with that group. It's hard to believe anyone ever really thought something this broad was a good idea. Perhaps require a retake of the exam if you are found not in accordance with the Board. If someone is a repeat offender within a certain time frame then maybe they, and only they, should be required to take an exam every three years. It seems that this is the bulk of the offenders. Thanks for the opportunity to chime in.

Commenter: Randy Adams DDS * 12/9/15 1:03 pm

I oppose the Jurisprudence Exam

TI strongly oppose this exam. I believe the BOD should publish a yearly news letter reminding us of any changes or problems that would be helpful to all Dentist.ype over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Edward Bernhart DDS * 12/9/15 1:07 pm

Proposed jurisprudence exam every three years (objection)

As a dentist who has practiced over 40 years in this state, I find this proposal to be very burdensome and an unnecessary hardship that the membership is asked to endure. The membership has continuously watched its rights and well-being challanged by a hostile board and this is just another example. There is an amazing disconnect between the Board and its membership. Many of the Board's actions have produced just the problems which it (the Board) now seeks to address. If it were not for its liberal and biased policies of consumerism through deminished skill set requirements and permissive advertising there would not be the problems which the Board now considers actionable. This is another classic example of the deprivation of individual rights in the guise of "fixing" a problem which the Board has created! Had standards been upheld in the past, the present problems would not have been created. There will continue to be a diminution of the "Dental Product' until the emphasis is returned to quality and not legality. Emphasis on the "Product" will always cure the legality issues.

Commenter: Corydon Butler, Jr DDS * 12/9/15 1:25 pm

BOD Jurisprudence Reexam

To all interested parties:

This proposal to have a reexamination of our regulations every three years is yet another example of making more rules for everyone in order to correct a few. Most dentists practice within the guidelines that are currently in use and are ethical. Rather than making a mandatory reexamination every 3 years for everyone, why not require those found in violation of the regulations be subject to this reexamination and for repeat offenders increase it to annually with a fine; don't impose more regulations on a majority of Virginia dentists that have been "rule followers" for decades.

Respectfully submitted,

Cory

Commenter: Gregory Lynam DDS * 12/9/15 1:26 pm

I oppose this regulation

This is a waste and is not going to improve quality of care. Is it a shame that there a so many tangible ways to improve health care that are being ignored due to this type of regulatory burden. Our elected officials should really focus their attention to other areas.

Commenter: Scott Lindemann,D.D.S. * 12/9/15 1:26 pm

New Test a bad idea .

Another regulation where one has been in place for the last 30 years of my career that has functioned just fine ? What is the point ? just making things harder and more expensive for no good reason . We will need more bureacrats to administer the test,grade the test and charge us for the test. Great . This is a bad idea that will just make it harder on all of us out here trying to make Virginia a better place to smile.

Commenter: Heather Zak-Ramsay DMD ,PC * 12/9/15 1:27 pm

Oppose jurisprudence exam every 3 years

I oppose the proposal of a retaking jurisprudence exam every 3 years. This is an unnecessary burden shiuld not be required. Proper correspondence between the laws and regulations and the practicing dentist is sufficient.

Commenter: Jeffrey Day, DDS * 12/9/15 1:27 pm

Opposed

I am opposed to the Board's recommendation for continued examination. This is a non-problem for the state and will only serve to raise cost for the state, taxpayers, patients and dentists.

The Board can do much with simple communication about updates via email / website. They can start with a montly newsletter reviewing the most common infractions.

Commenter: Dr. Mary Jean Sotack * 12/9/15 1:34 pm

Oppose jurisprudence exam every three years

I oppose a jurisprudence examination every three years. I feel this would this is a burden that an overwhelming majority of licensees are shouldering due to act of a minority who do not obey the regulations.

Commenter: William Horbaly, DDS, MS, MDS * 12/9/15 1:35 pm

Proposed Jurisprudence Exam Every 3 years

I strongly oppose this needless regulation. It is the classic use of a sledgehammer to hit a pin...punishing the masses for a few who do not abide by the law and will not even with the added burden of an exam every 3 years. If you feel you have to do something make the exam elective and available on-line free-of-charge for those who would like to test their jurisprudence knowledge. Where do you even come up with a $50 fee? Are you looking for ways to generate revenue in this already highly regulated and over taxed society? Enforcing this program will also turn into a nightmare. You will now be reviewing cases of those people who are practicing dentistry who failed the exam or were delinquent in taking it. Consider the unanimous opinions of those who have commented and nix this burdensome proposal. Thank you!

Commenter: Dag Zapatero, DDS * 12/9/15 1:37 pm

Why is more regulations always the answer?

I too am opposed to the proposed jurisprudence exam requirements. We already have enough regulations on dentist in the Commonwealth without more being piled on without proven benefits to the citizen of the Commonwealth. How do we even know that an exam will produce the desired behavior? I believe it's better handled by the marketplace forces like that utilized by malpractice insurance carriers. Medical Protective allows it's member dentist to take CE and exam on ethics and jurisprudence in return for a 5% reduction in the cost of the policy. If y'all feel its needed, just require it as part of a CE requirement and give those who take it a reduced rate on licensure renewal. I feels it's within your scope to require new dentist to take the jurispurdence exam but I am opposed to any blanket requirement for all practicing dentists in the Commonwealth.

Commenter: Dina Bambrey, DMD * 12/9/15 1:39 pm

Reexamination ridiculousness

T

To all interested parties:

This proposal to have a reexamination of our regulations every three years is yet another example of making more rules for everyone in order to correct a few. Most dentists practice within the guidelines that are currently in use and are ethical. Rather than making a mandatory reexamination every 3 years for everyone, why not require those found in violation of the regulations be subject to this reexamination and for repeat offenders increase it to annually with a fine; don't impose more regulations on a majority of Virginia dentists that have been "rule followers" for decades.

Professionally,

Dr. Dina

Commenter: Willard K Lutz DDS * 12/9/15 1:40 pm

Jurisprudence

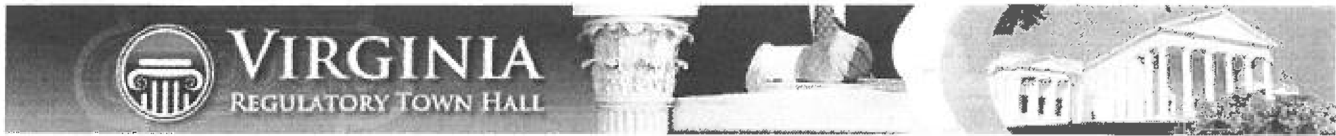
I beleive this proposal is unwarranted. Deal with the few that violate the code.

Commenter: Charanpreet Ashtakala * 12/9/15 1:41 pm

Jurisprudence Exam

I would agree with VDA's position on this issue. That this is an unncessary burden on us.

* Nonregistered public user



Logged in: DHP

Agency **Department of Health Professions**

Board **Board of Dentistry**

Chapter **Regulations Governing Dental Practice [18 VAC 60 - 20]**

Action	Requirement for jurisprudence examination
Stage	NOIRA
Comment Period	Ends 12/16/2015

All good comments for this forum Show Only Flagged

Previous Next Back to List of Comments Page 3 of 4 50 comments per page go

Commenter: ANTHONY SAVAGE * 12/9/15 1:57 pm

Jurisprudence exam every three years.

I am opposed to the new proposed Jurisprudence Regulation. I have had a Va. Dental license since 1982 and am aware that there are members within our profession that either deliberately or mistakenly do not follow the regulations. We have all been presented with the regulations to review and most of us have passed a test to prove proficiency to these regs. I believe the problem of compliance with regulations would be better solved by requiring initial licensees to pass a jurisprudence exam and then providing communication about various regulations on a timely basis. I see no reason or logic to administer a test. This has been done with good success over the years.

Commenter: Matthew Stephens, D.D.S. * 12/9/15 2:12 pm

Opposed to jurisprudence exam

I am opposed to a regulation exam every 3 years. What is the direct evidence that this will reduce or alleviate problems? Second, what would be the method by which this exam is administered and what would be the burden of payment and time out of treatment to take the exam? Currently it is on our honor that with renewal of license we have reviewed and understand the applicable regulation. I would suggest that versus required examinations, if the Board sees a trend in complaints or infractions to contact all dentists with the specific trend and directions of where we can review within the code and measures we can take to ensure compliance.

Commenter: William Morris, DDS * 12/9/15 2:15 pm

I am opposed to this proposed regulation.

Convicted offenders should have to pass a jurisprudence exam in order for their dental license to

be reinstated. The majority should not be penalized for the offenses of the few.

Commenter: Suzanne S. Williams, D.M.D * 12/9/15 2:35 pm

Jurisprudence Exam - Strongly oppose this pointless, make,work, jump through irrelevant hoop, waste

Commenter: James F Londrey, DDS * 12/9/15 2:48 pm

juris prudence exam

I am totally opposed to this new regulation. It is costly and ineffective. The Board's time and energy would be better spent communicating with the constituents by e-mail or even snail mail notifications, to keep everyone updated and informed. This is a costly, inefficient, and unreliable means of educating licensees.

Thank you for your consideration, James F Londrey, DDS

Commenter: John W. King DDS * 12/9/15 2:52 pm

Jurisprudence Exam

I do not support this new legislation for current dentists. I would only recommend a Jurisprudence exam for the new dentists coming out of Dental School.

Thank you, John

Commenter: Sandra Hearne, DDS * 12/9/15 3:28 pm

Object to 3year JP exam

Obviously Juris prudence teaching and exam needs to be done at the beginning of Dental Licensure, but a schedule of a 3 year re-exam is too frequent. When dentist go from being an employee, to opening their own practice or being a "manager" of other dentist they should probably have a retraining and re-exam. Also someone coming out of the military, civil service or public health job should have re- training and re-exam, before going into private practice. New rules/regulations could be sent to dentist and have a short written test or short on line test associated with these new changes to make sure dentist have really read all the changes and have an understatnding of those new changes. Maybe an additional full test at every 10 years.

Commenter: Angel K. Ray, DDS, MS * 12/9/15 3:48 pm

Jurisprudence Exam

I would venture to say that ALL of the dentists practicing in our state WANT to practice with

complete compliance to the regulations. Unfortunately, it seems that the main issue is that people are not aware of changes that are coming down from the Board until after they are implemented OR once they discover that they have violated a regulation. It is not an excuse, and compliance is our ultimately our responsibility, but a great example is the recent email sent out by the board entitled "Notice of New Regulations for the Practice of Dentistry Effective December 2, 2015" sent out on November 30, 2015. I have a feeling that this blindsided many. I would also venture to say that there is a segment of practitioners that didn't even receive that particular email! There is also a problem with some of the language. Many regulations seem to come across as vague and easily misunderstood with multiple interpretations. I can sympathize with the Board that writing the perfect regulation that can be completely understood 100% of the time and by 100% of readers is a tough task. I believe that a better approach and one that would achieve the goal of the Board in ensuring knowledge of the law would be to break down the regulations in sections in a series of e-newsletters that can be reviewed and put into "layman's terms" with specific examples. Perhaps even including a frequently asked questions section, or even a way to solicit readers to write in with questions regarding clarification that everyone could read along with the answers from the Board. The answers to the questions could appear in the next "issue." A different section can be covered each month in an email from the Board and broken down in a way that all of the regulations will be reviewed in repeating 3 year cycles.

I feel that this approach is more reasonable and realistic than adding to the financial burdens and time restrictions of the average practicing dentist and hygienist. I do not believe that any dentist is purposely ignorant of the law, but there are other ways to approach this problem. Let's make a "test" the last resort as opposed to the first.

Commenter: Berkeley Pemberton, DDS * 12/9/15 3:55 pm

Requirement for jurisprudence exam every 3 years

I am strongly opposed to this requirement. I read (skimmed) the Drug Laws for Practitioners which is 58 pages of single-spaced bureaucrat-speak of which maybe one page would pertain to my practice of dentistry. Regulations of the Practice of Dentistry is 29 pages many of which pertain to mobile clinics, oral surgeons or other specialty certification, sedation and general anesthesia which does not pertain to the average general dentist. Other pages pertain to initially obtaining a licence. The only part of which the average dentist needs to be aware is the Standards of Practice, the delegation of duties and the requirements to maintain the licence. The periodic law exam should not be a requirement. These pertinent topics could be periodically addressed in newsletters or other online instruction with some mechanism to insure they were read.

Commenter: Dr George A Jacobs * 12/9/15 3:55 pm

Jurisprudence Exam

I am opposed to the proposal of having dentist take a jurisprudence exam every 3 years. Basically, I feel as though the Board is creating a solution to a problem that does not exist. The few dentists that are having issues should be dealt with directly as is the charge of the Board. The overwhelming majority of dentists who are having no problems should not be required to take an exam. It is an unnecessary burden. Please consider the public comments when deciding this policy. Thank you. Dr George A Jacobs

Commenter: Norman J. Marks, DDS * 12/9/15 3:58 pm

Opposition to propsed regulation

I **do not** believe this regulation is needed. The laws governing dentistry should be known by those governed- that is the dentists practicing in Virginia. By their education and possession of a license to practice dentistry issued by the Board, these dentists should be capable of keeping abreast of the laws and regulations pertaining to dentistry. Ignorance of the law is no excuse, and those who breach should be held responsible. However, the vast majority of dentists DO abide by the laws and should NOT be penalized.

I do feel that the Board should have regular contact with the dentists licensed in Virginia via email or direct mail concerning changes of the laws and regulations being considered or enacted, but I am strongly opposed to "punishment for all due to the sins of a few".

Commenter: James W. Adams DDs * 12/9/15 4:10 pm

Strongly oppose 3 year jurisprudence exam. Prefer status quo. Seems to work. Explain why the need

Commenter: Melvin Cruser DDS * 12/9/15 4:12 pm

jurisprudence exam

There is no reason for already licensed dentists to have to take a jurisprudence exam over and over again. Just notify us of any changes and make the offenders take the exam..

Commenter: Gloria E Ward, DDS, MS, MIS, PC. * 12/9/15 4:25 pm

Jurisprudence exam

I like the idea of an initial jurisprudence exam before conferring a new dentist their license to practice in the state of Virginia, but I do not believe a new exam is necessary every so often. The regulations change on a daily basis and we all receive emails and updated information, or we should... that's the most important part: to reach out to all dentists wiht updates, like this one, so we can all be informed.

Thank you for your consideration.

Gloria Ward

Commenter: Stephen P. Cicinato,DDS * 12/9/15 4:51 pm

Jurisprudence test

Why is it necessary for the ones that comply with all the regulations and choose to do the right thing have to waste their time on taking a test that should be limited to those that choose not to do the right thing. We can all read and I don't think it necessary to take a grade school type test to prove we read the laws whish we are all aware of anyway or should be. We should all be mature enough at any rate. Thank you

Commenter: Nelson Herring, DDS *

12/9/15 5:07 pm

Opposed to Jurisprudence testing q 3 years

I respectully suggest that more communication from the board (instead of less as we've seen over the years) would much more effectively convey the information which the Board wishes us to be more aware of. It would be less burdensome than testing, and much more positively received.

Commenter: Clark Rogers * 12/9/15 5:28 pm

jurisprudence exam

I feel that it is an extra burden to require a licensee to pass every 3 years, especially for dentists who maintain licenses but do not practice in the state currently. I think that at initial licensing this might be effective to make the licensee aware of the dental laws of the state.

Commenter: William Falls III DDS * 12/9/15 5:41 pm

jurisprudence exam

I don't feel Virginia dentists should be required to take a jurisprudence exam after the initial one. Just email us information on current regulatory topics and Virginia dentists will abide by the rules. Thank you!

Bill Falls DDS

Commenter: Douglas H. Mahn, DDS * 12/9/15 6:22 pm

Strongly Opposed to Jurisprudence Exam every 3 years

As doctors and small business owners, the amount of regulations and requirements we have is overwhelming. Adding another hurdle like a jurisprudence exam every 3 years is unnecessary and will not help in patient care. All this will do is discourage people from become part of the dental profession.

Commenter: Steven A LeBeau DDS, FAGD * 12/9/15 7:51 pm

KISS principle

Keep it simple by making an online education site with a quiz after for certification as CE rather than law.

Commenter: Christopher Davenport, DDS * 12/9/15 7:58 pm

Oppose exam

In an increasingly complex healthcare and business environment, the last thing we need is more red tape. The overwhleming majority of dentists in our state practice dentistry in a responsible and ethical manner in accordance with the law. More regulations and requirements only detract from

our main focus: patient care. Please listen to multitude of Virginia dentists who also wish to be chairside rather than taking tests. Thank you. Christopher Davenport, Current President of Southwest VA Dental Society

Commenter: Robert Hull, DDS *

12/9/15 8:29 pm

Oppose proposal

While regulation and oversight are critical to keeping our profession in the favor of the public (both trust and respect), unfortunately, having every dentist repeatedly take exams (every 3 years) will not stop those that wish to commit wrongdoing or ignore the laws and statutes that exist...anymore than more gun laws or interview screening will prevent a terrorist from getting a gun and killing innocents. As professionals, we must be individually vigilant and monitor ourselves and continue to always do our best to be our best...and, I think the overwhelming majority of us make that effort day in and day out in our practices, with our patients, and in our communities.

Commenter: Don W. Cherry *

12/9/15 9:00 pm

Jurisprudence test. Oppose any testing of jurisprudence. Provide

Commenter: Aaron Stump *

12/9/15 10:09 pm

Another hoop

I understand the puropse of the BOD to protect the citizens and hold the profession to the highest esteem and standards. However, at what cost? I understand that it is valuable to know the law and practice with a code of ethics. Like everyone else said, 99% of us do this because we are dental clinicians and have succeeded in our profession because we adhere to a self-chosen moral code that was not imposed on us. Ignorance of the law is no excuse for not following it. However, will this exam teach us everything we need to know about the law so we do not violate it. I don't think so. I think a more impactful way of keeping us informed of the law is to inform us, not take a test with limited scope. I think there are many uncertians about this exam. All we know it is a manditory 3 year exam. We know nothing about the details. How can we support any regulation that has no framework? That, in and of itself, is unethical to decide such a law without knowing the details and plan for implementation. I know that other states require this. Has unlawful behavior decreased since imposing a jurisprudence exam? What is the science behind it? I agree with other comments about requiring some sort of jurisprudence CE as apart of our re-licencing requirement. I think the science has shown that a test does not prove anything. However, encouraging continuing education fosters an educated profession. For example, as a board certified pediatric dentist, I am required to take 15 hours of CE specifically regarding pediatric clinical care and not practice managment or ergonomics because excellence in pediatric clinical care is what makes me a pediatric dentist. I urge the BOD to mandate requirements that are impactful, not just hoops to jump through like SOL exams. We are not in primary school anymore we are doctors.

Commenter: Jon Piche / Yorktown Periodontics

12/9/15 10:15 pm

Oppose the board's position on jurisprudence exam

I do not understand why the Board of dentistry feels it is necessary for its members to take a jurisprudence examination every three years. First of all, what is the board basing this on? Can the board show any empirical data to prove that this is necessary. Secondly can they show anything that will prove to the public and to the dental profession that doing this will make the public safer, which is their charge. Or, are they simply overreacting to the transgressions of a few, which impact on the vast majority of dentists. It seems to me that enforcing the rules which are in place, on those who break them, is the way to go. I do not see how implementing another level of government bureaucracy benefits anyone.

Commenter: Donna Chang * 12/9/15 11:11 pm

Opposed to Jurisprudence Exam every 3 years

I understand the need to make it safer for the community. However, I do not think implementing an exam every 3 years is the solution. Periodic updates on the changes in regulations might be more useful for most of us.

Commenter: Dr Barry Kurzer Virginia Dental Association * 12/9/15 11:14 pm

Jurisprudence

I feel that the proposed jurisprudence regulations should be reevaluated prior to passage. My concern is the frequency which dentists would have to take this exam relative to the infrequent changes made by the Board. As such changes are infrequent, why do we have to be tested every three years? Also, why do licensed dentists who have not been cited by the board need to be tested on rules and regulations that we already know, and are obviously adhering to?Why should we be negatively impacted by the relatively minuscule number of licensees who have failed to adhere to the regulations that the vast majority of Virginia's licensed dentists follow every single day we practice?

I am also concerned that the board's passage of this proposed legislation will open the door for additional unnecessary testing in the future. What is the Board's reasoning and justification for thie necessity of this new testing? I look forward to a response from the board. Thank you for your consideration of my comments

Professionally Yours,

Dr Barry Kurzer. over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Harlan Hendricks, DDS * 12/10/15 12:13 am

Opposition to Jurisprudence Exam

I strongly oppose the mandatory jurisprudence exam for all dental licensees as it seems like an unnecessary burden for a majority of licensed dentists.

Commenter: Daniel B. LaGrua * 12/10/15 6:06 am

Jurisprudence Exam

Please do not implement another regulatory hurdle. What is the intended outcome of having every dentist in VA to pass a Jurisprudence Exam? Decrease illegal or improper acts by a small number of dentist? I do not think it will make the public safer or discourage unethical behavior.

Commenter: Lawrence S. Brannon DMD * 12/10/15 6:52 am

jurisprudence exam

1. Does medicine or any other profession have to take a similar exam? Why us?
2. what will it cost?

Commenter: Patrick Holmes DDS, MSD * 12/10/15 8:31 am

Strongly Oppose Jurisprudence Exam

This is complicated way to resolve a simple problem. This is something that should only need to be addressed in initial licensure if necessary. Follow up information and changes in regulations could be delivered electronically via newsletter or email as needed. This feels like a step backwards.

Commenter: Lucious Clemons * 12/10/15 8:47 am

Oppose Jurisprudence Exam

Oppose Jurisprudence Exam

Commenter: Ellen Oertel DDS, MS * 12/10/15 8:52 am

Jurisprudence exam every 3 years

I oppose the mandatory Jurisprudence exam every 3 years.

Commenter: Paul K.Hartmann, DDS * 12/10/15 9:01 am

Opposition to more regulatory burdens

This seems well intentioned, however why penalize the thousands of law abiding dentists in the Commonwealth when education of the few is the goal. It will create another burden and fee for dentists practicing in the Commonweath.

Commenter: Brad Spano * 12/10/15 9:04 am

Totally Opposed- Needs a lot of Clarification

I am totally opposed to this exam. There are to many questions out there that must be answered before even considering this proposal. This seems to be another step to regulate something that does not need regulation. Below are some questions I have.

Are we the only ones to have to do this? Do other boards require similar action? Does medicine require this? Why every 3 years? Why not every 5 or 10 or 20? Are the regulations changing so fast we need a 3 year update?

It seems we now get email updates about regulation changes that we never got in the past. I feel more up to date than I ever have in the past. Is this not working?

How much will it cost? Is this another tax from the BOD? Who is giving the exam?

Until I see a detailed proposal clarifying all aspects of the proposal, I will be totally opposed. Thanks

Commenter: Thomas J. Morris, D.D.S. * 12/10/15 9:17 am

Jurisprudence Re-examination

By enacting this regulation, the Board of Dentistry will be punishing the majority of dentists for the transgressions of a few. I doubt if such an action will have a significant effect on the number of violations. Instead I would suggest that you require each offender to retake the test and then fine them accordingly for the number of future violations. Don't punish those who abide by the law. There are other considerations. Who will pay for the examinations, the tax payers or the dentists? Does the Board plan on giving continuing education credits for each examination, and wouldn't this take away from the real intent of continuing education. Please don't over react and create more regulations with which we must comply!

Commenter: Peter J Scelfo, DDS * 12/10/15 9:21 am

Jurisprudence Exam

Should be a mandatory addition to any Board action against a dentist but not a requirement for everyone. You already have CE requirements. Make an online 1 credit course mandatory every three years instead.

Commenter: Kenneth Stoner, DDS * 12/10/15 9:22 am

Oppose Law. Online education site

My boat license was done online at Boatus.org. I tell you that so you can see how they provide an online course and upon completion you get your license. A course, simple one hour or less online , free, provided bythe state board could be easily designed and administered. List the 10 main cases of problems related to the law and then 10 questions to prove understanding. that would cover 90% of the Board's law problems.

Commenter: Matthew Caspersen, Rappahannock Valley Dental Society Executive Board * 12/10/15 10:11 am

Oppose Mandatory Test

As a representative of a local dental society representing 50+ members, I have not spoken with any member who thinks the idea of a mandatory test is reasonable. It seems to be punishing all for the actions of a few bad actors. An online course is a much better idea. We strongly oppose a mandatory test.

Commenter: Dr. Steven Hearne * 12/10/15 10:17 am

Jurisprudence exams

If the Board feels that dentist in Virginia are ignorant in specific jurisprudence regulations why not e-mail that information, on a regular basis, to all dentist and request a response to assure the information has been reviewed. Most dentist are running a small business and thus already have an enormous amount of work to keep a successful practice. Don't burden us with exams.

Commenter: Mitcehll Magid * 12/10/15 12:08 pm

Mandatory Jurisprudence exam

I do not think it is a good idea to mandate a jurusprudence exam every three years. The doctors have more than enough regulations placed on us to deal with already. I don;t think another test or hurdle to deal with is the answer. These regulations are becoming overly burdensome and are taking up so much of your time that you hardly have time to practice. Furthermore, the posting of the DEA license in your office for all the public to see is also a questionable requirement. I know that the board is interested in cutting down on narcotic abuse but this places the clinician at risk for having his or her DEA number stolen and used. This is like leaving your prescription pad in the treatment room for the patient to take. I will need to get Lifelock for my DEA number. I don't know who is proposing all these new regulations but we have to use common sense and make things less burdensome for the doctors not harder.

Commenter: Roger A. Palmer, DDS * 12/10/15 12:32 pm

Jurisprudence exam

I think the Board of Dentistry and Virginia dentists could make better use of their time in resources by developing a comprehensive set of Guidance Documents.

Commenter: Dr. Brian C. Thompson * 12/10/15 1:34 pm

opposed

There is already enough regualtion and demand on those providing care to the citizns of Virginia. I feel this will be a burden that an overwhelming majority of licensees are shouldering due to act of a minority who do not obey the regulations. I feel the problem of compliance with regulations would be better solved by requiring initial licensees to pass a jurisprudence exam and then providing communication about various regulations on a timely basis.

Sincerely,

Brian Thompson

Commenter: Samantha Stanaway RDH * 12/10/15 2:01 pm

Opposition to Jurisprudence Exam

I feel that a jurisprudence exam every 3 years is both unnecessary and burdensome to the board and practitioners. Wouldn't a timely email or mailer alerting us to the changes of the law or areas of concern be better for all parties involved?

Commenter: J Scott Duff III, DDS * 12/10/15 2:02 pm

opposed to the jurisprudence exam

I am opposed to the administration of a jurisprudence exam requirement for licensed Virginia Dentists. I feel there are far better and more effective ways to comunicate changes in laws than to administer an exam every three years. This seems like an expoensive way to disseminate information!

Thanks for your careful consideration,

Scott Duff III, DDS

Commenter: Amanda Oszust RDH * 12/10/15 2:58 pm

opposed

I am opposed to the proposed dental exam every 3 years for dentist and hygienist. A email or bulletin would be more beneficial and cost efficient for everyone.

Commenter: Sarah Dowdy, DDS * 12/10/15 4:05 pm

oppose the written online jurisprudence exam

There are many unintended cosequences for this written exam. The BOD needs a consistant platform to communiate the expecations, changes and regulations by updating the dental community in writing or in a friendly well oraganized meeting annually. Having an open meeting to inform all dentists of the changes and regluations would be more efficient and reliable. Is this exam going to truly help the few dentists who really need more guideance? As a profession we need to work together to make everyone understand any changes and update all of us on regulations in a positive way. The time and money needed to make this jurisprudence exam a success will make this an unsuccessful way to communicate to dentists. A community approach will help the community comply in a more predictable manner.

Commenter: Louis Filippone DDS * 12/10/15 5:10 pm

Opposed to jurisprudence exam

The majority should not be punished for the bad actions of a few. It would be a waste of resources

and time for the BOD to implement this regulation. I could see this being a requirement for those in violation of our regulations or those on probation , but not for the rest of us who are in compliance. Just look at the comments so far to understand what a terrible idea this regulation is.

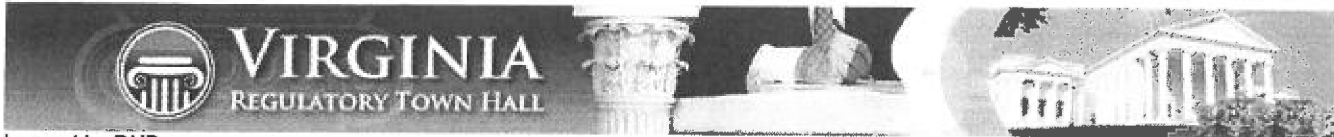
Commenter: Barry D. Laurent DDS * 12/10/15 7:44 pm

Oppose...there are better ways to address "ignorance" of the BOD regulations

As others before me have so eloquently stated; I do not believe that requiring us to take a written jurisprudence exam for licence renewel is necesary to protect the public from a "preceived inability" for us to read and comprehend the Dental Practice Act. In our public schools, SOL and multilple other standardized tests grow burdensome while not leading to desired academic outcomes. Let's not duplicate this pattern. The BOD better serves the public by sending us updates to rule changes or by informing us of particular issues that the Board feels are noteworthy.

* Nonregistered public user

Virginia.gov Agencies | Governor



Logged in: DHP

Agency **Department of Health Professions**

Board **Board of Dentistry**

Chapter **Regulations Governing Dental Practice [18 VAC 60 - 20]**

Action	Requirement for jurisprudence examination
Stage	NOIRA
Comment Period	Ends 12/16/2015

All good comments for this forum Show Only Flagged

Previous Back to List of Comments Page 4 of 4 50 comments per page go

Commenter: Rose Satterfield, DMD * 12/11/15 5:39 am

Unnecessary burden

This would be an unnecessary burden on already over-regulated professional and business requirements.

Commenter: Russell Mosher,DDS * 12/11/15 8:11 am

jurisprudence exam every three years-no

Provide us with updated information yes, require another hurdle and more beaurocracy no..pe over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: E. Thomas Elstner,JR. D.M.D. * 12/11/15 8:14 am

Jurisprudence legislation

How will this legislation deal with the treatment plans I see from the "big box" dental pracltices that recommend gross over treatment of basic dental needs? (Monitary quotas really need to be addressed)

Commenter: E. Davey King DDS * 12/11/15 9:10 am

Jurisprudence exam

opposed to exam

Commenter: Cynthia Southern, DDS * 12/11/15 9:21 am

Opposed to the Jurisprudence exam

I oppose the jurisprudence exam.

Commenter: Robert Morrison DMD * 12/11/15 11:05 am

Missing the point

Dr Robert MorrisonUnfortunately, the board has missed the point of jurisprudence knowledge and the will of the majority of licensed, law abiding dentists. We gave progressed beyond having the whole " class getting detention for a few talking in class". Having initial licencee's and those found inviolation of regulations taking a jurisprudence exam to prove their understanding and acceptance of Board regulations is logical and a reasoned approach to this issue. Punishing those of us who take pride in following and understanding our responsibilities will drive an uneccassary wedge between the Board and the Dentists they are supposed to represent. More story to keep those of us who pay a licensing fee to keep us informed with constructive dialogue between us and our Board representatives seems to be a better use of everyone's time and energy.

Commenter: Robert D Kilgore, DMD * 12/11/15 12:14 pm

no to jurisprudence exam

This is an overreaching mandate that would do very little to enhance dental practice in Va. I am already overburdened with CE credits mandated that are mostly a joke. Please eliminate and try to enhance our efforts to provide quality care to our patient's without things like this. Please, someone employ a little common sense!

Commenter: Douglas L. Starns, DDS * 12/11/15 1:27 pm

Jurisprudence requirement

The Board is adding another layer of bureaucratic paperwork and likely another financial burdon (I assume the Board will charge for this exam) to the dental practitioner. We already have enough rules and regulations. In this economic climate (lower demand for services and insurance controlling our purse-strings) and the increasing degree of government regulation in every aspect of our lives and practices, do you really believe we need one more layer piled on top? Come on!

Commenter: Ursula Klostermyer DDS PhD * 12/11/15 3:19 pm

Jurisprudence examination q 3 a

A dentist, who has already the license in Virginia, should not have the burden of an extra task. For a newcomer in Virginia an examination could be considered. Possible updates or topics the Board

of Dentistry intends to share - an email distribution (maybe with confirmed receival) could be the solution. But I oppose an examination every 3 years in combination with the license. Thank you for considering my opinion.

Commenter: Ted Blaney, DMD * 12/12/15 9:20 am

jurisprudence exam every 3 years ?

Currently, we are subject to unannounced inspections and have plenty of regulatory issues to deal with. I feel the addition of an exam every 3 years is not necessary. Save the cost of implementing this unecessary measure and continue to update members of our profession as you've effectively done in the past.

Thank you

Commenter: jody l yeargan dds pc * 12/12/15 10:32 am

New regulations

With all respect to the Board, I strongly oppose this legislation. Why, I ask myself, should I be required to validate my understanding of the rules and regulations every year as you are proposing? This seems to suggest punishments which may be levied against dentists, of unknown severity and consequence, and no clear way to establish under what conditions or how the perceived failures will be identified or handled. I feel that I keep up quite well with the system as it is already, and this proposal adds another useless, annoying level of bureaucratic meddling to my life.

Please reject this proposal; I don't see any benefit which will come from implementing it, and forsee much of my valuable time and energy being directed towards fulfilling the letter of the law. I simply do not need the additional stress, and suspect there is a financial incentive behind this program, which will ultimately be borne by the dentists in Virginia.

Commenter: Craig M. Scimeca, DDS, MAGD * 12/13/15 6:13 pm

exam requirement

I oppose the passing of an exam.

Commenter: Wendy Golbitz * 12/13/15 6:19 pm

I oppose

I strongly oppose this regulation.. I feel it is unnecessary for use to re-take the law test.. our laws do not change that often and to have our profession take the test every 3 years is uncalled for.. What other medical field has them doing that. So what happens if I don't pass I can't practice. No

you are taking away my job I love to do and am very passionate about. This is from some one who already has test anxiety. Now add some more stress to that not knowing if I am going to pass and not have a job.. Let's get real and serious here. Just don't do it.

Commenter: Jennifer Mudd BS RDH * 12/13/15 10:47 pm

I oppose this. If the VDA would keep us informed/up to date via emails we would not need this.

I oppose this. We should be kept up to date through newsletters and emails. I see no need for this!

Commenter: Steven J Barbieri,DDS * 12/13/15 10:52 pm

Oppose mandatory jurisprudence exam

I strongly oppose implementing mandatory jurisprudence examinations for licensure. The overwhelming majority of practitioners comply with the regulations as written. Clear, concise, easy to understand communication from the Board of Dentistry, on a regular basis, regarding regulatory changes would be more beneficial and less burdensome. It would allow practitioners to fully understand what is required of them to be in compliance. I suspect it would be less of a burden on the BOD to send electronic updates on a regular basis than to administer an examination at varying intervals based on renewal dates. Thank you for your consideration in this matter.

Commenter: Shari L Ball, DDS * 12/13/15 11:04 pm

Oppose jurisprudence exam

I oppose requiring a jurisprudence exam

Commenter: Rochelle Thompson * 12/13/15 11:11 pm

oppose jurisprudence

I oppose the jurisprudence exam for ALREADY licensed professionals. Once licensed, no other health care professionals have to retake "law" exams. After years of practice, this should not dictate if a dental professional is able to keep their license. I agree that we need to be educated about the changes in the laws even though our laws don't change much or often. However, a required CE would be a better solution. It could be offered by the Board as an online or classroom CE in order to reach everyone.

Commenter: Kathryn Finley-Parker, D.D.S. * 12/13/15 11:50 pm

Jurisprudence exam

I believe requiring practicing dentist to take the jurisprudence exam every three years would be on unnecessary burden on the majority of dentists who do not violate the regulations . I believe the exam she could be given to new licensees and when ever there is a new regulation that it should be made known to practicing dentists in a timely manner. This should suffice for making the

dentist aware of the new regulations without requiring them to be burdened with taking a jurisprudence exam every three years. thank you for your consideration governor. Sincerely ,

Kathryn Finley-Parker DDS

Commenter: Zaid Al-Samir, DDS *

12/14/15 9:57 am

Opposition to the jurisprudence exam

This is a superfluous strain and fee for dentists and hygenists. Perhaps this should be a requirement to penalize those former dentists who want to rectify their license revocation and trying to re-enter the profession. Emails and other forms of annoucements should suffice in updating dentists with new laws and regulations. When we obtain our dental license to practice, we also agree to abide by the current denal laws and regulations. This exam would be a redundancy and a disgrace to the honorable oath we take to be ethical and law abiding dentists.

Commenter: Dr. Todd E. Pillion, D.D.S., Virginia House of Delegates *

12/14/15 10:45 am

Delegate opposes additional burdensome regulations

As the only dentist serving in the Virginia General Assembly, I am compelled to register my **strong opposition** to the Board of Dentistry's proposed amendment to its licensing requirements to require regular testing on laws and regulations governing the practice of dentistry in the Commonwealth. We are members of a profession who care deeply for the well-being of our patients. We as individual practitioners and as a profession are interested in doing what we can to better protect the health and safety of our patients. This proposal **does not accomplish that purpose**; instead it seeks to create a pool of test-takers of sufficient size to make it financially feasible for the board to attract a testing company to administer the test and report results to the Board. I agree with many of my colleagues who have suggested that the Board should continue to deal with wrongdoers on a case by case basis, rather than **unduly punishing all for the sins of the few**.

Commenter: David Circeo, DDS FAGD *

12/14/15 10:57 am

opposed to any jurisprudence exam.

Although the information is important for practitioners to review, an exam every 3- years will not fix the problem. Especially since an overwhelming majority of us practice ethically and under the law without any legal complications.

Commenter: Carolyn C. Herring, DMD *

12/14/15 12:52 pm

Jurisprudence Test

I am opposed to jurisrprudence testing every three years. I feel yearly notices of any changes or periodic notices are appropriate.

Commenter: Lynn Piland, RDH, Dr. Jef Londrey, DDS *

12/14/15 1:30 pm

I oppose this regulation. I have been a licensed dental hygienist for over 30 years, renewing my lic

Commenter: Katie Lee * 12/14/15 2:11 pm

Opposed to jurisprudence exam

I am opposed to a jurisprudence exam every three years.

Commenter: Rod Rogge, DDS * 12/14/15 5:39 pm

mandatory jurisprudence exam

This proposed regulation will not change the "frequent flyers" who take up much of the board's time and energy. If you want to have practitioners who are found negligent of following regulations take the exam, fine. Otherwise, the exam should just be for new dental practitioners. You could make an online "jurisprudence review course", and offer it to practitioners with licenses. I expect that most providers would gladly take this course, especially if it provided a free CE credit, and you would not be penalized if you did not get a good score the first time.

Commenter: Paige Downs, DMD * 12/15/15 9:28 am

Opposing jurisprudence exam

I am opposed to a jurisprudence exam every three years.

Commenter: Michael J. Link, D.D.S., Immediate Past President of the VDA * 12/15/15 12:19 pm

Statistics don't match!

In looking at the rationale for starting a jurisprudence examination, the Governor's office sited a 17% increase of violators. This statistic seems high. The information you, the Board of Dentistry, provided at your last meeting show that through November 20th 2015, you have received 526 cases. Of the received cases, 517 were cleared without violations. Your data provides that the number of cases found in violation for the year is 83. The total number of practicing dentist in Virginia is roughly 5200. Even if you increase the cases submitted through the end of the year, the total number of violators is nowhere close to 17%. 83 violations calculate to roughly 2% of the total number of dentists practicing found to be out of compliance with the statutes and regulations. Can the Board please explain the differences in the statistics which were reported to the Governor's office and the ones given out at your last Board meeting? I would further suggest that the statistics handed out at your last Board meeting are correct. If this is the case, is it really worth punishing the 98% of compliant dentists for the 2% of violators?

Communications is the key! Please consider bringing back quarterly newsletters by electronic means which should include cases and outcomes, guidance documents, NOIRA requests, petition for rulemaking or basically any type of communication to help all of us abide by the statues and regulations of the Commonwealth. Thank you.

Commenter: David W Major, DDS * 12/15/15 2:21 pm

Response to Jurisprudence exam

I strongly object to the possibility of a "jurisprudence exam" to be "administered" every so often, by whom and at what cost??? I strongly suspect any cost will be borne by us, the practicing dentists,and dental hygienists who already are having reimbursements drastically reduced by insurance companies, fees increasing to be a member of the ADA, VDA, RDS, (and I could go on!). Obviously this increased "overreach" would increase our License fees to the Board, how else would it be paid or administered? Let's suggest that the Board become more communicative with us, the practicing dentists and hygienists rather than the Board being in a somewhat "adversarial" ruling body.. Presently, I would have to STOP my practice in order to read (and understand) ALL of the continually generated "regulations" to practice dentistry in VA.

Commenter: Ron Mamrick, Dentist * 12/15/15 5:43 pm

No to Jurisprudence Exam

I understand that there are dentists who are violating the rules and regulations of the state. I do not believe that reading the laws and taking an exam is going to do anything to stop that. There are always going to be dentists who violate the laws. Just look at the motor vehicle laws. People know that speeding is wrong. They know texting and driving is wrong (and dangerous). Yet they do it anyways. You cannot legislate morality. If a dentist wants to allow their assistants to permanently cement a crown they are going to do it regardless of whether they have taken the jurisprudence exam.

I think we would all agree that the jurisprudence exam costs money. It may not be very much but ultimately every dentist pays for that through his dental services. The cost of doing dentistry is rising fast enough as it is. We don't need to regulate this.

We have a code of ethics in dentistry. We also all know the golden rule- to treat others the way we would want to be treated. If we followed that I don't believe we would ever get in trouble with our staff or our patients. I don't see the need to punish every dentist for the sake of a few.

I vote no to the requirement of the jurisprudence exam every three years as I think it is unnecessary for the vast majority of dentists. As part of our license renewal we should be signing that we have read and agree to abide by the laws of the state of Virginia. Dentists are supposed to be professional. We should know that laws without having a requirement of the jurisprudence exam.

Commenter: Dr Ted Sherwin, VDA Board of Directors * 12/16/15 11:18 am

Let's Work Together

I am opposed to the addition of Jurisprudence testing. I don't believe that testing will be a real solution for the problems the Board is facing. As other commentators have said in abundance: 1) The dentists who follow the Regulations should not be the ones who are punished. 2) The Boards problems are really an educational challenge that the current Board has not effectively addressed as it has in the past.

What also concerns me, and should concern all dentist in Virginia, is the direction the Board is taking to handle this current challenge and how it is indicative of a trend that increasingly separates us from a more effective past. In the past, there was a sense of cooperative partnership between the Board and dentists where we focused together on ensuring the public's safety. Why

have we discarded this partnership and while at the same time forgetting that the vast number of dentist are passionate caring professionals who want the same thing the Board wants. In a cooperative relationship, there is open communication. This does not exist now. In fact there are reports that dentists who call or write to get help understanding regulations are given ambiguous answers.

Yet, there is one thing clear, the Board is facing an increase number of cases. This hurts the profession and the reputation of every dentist. The Board by is own admission is failing to solve this problem. I urge the Board to find a way to effectively communicate and educate with dentists and not punish those who should be its partners. I urge the Board to rebuild our relationship where the public's safety is something we work on in partnership.

Let's work together!

Commenter: Thomas Olivero *

12/16/15 1:18 pm

VA Jurisprudence

This requirement appears to be nothing more than another method of raising revenue for the Board (State) with yet another "fee" in the guise of doing what is best for the citizens. The Board already requires a jurisprudence test for all licensee's. I do not feel that this will prevent any accidental negligence or willful acts of dishonest practice by Virginia Dentists and Dental Hygienists.

Please reconsider this reduntant policy change and extend the comment period another 30 days.

Very Rspectfully,

Thomas Olivero

Commenter: Jerry L. Posenau *

12/16/15 1:57 pm

Jurisprudence exam-opposed to this

I stand with the VDA leadership in opposition to the proposed exam. A timely e-mail or newsletter detailing a problem area that the abuses are occuring in would suffice.

Commenter: Anthony R Peluso *

12/16/15 6:23 pm

Opposition to jurisprudence exam

approximately 3000 words.

Commenter: Anthony R Peluso *

12/16/15 6:31 pm

Opposition to jurisprudence exam

I am opposed to a jurisprudence exam requiring all licensed dentists to pass for renewal.When I received my license in the late 90's we had a jurisprudence section on the dental board. Somewhere along the way, it was eliminated. Now it resurfaces again.As an alternative, I suggest administering the exam to new licensees. Grandfather in those who passed already. With regards to the group in the middle,possibly encourage a portion of their bi- annual CE requirement be associated with the content the board feels is currently lacking. Try not to reprimand the entire profession for a few "bad apples". Respectfully submitted.

Commenter: Harold J. Martinez, Commonwealth Endodontics * 12/16/15 8:13 pm

I am opposed to the mandatory jurisprudence exam

Passing a regulation to mandate every dentist to take a jursiprudence examination every three years is not the sensible solution to the problem. If the BOD wants to reprimand the minority of dentist who are not able to comply or abide with the regulations, then reprimand them and not the rest of us. Have them take the jurisprudence examination every three years as part of their penalty. I strongly support the idea of resolving the problem of dentist complying with regulations by requiring initial licensees to pass a jurisprudence exam and then the Virginia BOD providing communication about various regulations on a timely manner.

Commenter: Sharone Ward * 12/16/15 9:16 pm

Opposition to Jurisprudence Exam

I am in opposition to the Jurisprudence exam. Increasing informative communication to practitioners would be beneficial in educating dentists on rules and regulations, therefore helping to obtain compliance which is everyone's goal. Thank you for your consideration.

Commenter: Walter E. Saxon, Jr. DDS * 12/16/15 10:59 pm

Regulations don't solve everything

December 1, 2015, a notice was emailed about new regulations that became effective December 2, 2015 for people covered by the Board of Dentistry. However, the information wasn't in a PDF or other format, which would allow easy review of the material. Also, following the link(s) wasn't really helpful.

In my opinion, this is an excellent example of regulations being passed and dentists, hygienists, etc. not being able to see them and know the changes clearly. If this is how the Commonwealth of Virginia believes that business should be conducted, then we are all in trouble. Also a 1 day notice isn't sufficient.

Requiring a legislative test every three years(?) will not make better providers of dental care. What would be much more helpful would be periodic updates from the BOD with information on problems that they are seeing in documentation, etc. that are resulting in complaints. Also, putting out the guidelines in an easy to find format, with changes noted, should be a standard practice of the BOD. We used to receive information in the mail. I have one in my files with an effective date of October 16, 1996 and another with a revised date of March 10, 2008 (which I believe was downloaded and printed by me). Now we don't receive it and a test is proposed for us to take.

Until the BOD can provide clear, precise access and improve communications with people under their regulations, no test should be required. Instead, the BOD should provide the regulations and guidance documents in an easy to access format, with adequate notice. A licensed professional should be given the materials. A test will not improve the quality of dentistry in Virginia. If you need an example, just look at the pulbic educational system and the national test scores since NCLB was passed. Educational quality hasn't increased, but you've lost a lot of quality teachers and students who are leaving public education for private.

Commenter: Dr. Benita Miller * 12/16/15 11:07 pm

Opposed to jurisprudence exam for dentists and hygienists every 3 years

I am strongly opposed to the requirement of a jurisprudence exam every 3 years.

According to the Board's NOIRA Agency Background Document, "The goal of the planned regulatory action is to improve licensee familiarity with laws and regulations to facilitate compliance, reduce the number of complaints received, and eliminate some of the violations the Board has found in adjudicating disciplinary matters." I can understand how a new licensee would need to learn the laws and regulations governing the practice of dentistry and dental hygiene and be tested on this information initially. After that time the most efficient and effective means of keeping licensees familiar with updated regulations is to communicate with them! A periodic newsletter sent electronically would be a wonderful way to inform licensees of proposed and new regulations, of new guidance documents, of infractions and their accompanying disciplinary actions (without names).

Dentists and hygienists share a common goal with the Board of Dentistry in wanting to provide the best care possible to our patients and in the safest environment possible. To that end, we serve our patients best when we work together and communicate better to share knowledge in a timely and effective way. I can't think of a better use of the Board's resources. Thank you for your consideration of these thoughts.

Commenter: Samuel W. Galstan, DDS, MPH, MAGD * 12/16/15 11:16 pm

Oppose dental jurisprudence examination for licensee renewa

I oppose the proposed dental jurisprudence examination for licensee renewals. I do not oppose the dental jurisprudence examination for new licensees. For many years new licensees were required to pass a dental jurisprudence examination before obtaining their initial dental license. This was a good thing, and should be reinstated immediately. One of the goals of the proposed regulation is to improve licensee framiliarity with laws and regulagtions. This could be accomplished by effective and timely communication with licensees. It is not necessary and it is doubtful if it will be successful in accomlishing these goals by imposing additional oppressive governmental regulations on licensees in an attempt to facilitate compliance and reduce the number of complaints recieved that require disciplinary adjucation. There is no evidence that a mandatory dental jurisprudence exam will accomplish these goals. If the Virginia Board of Dentistry wants to accomplish these objectives, perhaps they could undertake a positive education campaign, rather than this punitive and burdonsome example of governmental over-reach. Please listen to these comments from professionals working in dentistry and take sensible action. Do not approve the dental jurisprudence examination for licensee renewals. Thank you.

Commenter: Mark A. Crabtree, DDS, Past President Virginia Board of 12/16/15 11:19 pm

Dentistry and VDA *

Oppose Law Exam for Renewing License

I oppose the concept of requiring law abiding practitioners being required to take the law exam.

I support requiring applicants applying for initial Licensure to practice in Virginia to successfully take an exam covering the Laws and Regulations prior to being issued their license. This was the practice in the past and was adequate to assure that licensees understand the laws as they are being licensed.

Retaking the exam should be solely reserved for those who violate the states laws and regulations. The general practicing public should not be punished by requiring an additional exam which is an unnecessary regulatory burden and imposes additional cost to the practicing dentists. The grand majority licensees have no problem practicing within the law.

There is a problem that lies with the operation of the Board of Dentistry. That problem is POOR COMMUNICATION with the Licensees. The Board should be REQUIRED by Code to send by mail a copy of the Code and Rules and Regulations of the Board to the licensees. EMAIL is not sufficient communication. This should include a periodic Communication such as a Newsletter that includes all regulatory proposals and their status in the rule making process. This should include publishing the Board of Dentistry's Disciplinary Actions against the licensees. Including the licensee's name and offense in the Newsletter will be a deterrent to breaking the rules and will make clear to the rest of the licensees the rules that are being violated.

The data that is being used to support this burdensome regulation is inaccurate. If there has been an increase of this magnitude the burden lies WITH THE BOARD OF DENTISTRY for FAILING to adequately keep the practicing public adequately informed of their actions. This increase has occurred as the Board has refused to communicate effectively with the Licensees.

Commenter: Charles P. Jewett DDS * 12/16/15 11:59 pm

opposition to proposed jurisprudence exam on a 3 year basis

I am unable to find a single supporter of this proposal in 4 pages of comments. These comments are from the most respected dental leaders in the state and numerous former BOD leaders. Hopefully the present BOD will pay close attention to their thoughtful suggestions. Thank you for your efforts on the behalf of Virginians.

* Nonregistered public user

VIRGINIA BOARD OF DENTISTRY

Compilation of Provisions in the Code of Virginia Addressing Dental Practice, Practice of Dentistry by Professional Business Entities, and Practice Locations and the Duties Restricted to Dentists in the Code of Virginia and the Regulations Governing the Practice of Dentistry

The following sections of the Code of Virginia and Regulations Governing the Practice of Dentistry have been identified as applicable to the subject topics. The listing is not intended to be all-inclusive but should be regarded as a reference. Every licensed dentist should be familiar with these and any other legal responsibilities relating to the practice of dentistry that are included in the Code of Virginia and regulations.

DENTAL PRACTICE

- **§54.1-2700** - "Dentistry" means the evaluation, diagnosis, prevention, and treatment, through surgical, nonsurgical or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent and associated structures and their impact on the human body.
- **§54.1-2711** - Any person shall be deemed to be practicing dentistry who
  (i) uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the practice of dentistry;
  (ii) holds himself out, advertises or permits to be advertised that he can or will perform dental operations of any kind;
  (iii) diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the oral cavity, its contents or contiguous structures, or
  (iv) extracts teeth, corrects malpositions of the teeth or jaws, takes impressions for the fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as substitutes for natural teeth, or places in the mouth and adjusts such substitutes.

  No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist.

PRACTICE OF DENTISTRY BY PROFESSIONAL BUSINESS ENTITIES

- **§54.1-2717** - A. No corporation shall be formed or foreign corporation domesticated in the Commonwealth for the purpose of practicing dentistry other than a professional corporation as permitted by Chapter 7 (§ 13.1-542 et seq.) of Title 13.1.
  B. No limited liability company shall be organized or foreign limited liability company domesticated in the Commonwealth for the purpose of practicing dentistry other than a professional limited liability company as permitted by Chapter 13 (§ 13.1-1100 et seq.) of Title 13.1.
  C. Notwithstanding the provisions of subsections A and B, dentists licensed pursuant to this chapter may practice as employees of the dental clinics operated as specified in subsection A of § 54.1-2715.
- **§54.1-2718** - A. No person shall practice, offer to practice, or hold himself out as practicing dentistry, under a name other than his own. This section shall not prohibit the practice of dentistry by a partnership under a firm name, or a licensed dentist from practicing dentistry

as the employee of a licensed dentist, practicing under his own name or under a firm name, or as the employee of a professional corporation, or as a member, manager, employee, or agent of a professional limited liability company or as the employee of a dental clinic operated as specified in subsection A of § 54.1-2715.
B. A dentist, partnership, professional corporation, or professional limited liability company that owns a dental practice may adopt a trade name for that practice so long as the trade name meets the following requirements:
1. The trade name incorporates one or more of the following: (i) a geographic location, e.g., to include, but not be limited to, a street name, shopping center, neighborhood, city, or county location; (ii) type of practice; or (iii) a derivative of the dentist's name.
2. Derivatives of American Dental Association approved specialty board certifications may be used to describe the type of practice if one or more dentists in the practice are certified in the specialty or if the specialty name is accompanied by the conspicuous disclosure that services are provided by a general dentist in every advertising medium in which the trade name is used.
3. The trade name is used in conjunction with either (i) the name of the dentist or (ii) the name of the partnership, professional corporation, or professional limited liability company that owns the practice. The owner's name shall be conspicuously displayed along with the trade name used for the practice in all advertisements in any medium.
4. Marquee signage, web page addresses, and email addresses are not considered to be advertisements and may be limited to the trade name adopted for the practice.

PRACTICE LOCATIONS

- **§ 54.1-2708.3** - No person shall operate a mobile dental clinic or other portable dental operation without first registering such mobile dental clinic or other portable dental operation with the Board, except that mobile dental clinics or other portable dental operations operated by federal, state, or local government agencies or other entities identified by the Board in regulations shall be exempt from such registration requirement.
- **§54.1-2709.4.B(4)** – requires health care institutions licensed by the Commonwealth to report any type of disciplinary action taken against an oral and maxillofacial surgeon.
- **§54.1-2711.1** – Temporary licenses for persons enrolled in advanced dental education programs authorize the holder to perform patient care activities associated with the program in which he is enrolled that take place only within educational facilities owned or operated by, or affiliated with, the dental school or program. Temporary licenses issued pursuant to this section shall not authorize a licensee to practice dentistry in nonaffiliated clinics or private practice settings.
- **§54.1-2712(3)** - Dental students who are enrolled in accredited D.D.S. or D.M.D. degree programs performing dental operations, under the direction of competent instructors (i) within a dental school or college, dental department of a university or college, or other dental facility within a university or college that is accredited by an accrediting agency recognized by the United States Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in governmental or indigent care clinics in which the student is assigned to practice during his final academic year rotations; (iv) in a private dental office for a limited time during the student's final academic year when under the direct tutorial supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled; or (v) practicing dental hygiene in a private dental

office under the direct supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled;

- **§54.1-2712.1.B(1)** - A person holding a restricted volunteer license under this section shall only practice in public health or community free clinics that provide dental services to underserved populations.
- **§54.1-2713.C** – a faculty license permits the holder to perform all activities that a person licensed to practice dentistry would be entitled to perform and that are part of his faculty duties, including all patient care activities associated with teaching, research, and the delivery of patient care, which take place only within educational facilities owned or operated by or affiliated with the dental school or program.
- **§54.1-2715(A)** - temporary permits may be issued to dentists who serve as clinicians in dental clinics operated by:
  (a) the Virginia Department of Corrections,
  (b) the Virginia Department of Health,
  (c) the Virginia Department of Behavioral Health and Developmental Services, or
  (d) a Virginia charitable corporation granted tax-exempt status under § 501 (c) (3) of the Internal Revenue Code and operating as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services:
  (i) as a federal qualified health center designated by the Centers for Medicare and Medicaid Services or
  (ii) at a reduced or sliding fee scale or without charge.
- **§54.1-2716** - It shall be unlawful for any dentist to practice his profession in a commercial or mercantile establishment, or to advertise, either in person or through any commercial or mercantile establishment, that he is a licensed practitioner and is practicing or will practice dentistry in such commercial or mercantile establishment. This section shall not prohibit the rendering of professional services to the officers and employees of any person, firm or corporation by a dentist, whether or not the compensation for such service is paid by the officers and employees, or by the employer, or jointly by all or any of them. Any dentist who violates any of the provisions of this section shall be guilty of a Class 1 misdemeanor.
  For the purposes of this section, the term "commercial or mercantile establishment" means a business enterprise engaged in the selling of commodities or services unrelated to the practice of dentistry or the other healing arts.

DUTIES OF HEALTH PROFESSIONALS

- **§ 32.1-127.1:03.A.** There is hereby recognized an individual's right of privacy in the content of his health records. Health records are the property of the health care entity maintaining them, and, except when permitted or required by this section or by other provisions of state law, no health care entity, or other person working in a health care setting, may disclose an individual's health records.
- **§ 32.1-127.1:03.B.**
  - "Health care entity" means any health care provider, health plan or health care clearinghouse.
  - "Health care provider" means those entities listed in the definition of "health care provider" in § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the purposes of this section. Health care provider shall also include all persons who are licensed, certified, registered or permitted or

who hold a multistate licensure privilege issued by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

- **§ 8.01-581.1.**
  - "Health care provider" means (i) a person, corporation, facility or institution licensed by this Commonwealth to provide health care or professional services as a physician or hospital, dentist, pharmacist, registered nurse or licensed practical nurse or a person who holds a multistate privilege to practice such nursing under the Nurse Licensure Compact, nurse practitioner, optometrist, podiatrist, physician assistant, chiropractor, physical therapist, physical therapy assistant, clinical psychologist, clinical social worker, professional counselor, licensed marriage and family therapist, licensed dental hygienist, health maintenance organization, or emergency medical care attendant or technician who provides services on a fee basis; (ii) a professional corporation, all of whose shareholders or members are so licensed; (iii) a partnership, all of whose partners are so licensed; (iv) a nursing home as defined in § 54.1-3100 except those nursing institutions conducted by and for those who rely upon treatment by spiritual means alone through prayer in accordance with a recognized church or religious denomination; (v) a professional limited liability company comprised of members as described in subdivision A 2 of § 13.1-1102; (vi) a corporation, partnership, limited liability company or any other entity, except a state-operated facility, which employs or engages a licensed health care provider and which primarily renders health care services; or (vii) a director, officer, employee, independent contractor, or agent of the persons or entities referenced herein, acting within the course and scope of his employment or engagement as related to health care or professional services.
- **§ 54.1-2403.3** Medical records maintained by any health care provider as defined in § 32.1-127.1:03 shall be the property of such health care provider or, in the case of a health care provider employed by another health care provider, the property of the employer. Such health care provider shall release copies of any such medical records in compliance with § 32.1-127.1:03 or § 8.01-413, if the request is made for purposes of litigation, or as otherwise provided
- **§ 54.1-2404.** Upon the request of any of his patients, any health care provider licensed or certified by any of the boards within the Department, except in the case of health care services as defined in Chapter 43 (§ 38.2-4300 et seq.) of Title 38.2, shall provide to such patient an itemized statement of the charges for the services rendered to the requesting patient regardless of whether a bill for the services which are the subject of the request has been or will be submitted to any third party payer including medical assistance services or the state/local hospitalization program.
- **§ 54.1-2405.A.** No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.

DUTIES RESTRICTED TO DENTISTS BY REGULATION

- **18VAC60-21-60.A -** A dentist is responsible for conducting his practice in a manner that safeguards the safety, health, and welfare of his patients and the public by…
- **18VAC60-21-90.A -** A dentist shall maintain complete, legible, and accurate patient records for not less than six years from the last date of service for purposes of review by the board…
- **18VAC60-21-110 -** A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services, additional dental hygienists to practice under general supervision in a free clinic or a public health program, or on a voluntary basis.
- **18VAC60-21-120.A -** In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter and the Code.
- **18VAC60-21-130** - Only licensed dentists shall perform the following duties:
  1. Final diagnosis and treatment planning;
  2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;
  3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100, may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;
  4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;
  5. Operation of high speed rotary instruments in the mouth;
  6. Administering and monitoring conscious/moderate sedation, deep sedation, or general anesthetics except as provided for in § 54.1-2701 of the Code and Part VI (18VAC60-21-260 et seq.) of this chapter;
  7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;
  8. Final positioning and attachment of orthodontic bonds and bands; and
  9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

AUDITING CONTINUING EDUCATION
March 11, 2016 Board Meeting

Background
At the Board's June 12, 2015 meeting, Ms. Reen asked the Board to **consider if and how it would like to address licensees' compliance with the CE requirements**. She explained the Board's practice had been to have respondents appearing for an informal conference bring their CE documentation for the previous three renewal years for review by the Board. She added that DHP was implementing standardized forms for the letters, notices, and orders that are prepared by the Administrative Proceeding Division and she was notified that the Board's request for CE documents could no longer be addressed in its notices for informal conferences because the request is not germane to the subject complaint or proceeding and could be addressed in another manner. Upon Ms. Reen's recommendation, the Board suspended CE auditing until staff could research how other boards within DHP and other boards of dentistry are conducting audits. Ms. Reen said she would work to provide information at the December 2015 meeting. Completing the planned research and report on this subject was deferred to preparation for the March meeting in order to prepare reference materials for the four chapters of regulations which went into effect on December 2, 2015.

Requirements for continuing education in 18VAC60-21-250. E. and 18VAC60-25-190.D.
Dentist and dental hygienist licensees are required to verify compliance with continuing education requirements on their annual renewal applications. Following a renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

SUMMARIES OF THE AUDIT PRACTICES OF BOARDS IN DHP

Audiology And Speech Language Pathology may audit licensees who respond "no" to the CE renewal question and others randomly using a statistically valid audit sample. Selected licensees are notified by email or mail to submit documentation of completion. Staff reviews the documentation. Non-compliant licensees are referred for possible disciplinary action. Board action starts at a CCA for a first offence of missing up to 10 hours which requires completion of the missing hours. Action escalates so that a second offence of missing any hours results in a CO, reprimand, MP of $200 per missing hour and 60 days to make up the missing hours.

Medicine does a random sample of active licensees. Staff sends out audit letters then reviews the information submitted by licensees. The estimate of the time it takes for each licensee audited is an hour from start to finish -- getting the list, creating a spreadsheet, sending out letters, sending them again when the first address doesn't work, reviewing the submitted information, and discussing appropriate action. The actions taken range from a nice letter for compliance, to a CCA to gain compliance, and if egregious enough, information would be sent to Enforcement for investigation that might result in an informal conference or a PHCO.

Nursing randomly selects a percentage of licensees for audit. A letter is sent to those individuals advising that they had been selected and requesting submission of the documents /evidence of compliance. Staff reviews the documentation and if satisfactory notifies the licensees they were found to be in compliance. When there was no response or insufficient information was submitted, the licensee is given another opportunity to submit documentation within a certain time frame. If no response or documentation is deficient, Board action is initiated. A CCA is offered for first time offences when it is determined that the conduct was not willful or intentional which requires submission of documentation of completion of the missing hours with the executed CCA. If the conduct is determined to be willful or intentional and it is a second or more occurrence of a violation, an informal conference is scheduled and PHCO may be offered. Sanctions include a $100 monetary penalty for each missing hour and $300 monetary penalty for fraudulently certifying having met the requirements, plus documentation of completion of the missing hours.

Optometry may audit licensees who respond "no" to the CE renewal question and others randomly using a statistically valid audit sample. Board staff then queries the Association of Regulatory Boards of Optometry's CE tracking data base for a selected licensee's record. Licensees who complied with the requirements are then notified that they were audited and no further action is required. Licensees who do not have an account in the data base or have not met the requirements are notified of their selection for an audit and instructed to submit documentation of CE completion. Staff reviews the documentation. Non-compliant licensees are referred for possible disciplinary action. Board action starts at a CCA for a first offence of missing up to 4 hours which requires completion of the missing hours. Action escalates so that a second offence of missing any hours results in a CO , reprimand, MP of $250 per missing hour and 45 days to make up the missing hours.

Pharmacy performs a random audit on 2% of pharmacists and 2% of pharmacy technicians yearly. Pharmacists and techs who previously requested an extension for their continuing education credits are also audited. The calculator used to determine the number of licensees in each type to audit is found at http://www.raosoft.com/samplesize.html. The National Association of Boards of Pharmacy offers a collaborative service along with ACPE that tracks pharmacists and pharmacy technicians continuing education credits that are ACPE accredited. This service is called CPE Monitor. The Board has access to the CPE Monitor and may search the database by any combination of name, date of birth, license/registration number, zip code, etc. Once located, staff is able to view the continuing education courses and credits that the licensee has taken in any time period entered. A transcript may be printed at that time as well. In 2013, an account with CPE Monitor became mandatory for all licensees who took ACPE accredited courses and wanted to receive credit for them, making it much easier to determine compliance.
Last year staff was able to determine that approximately 75% of pharmacists and 25% of pharmacy technicians were compliant with continuing education just by checking this service. If it is determined that a licensee has met the requirement (through CPE Monitor), a letter is sent to the licensee informing them that they were audited and found in compliance through the CPE Monitor. If compliance cannot be determined through CPE Monitor either because their profile was not found or because it does not show the required amount of CE completed, a letter is sent

to the licensee requesting copies of their CE for the year they are being audited. If no response is received in 30 days then a second letter is sent via email when available with a return receipt requested for the email.

Veterinary Medicine may audit licensees who respond "no" to the CE renewal question and others randomly using a statistically valid audit sample. Selected licensees are notified by email or mail to submit documentation of completion. Staff reviews the documentation. Non-compliant licensees are referred for possible disciplinary action. Board action starts at a CCA for a first offence of missing up to 4 hours which requires completion of the missing hours. Action escalates so that a second offence of missing any hours results in a CO, reprimand, MP of $250 per missing hour and 60 days to make up the missing hours.

FINDINGS ON THE CE AUDIT PRACTICES OF BOARDS OF DENTISTRY

The chart on the next page presents cursory information on the provisions for auditing CE obtained from the web pages of 23 state dental boards* with Virginia's information added for comparative purposes. Generally speaking audit activities are tied to license renewal.

- Information addressing the completion of CE for license renewal was not found on the web pages of 2 boards (New Mexico and North Dakota).
- Twelve of the 23 boards, like Virginia, require licensees to attest, certify or execute an affidavit indicating that they have completed the required CE as prescribed.
- Ten of the 23 boards require submission of a listing of the courses taken or copies of attendance verifications with renewal applications.
- Six of these 10 boards also provide for a random audit or requesting records.
- One of these 10 boards collects a separate fee to support review of the documentation submitted.
- The regulations of 10 of the 23 boards state that random audits will be conducted following completion of a renewal cycle.
- One of these 10 boards collects an audit fee from the licensees randomly selected.
- The regulations of 9 of the 23 boards, like Virginia's, give the board discretion to audit CE records.

*Two summer interns employed by DHP searched the web pages to obtain information. It was not possible to accomplish the review of all 50 states before the internships ended.

Verification of Continuing Education

	Renewal Cycle			Required for Renewal		Verification	
State	**Annual**	**Biennial**	**Longer**	**Attest**	**List For Renwal**	**Random Audit**	**Request**
Alabama	X				X	X	
Alaska		X		X		X	
Arizona			X	X		X	
Maryland		X			X	X	
Missouri		X		X			X
New Mexico			X				X
New York			X	X		X	
North Carolina	X			X			X
North Dakota		X				X	
Ohio		X			X		X
Oklahoma			X		X		
Oregon		X			X		X
Pennsylvania		X			X		X
Rhode Island		X		X		X	
South Carolina		X		X			X
South Dakota			X		X		
Tennessee		X		X			X
Texas	X			X			X
Vermont		X			X	X	
Virginia	X			X			X
Washington	X			X		X	
West Virginia		X			X	X	
Wisconsin		X		X			
Wyoming	X				Current CPR		

Disciplinary Board Report for March 11, 2016

Today's report reviews the 2015 and 2016 calendar years case activity then addresses the Board's disciplinary case actions for the second quarter of fiscal year 2016 which includes the dates of October 1, 2015 through December 31, 2015.

Calendar Year 2015

The table below includes all cases that have received Board action since January 1, 2015 through December 31, 2015.

Calendar 2015	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	111	119	4	123
Feb	89	64	0	64
Mar	53	49	16	65
Apr	43	16	4	20
May	32	29	15	44
June	39	37	11	48
July	54	24	9	33
August	32	74	3	77
September	29	35	9	44
October	32	53	12	65
November	17	28	2	30
December	21	55	12	67
Totals	**552**	**583**	**97**	**680**

Calendar Year 2016

The table below includes all cases that have received Board action since January 1, 2016 through February 23, 2016.

Calendar 2016	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	24	2	3	5
Feb 23rd	28	29	1	30
Mar				
Apr				
May				
June				
July				
August				
September				
October				
November				
December				
Totals	**52**	**31**	**4**	**35**

Q2 FY 2016

For the second quarter of 2016, the Board received a total of 39 patient care cases. The Board closed a total of 110 patient care cases for a 282% clearance rate, which is up from 182% in Q1 of 2016. The current pending caseload older than 250 days is 33%, which is up from 28% in Q1 of 2016. The Board's goal is 20%. In Q2 of 2016, 79% of the patient care cases were closed within 250 days, as compared to 100% in Q1 of 2016. The Board's goal is 90% of patient care cases closed within 250 days.[1]

License Suspensions

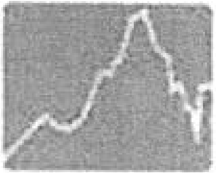
Between November 20, 2015 and February 23, 2016, the Board has not mandatorily or summarily suspended any licenses.

OMS Cosmetic Procedures Quality Assurance Review

Please see the attached power point.

[1] The Agency's Key Performance Measures.

- DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016.
- The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016.
- The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016.



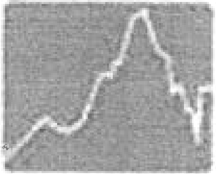
Department of Health Professions

Virginia Board of Dentistry

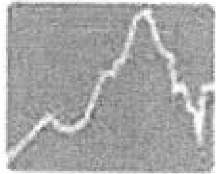
Cosmetic Procedures Quality Assurance Review

1/1/2011 – 12/31/2013

www.dhp.virginia.gov

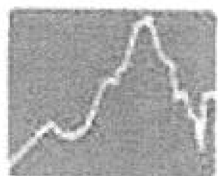


Required by legislation enacted in 2001 which was introduced to update the definition of dentistry to include the maxillofacial area



Requirements

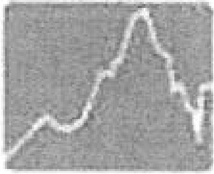
- Register all Oral & Maxillofacial Surgeons
- Maintain a public profile on all OMS registrants
- Certify OMS registrants to perform cosmetic procedures
- Implement a quality assurance review process for all cosmetic procedures



Why?

- Define the cosmetic practice of oral and maxillofacial surgery
- Monitor performance of such practice
- Provide public information about OMS practices

- 18 VAC 60-20-330 (currently 18 VAC 60-21-390) of the Board's regulations require
  - an OMS with cosmetic certification to maintain separate files, an index, coding, or other system by which such charts can be identified by cosmetic procedure
  - a random audit of charts
  - a review of random charts by an OMS



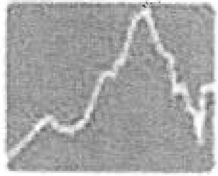
Department of Health Professions

- Only cosmetic procedures are subject to Board review during the Quality Assurance Review
- Only procedures that are performed in a facility not accredited by JCAHO are subject to Board review during the Quality Assurance Review
- Only practice in Virginia is subject to Board review during the Quality Assurance Review

First Quality Assurance Review

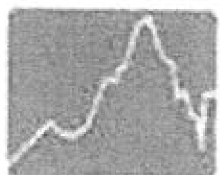
- Addressed treatment from January 1, 2001 to December 31, 2004
- 8 Oral & Maxillofacial Surgeons held cosmetic procedure certifications
- 6 performed cosmetic procedures in their office

- Expert reviewer was the Chairman of the Department of Oral & Maxillofacial Surgery at the University of North Carolina
- Cost for the record reviews was $1625 (13 hours x $125)



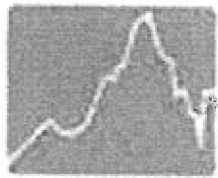
Department of Health Professions

- The information collected by the DHP inspectors and the reports from the expert were reviewed by a Special Conference Committee to decide how the review outcomes would be addressed



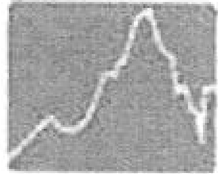
Disposition of the Cases

- Notified the affected Oral & Maxillofacial Surgeons that in future reviews disciplinary action would follow when there was evidence of a violation of the laws and regulations



Second Quality Assurance Review

- Addressed treatment from January 1, 2005 to December 31, 2007
- 20 Oral & Maxillofacial Surgeons held cosmetic procedure certifications
- 11 performed cosmetic procedures in their office

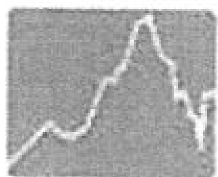


Department of Health Professions

- Expert reviewer was the Chief of the Division of Oral & Maxillofacial Surgery at the University of Florida College of Medicine Jacksonville
- Cost for the record reviews was $14,500 (58 hours x $250)

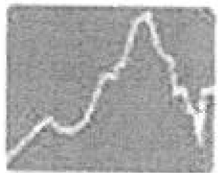
Disposition of the Cases

- 7 closed with no violation
- 8 closed with advisory letters
- 1 closed with a CCA
- 4 additional investigations

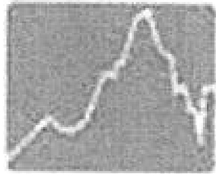


Third Quality Assurance Review

- Addressed treatment from January 1, 2008 to December 31, 2010
- 25 Oral & Maxillofacial surgeons held cosmetic procedure certifications
- 13 performed cosmetic procedures in their office

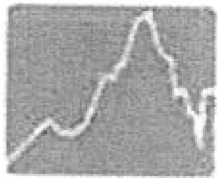


- Expert reviewer was the Chief of the Division of Oral & Maxillofacial Surgery at the University of Florida College of Medicine Jacksonville
- Cost for the record reviews was $8250 (33 hours x $250)



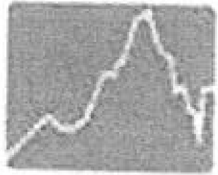
Disposition of the Cases

- 3 closed with no violation
- 19 closed with advisory letters
- 2 closed with a CCA
- 1 closed undetermined



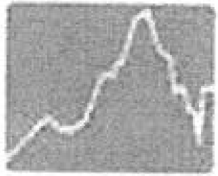
Fourth Quality Assurance Review

- Addressed treatment from January 1, 2011 to December 31, 2013
- 30 Oral & Maxillofacial surgeons held cosmetic procedure certifications
- 24 performed cosmetic procedures in their office



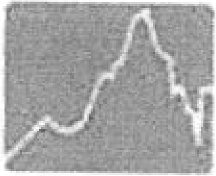
Department of Health Professions

- Expert reviewer was an OMS and MD in private practice in Maryland
- Cost for the record reviews was \$18,330.75 (104.75 hours x \$175)



Disposition of the Cases

- 4 closed with no violation
- 19 closed with advisory letters
- 2 PHCO
- 2 IFC Orders
- 3 Pending



Associated Fees

- New and Annual OMS Registration Fee - $175
- Cosmetic procedures certification - $250
- Annual Renewal of certification - $100

Collection of Fees

- Estimate of fees collected from the 30 Oral & Maxillofacial Surgeons holding certification 1/1/11-12/31/13
  - $175 x 29 x 1 = $ 5,075 (1/1/11-12/31/11)
  - $175 x 30 x 2 = $10,500 (1/1/12-12/31/13)
  - $250 x 6 = $1,500
  - $100 x 30 x 3 = $ 9,000