

**WEST VIRGINIA
SECRETARY OF STATE
JOE MANCHIN, III
ADMINISTRATIVE LAW DIVISION**

Do Not Mark In This Box

FILED

Form #3

2007 APR -5 A 8:57

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

OFFICE WEST VIRGINIA
SECRETARY OF STATE

AGENCY: West Virginia Board of Dental Examiners TITLE NUMBER: 5

CITE AUTHORITY: 30-4-1 et. seq.

AMENDMENT TO AN EXISTING RULE: YES NO

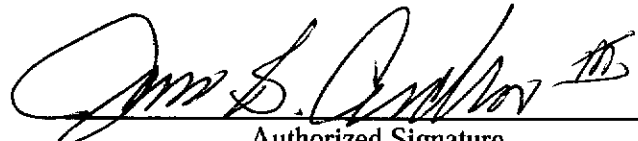
IF YES, SERIES NUMBER OF RULE BEING AMENDED: 1

TITLE OF RULE BEING AMENDED: Rules for the West Virginia Board of Dental Examiners

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.


Authorized Signature

\$ 13.50 w/out comments
\$ 37.40 w/ comments

SCANNED

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459

BECKLEY, WV 25802-1459

(304) 252-8266

Toll Free (877) 914-8266

FAX (304) 252-2779

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

April 4, 2002

Ms. Judy Cooper
Office of the Secretary of State
Administrative Law Division
Capitol Complex
Charleston, WV 25305

Dear Ms. Cooper:

It would be appreciated if the Secretary of State's office would file the enclosed Agency Approved Rule with attachments and place the same on the State Register. Please complete letters (e) and (c) of the Questionnaire on all copies, file fifteen copies with the Legislative Rule Making Review Committee and return to us a copy with the filing date shown for our records. If additional information is needed please do not hesitate to contact this office.

I wish to thank you for your help and cooperation. The Board greatly appreciates it.

Very truly yours,

A handwritten signature in black ink, appearing to read "James G. Anderson III".

JAMES G. ANDERSON, III
Executive Secretary

JGA/smc
Enclosures

QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DATE: April 3, 2002

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

LEGISLATIVE RULE TITLE: Rules for the West Virginia Board of Dental Examiners

1. Authorizing statute(s) citation 30-4-1 et. seq

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:
January 22, 2002

b. What other notice, including advertising, did you give of the hearing?
Notice of Comment period was published in the Charleston Gazette on January 26, 2002. We also sent notice to the West Virginia Dental Association, West Virginia Dental Hygiene Association & West Virginia Dental Assistants Association mailed on the 21st day of January 2002.

c. Date of Public Hearing(s) *or* Public Comment Period ended:
February 28, 2002 (end of comment period)

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached _____ No comments received 98

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

April 5, 2002

- f. **Name, title, address and phone/fax/e-mail numbers** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

West Virginia Board of Dental Examiners

James G. Anderson, III

Executive Secretary

PO Drawer 1459

Beckley, WV 25802-1459

- g. **IF DIFFERENT FROM ITEM 'f'**, please give **Name, title, address and phone number(s)** of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

same as above

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

January 22, 2002

b. Date of hearing or comment period:

Comment period ended February 28, 2002

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

April 5, 2002

d. Attach findings and determinations and reasons:

Attached Yes

FINDINGS, DETERMINATIONS AND REASONS

The Board received 98 written comments during the comment period, of which 2 were duplicates; one being a faxed letter, and a hard copy from the same individual and the second being the letter from the West Virginia Dental Association and its Newsletter, which contained identical material submitted twice. (The comments are specifically referenced in the index and numbered as received during said comment period.)

It should be noted that a few letters represent associations, societies and one or more individuals. However, the Board did not take a headcount for purposes of consideration, but did review the content of each written comment submitted.

Written comments were broken down as to "content only" for purposes of the Board's review and consideration, as follows:

- 8.2 General Statement 1 in opposition.
- 8.2c 1 in opposition.
- 8.2d 1 in opposition.
- 8.2e 1 in opposition.
- 8.2g 1 in opposition.
- 8.2h 1 in opposition to "placing".
- 8.2l 41 in opposition to "board approved course".
2 in opposition entirely.
- 8.2m 41 in opposition to "board approved course".
1 in opposition entirely.
- 8.2q 41 in opposition to "board approved course".
2 in opposition entirely.

- 8.2r 41 in opposition to "board approved course".
3 in opposition entirely.
- 8.2t 41 in opposition to "board approved course".
1 in opposition entirely.
- 8.2u 2 in opposition entirely.
1 recommended adding education requirements.
1 recommended adding "supra and gingival polishing".
- 8.2v 2 in opposition entirely.
- 8.2w 41 in opposition to "board approved course".
2 in opposition entirely.
- 8.2z 3 in opposition entirely.
1 in support as written.
- 8.2bb 5 recommended deleting "wires".
1 in opposition entirely.
- 8.2dd 38 in opposition entirely.
5 in support as written.
- 8.3 General Statement 1 in opposition entirely.
- 8.3a 1 in opposition entirely.
- 8.3b 1 in opposition entirely.
- 8.3e 1 in opposition entirely.
- 8.3g 2 in opposition entirely.
- 8.3h 1 in opposition entirely.
- 8.3k 49 in opposition entirely if not delegated to assistants as well.
1 in support as written.
- 8.3m 44 in opposition entirely.
1 in support as written.
- 8.3n 44 in opposition entirely.
1 in support as written.

41 written comments were in total support of the proposed rules as written.

2 written comments were in total opposition of the proposed rules as written.

After the Board's review as to content, the Board addressed and put each one under consideration at it's meeting and made the following amendments based upon the written comments received.

AMENDMENTS

The following amendments were made by the Board as a result of written comments received during the comment period; and reviewed as hereinabove set forth;

- 1) In 8.2; The words "hygienist and/or" were struck through from this section to clarify that the section is the specific duties set forth for assistants, per written comments.
- 2) In 8.2 (l), (m), (q), (r), (t) and (w); The words "with the taking of a board approved course" were deleted per written comments.
- 3) In 8.2 (u); The word "only" was deleted after the words "rubber cup" and the following language was added, "this procedure shall in no way be represented to the patient as a prophylaxis", per written comments.
- 4) In 8.2 (bb); The word "ligature" was changes to "ligatures" and the word "wires" was deleted, per written comments.
- 5) In 8.2 (dd); The word "with" was changed to "after" and the word "taking" was changed to "completion", as clean up.
- 6) In 8.3 (e); The words "hand piece" were made one word "handpiece", as clean up.
- 7) In 8.3 (j); The words "restorative chartings" were struck through, "salivary analysis and smears" were added after "cytology smears", and the words "vitality test" were struck through, as clean up.
- 8) In 8.3 (k); Was struck through, per written comments.
- 9) In 8.3 (l); Was deleted as this function was added to 8.3 (j), as clean up.

- 10) In 8.3 (m) Was deleted, per written comments.
- 11) Letterings changed in 8.3 due the deletions as hereinabove referenced.

The Board, after reviewing all the written comments in their entirety, does hereinabove set forth only the amendment changes after said review as specifically stated and noted in the proposed rules and regulations. While the Board considered all materials presented to it's attention for review and consideration during the written comment period, any changes not made by the Board upon said review is based upon the fact that the Board considers the proposed rules and regulations as finalized at this time specifically in 8.2 and 8.3 to be an aid in providing comprehensive oral dental health to the citizens of the State of West Virginia. The proposed rules and regulations, in the Board's opinion, are a move forward to elevate the practice of dentistry in the State of West Virginia to match the profession of dentistry in other states across the country.

Furthermore, the West Virginia Board of Dental Examiners is of the opinion with passage of the new dental practice act last year and incorporation of the new proposed changes to the rules and regulations for dental hygienists and dental assistants that the profession of dentistry in the State of West Virginia will be brought up to speed for the 21st century.

The Board further specifically notes that 8.3(n) requires that there be a Board approved course and testing, but utmost in the Board's opinion is that 8.1(c) states; "The licensed dentist assigning expanded duties to a dental hygienist and/or assistant is solely responsible for checking the dental hygienist and/or assistant to determine that he or she is competent to handle assigned duties. Further, no licensed dentist shall assign additional

duties to a dental hygienist and/or assistant until he or she is assured that the dental hygienist and/or assistant is fully competent and completely qualified to perform the assigned expanded duty and/or duties.” Thus, the Board finds that the individual dentist must ensure that the duties assigned to a hygienist and/or assistant, if any, are only assigned if the dentist is satisfied that he or she is competent to handle such assigned duties. Only the licensed dentist can assign duties within their office. Further 8.1 (a) states that; “the performance of those intra oral tasks by dental hygienist and/or assistants, if assigned, shall be under the direct supervision of the employer dentist,” meaning the employer dentist must be in the office at the time any expanded duties are being performed.

Further, the Board finds that there are schools teaching injections and testing for injections in approximately 30 states and that said states allow for such expanded duties in their respective jurisdictions.

SUMMARY OF PROPOSED RULE

To allow for expanded duties of a dental assistant and/or licensed dental hygienist under the direct supervision of their employer dentist and additionally cleanups as an affect of the new dental law effective July 1, 2001 and correction of number of years of post-graduate education, internship or residency needed to qualify for specialist in Endodontics.

STATEMENT OF CIRCUMSTANCES

Promulgation for implementation of changes to existing rules concerning expanded duties for a dental assistant or licensed dental hygienist to allow additional duties under the direct supervision of their employer dentist and additionally cleanups as an affect of the new dental law effective July 1, 2001 and correction of number of years of post-graduate education, internship or residency needed to qualify for specialist in Endodontics.

STATEMENT OF PURPOSE

To enable the Board to continue to carry out effectively their responsibilities of updating regulations concerning the practice of dentistry in the State of West Virginia and protecting the welfare of the Citizens of this great State.

□
APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Rules for the West Virginia Board of Dental Examiners

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia Board of Dental Examiners

Address: PO Drawer 1459, Beckley, WV 25802-1459

1. Effect of Proposed rule:

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
ESTIMATED TOTAL COST	0	0			
PERSONAL SERVICES	0	0			
CURRENT EXPENSE	0	0			
REPAIRS & ALTERATIONS	0	0			
EQUIPMENT	0	0			
OTHER	0	0			

2. Explanation of Above Estimates:

The proposed rule will allow for additional expanded duties of a dental assistant or licensed dental hygienist and allow for some cleanups as an affect of the new dental law effective July 1, 2001 as well as make a correction to the number of years needed of post-graduate education, internship or residency to qualify for specialist in Endodontics and will not affect the budget as there are no fee increases or decreases.

3. Objectives of These Rules:

To allow additional expanded duties of a dental assistant or licensed dental hygienists allow for some cleanups and corrections.

4. Explanation of Overall Economic Impact of Proposed Rule:

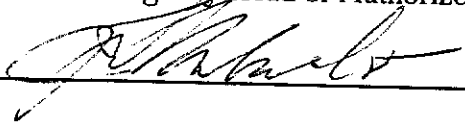
A. Economic Impact on State Government:
none

B. Economic Impact on Political Subdivisions; Specific Industries; Specific Groups of Citizens: none

C. Economic Impact on Citizens/Public at Large.
none

Date: 1/21/02

Signature of Agency Head or Authorized Representative:



WEST VIRGINIA ADMINISTRATIVE
RULES

FILED

WEST VIRGINIA BOARD OF
DENTAL EXAMINERS
CHAPTERS 30-4 & 30-4A

2002 APR -5 A 8:57

OFFICE WEST VIRGINIA
SECRETARY OF STATE

SERIES I

(2001)

Subject: Rules for the West Virginia Board of Dental Examiners.

Section 1. GENERAL.

1.1. Authority. This rule is issued under the authority of West Virginia Code §30-4-4a.

1.2. Scope. This rule regulates the West Virginia Board of Dental Examiner's proceedings and carries out the purposes and enforces the provisions of West Virginia Code §30-1-1 et seq and §30-4-1 et seq which are applicable to the West Virginia Board of Dental Examiners.

1.3. Effective Date. -

1.4. Filing Date. -

1.5. Certification. This rule is certified authentic by the President and Secretary of the West Virginia Board of Dental Examiners by Certification No. II.

1.6. Amend.

This rule amends West Virginia Board of Dental Examiners Rule 5CSR1, West Virginia Administrative rules, West Virginia Board of Dental Examiners which became effective on May 12, ~~1994~~ 1997.

Section 2. DEFINITIONS.

2.1. "Board" means the West Virginia Board of Dental Examiners.

2.2. "Specialty or Specialization" is a restriction of practice to a certain field or phase of dentistry.

2.3. "DENTAL PUBLIC HEALTH" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. For the purposes of this rule the term "community" is used in a restricted sense and relates to the people of a particular region having common organization or interests and living in the same place under the same laws. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with research, and the application of the findings of research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

2.4. "ENDODONTICS" is that area of dentistry dealing with etiology, histopathology, diagnosis, preventions, and treatment of the diseases of the dental pulp and their sequelae.

2.5. "ORAL AND MAXILLOFACIAL SURGERY" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries, and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

2.6. "ORAL PATHOLOGY" embraces both morphologic and clinical study of diseases affecting the oral regions. An oral pathologist is a person who, through special study and training, is qualified to diagnose and otherwise study tumors and lesions, both local and systemic, of the oral regions.

2.7. "ORTHODONTICS and DENTOFACIAL ORTHOPEDICS" is prevention and correction of dental and oral anomalies by changing positions of teeth and jaw relationship by the use of appliances; correction of causative habits; or corrective muscular exercises, in order to establish normal function of the masticating mechanism and to encourage a normal development of the jaws and associated tissues.

2.8. "~~PEDODONTICS~~" "PEDIATRIC DENTISTRY" is the prevention, control and treatment of the oral and dental diseases of children.

2.9. "PERIODONTICS" is the prevention, control and treatment of diseases of the supporting tissues of the teeth.

2.10. "PROSTHODONTICS" is the restoration of masticatory function in part or as a whole through the designing and construction of removable dental prosthetic appliances known as artificial dentures, which are supported wholly or in part by the soft tissues of the mouth and not permanently attached to the natural teeth.

Section 3. OFFICIAL SEAL.

3.1. General. The Board's official seal shall affix by way of stamp or embossing and shall contain somewhere thereon the word "seal" and West Virginia Board of Dental Examiners.

Section 4. CORPORATE PRACTICE OF DENTISTRY.

4.1. Qualifications. Only duly licensed dentists eligible to practice in the State of West Virginia may form a dental corporation. The dentists shall file a written application with the Board of Dental Examiners on a form prescribed by the Board. A fee of \$200.00 shall accompany each application, no part of which is returnable. If the Board finds that the signers are duly licensed dentists or if there be more than one, that all of the signers of such applications are duly licensed

dentists, the Board shall notify the Secretary of State that a Certificate of Authorization has been issued to the individual or individuals signing the application, to form a dental corporation. Provided, however, that there is compliance with the applicable provisions of West Virginia Code §31-1-1, concerning corporations generally.

Section 5. SPECIALTIES.

5.1. Specialist General Qualifications. A licensee may apply to the Board for a certificate of qualification in a specialty of dentistry if the licensee can satisfactorily prove to the State Board of Dental Examiners that he or she possesses the following general qualifications, in excess of those required for the completion of a general course of study as given in a dental school or college recognized by the State Board:

- (a). Membership in the American Dental Association or the National Dental Association;
- (b). An exemplary record of professional ethics; and
- (c). Requisite training. All training requirements for qualifications of each specialty shall be approved by the Counsel on Dental Education of the American Dental Association.

5.2. Specialist General Limitations. A person certified by the West Virginia State Board of Dental Examiners as a specialist has the following limitations:

- (a). The licensee shall limit his or her practice of dentistry only to the specialty in which he or she is licensed and in which he or she holds himself out to the general public as a specialist; and
- (b). The licensee shall limit his or her listing in the telephone directory to the specialties in which he or she has an office or offices.

5.3. Specialty Fields Licensed by the West Virginia Board of Dental Examiners. The Board will issue certificates of qualification in the following specialties:

(a). DENTAL PUBLIC HEALTH.

In order to qualify for certification in this specialty, the licensee shall have a minimum of one full-time academic year of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(b). ENDODONTICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of ~~three~~ two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(c). ORAL AND MAXILLOFACIAL SURGERY.

In order to qualify for certification in this specialty, the licensee shall have a minimum of three full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(d). ORAL PATHOLOGY.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(e). ORTHODONTICS and DENTOFACIAL ORTHOPEDICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(f). ~~PEDODONTICS~~ PEDIATRIC DENTISTRY.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(g). PERIODONTICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(h). PROSTHODONTICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

Section 6. ISSUANCE OF TEMPORARY AND/OR SPECIAL PERMITS.

6.1. General. The Board may issue a temporary permit to practice dentistry or dental hygiene. Temporary and/or special permits will only be granted pursuant to a board meeting with a quorum of members present. ~~Furthermore, the following fees shall be paid to the Board upon the issuance of the following temporary and/or special permits:~~

~~Temporary permit--\$100.00~~

~~Dental Intern/Residency permit--\$50.00~~

~~Teaching permit--\$100.00~~

Nothing in this rule prohibits the practice of dentistry or dental hygiene by persons licensed in another state who, at the request of an approved dental school or any regularly organized dental society, may give a clinic at the school or at a scientific meeting of the dental society for the purpose

of advancing the professional knowledge of members of the dental profession or members of the student body of a dental school.

6.2. Temporary Permit. The Board of Dental Examiners may issue a temporary permit to practice dentistry or dental hygiene to graduates of schools of dentistry or dental hygiene approved by the Board who are certified to the board of directors of dental clinics established by law, by the chief executive of any hospital or sanitarium licensed or operated by the State or by the chief dental officer of the health department of the State. The permits shall terminate when the holder of the permit ceases to be employed by the person certifying him or her. ~~A fee of \$100.00 shall be paid to the board upon issuance of the permit by the person certifying the applicant.~~

6.3. Dental Intern or Dental Residency Permit. The Board of Dental Examiners may issue a dental intern or dental residency permit to graduates of dental schools approved by the Board who are not licensed to practice dentistry in this State and who have not failed an examination for a license to practice dentistry in this State. An applicant for a permit shall be certified to the Board by the director or a hospital operated or licensed by the State which maintains a dental intern or residency program. The permit shall authorize the holder of the permit to serve as a dental intern or a dental resident for a period of not more than one year in any hospital licensed or operated by the State which maintains an established dental department under the supervision of a licensed dentist. The holder of a permit shall function under the supervision of the dental staff of the hospital and shall limit his or her practice to patients selected by the hospital. The holder of a permit is not entitled to receive any fee or other compensation other than the salary paid by the hospital. Permits may be revoked by the Board for cause and expire at the end of one year or on the date the dental

internship or residency is discontinued, whichever first occurs. ~~A fee of \$50.00 shall be paid to the Board upon the issuance of a permit by the hospital nominating the dental intern or dental resident.~~

6.4. Teaching Permits. The Board of Dental Examiners may issue teaching permits to persons who are graduates of a school of dentistry or dental hygiene approved by the Board where those persons are not licensed to practice dentistry or dental hygiene in this State. The permit shall be issued only upon the certification of the dean of a dental school located in this State that the applicant is a bona fide member of the staff of that school. The permits are valid for one year and may be reissued by the Board in its discretion. The holder of a permit may perform all operations which a person licensed to practice dentistry or dental hygiene in this State may perform, but only within the facilities of the dental school and as an adjunct to his or her teaching functions in the school. ~~A fee of \$100.00 shall be paid to the Board on the issuance of a teaching permit or upon each renewal by the school nominating the applicant.~~

Section 7. SUSPENSION OR REVOCATION OF A LICENSE.

7.1. Board Meeting. Prior to the suspension or revocation of a license, a majority of the Board shall meet with a quorum voting for revocation or suspension of the licensee.

7.2. Notice. The Board shall notify the licensee concerning a revocation or suspension. The notice shall contain grounds for the revocation or suspension (at least thirty (30) days prior to the hearing), and notify the licensee that he or she may appear with witnesses and be heard in person, by counsel, or by both. The notice shall also contain the time and place of the hearing concerning the suspension or revocation. The notice shall also contain a statement informing the licensee that the Board will receive any evidence the licensee may wish to offer, that the licensee will be given

the opportunity to cross-examine any witnesses appearing before the Board, and that the Board will receive any statement the licensee may desire to make to them.

7.3. Publicity. The Board shall give no advance publicity prior to the hearing, during the hearing or prior to its decision concerning a licensee's suspension or revocation of a license.

7.4. Service of Notice. A notice may be served by delivering a copy of the notice in writing to the party in person; or if he or she cannot be found, by delivering the copy at his or her usual place of abode, and giving information of its purport, to the spouse, or to any other person found there who is a member of the licensee's family and above the age of sixteen years; or if neither the spouse nor any other person is found there, and the licensee is not found, leaving the copy posted at the front door of the place of abode. Any sheriff or constable shall serve a notice within his or her county and make return of the manner and time of service; for a failure to do so he or she shall forfeit twenty dollars. The return, or a similar return by any other person who verified it by affidavit, is evidence of the manner and time of service.

7.5. Service by Publication. Any notice to a person not residing in this State may be served by the publication of the notice once a week for three successive weeks in a newspaper published in this State.

7.6. Hearing. The Board has the power to compel the attendance of witnesses and the power to administer oaths. A stenographic report of a proceeding to suspend or revoke a license shall be made at the expense of the Board and a transcript of the hearing retained in the Board's file. The Board shall make a written report of its findings, which constitute part of the record and a copy of the findings shall be filed with the Secretary of State.

7.7. Review by Circuit Court and Supreme Court of Board's Decision on Suspension and Revocation of License. A person having his or her license suspended or revoked may, within thirty days after the decision of the Board, present a petition in writing to the circuit court of the county in which the person resides, or to the judge of the court in vacation, praying for the review and reversal of the decision. Before presenting his or her petition to the court or judge, the petitioner shall mail copies of the petition to the president and secretary, respectively, of the Board. Upon receipt of the copy, the secretary shall immediately transmit to the clerk of the court the record of the proceedings before the Board. The court or judge shall fix a time for the review of the proceedings at his or her earliest convenience. Notice in writing of the time and place of the hearing shall be given to the president and secretary of the Board at least ten days before the date set for the hearing. The court or judge shall, without a jury, hear and determine the case upon the record of the proceedings before the Board. The court or judge may enter an order affirming, revising, or reversing the decision of the Board if it appears that the decision was clearly wrong. Prior to the entry of the order, no order shall be made or entered by the court to stay or supersede any suspension, revocation or cancellation of any certificate, license, registration or authority. The judgement of the Circuit Court may be reviewed upon appeal in the Supreme Court of Appeals.

Section 8. EXPANDED DUTIES OF DENTAL HYGIENISTS AND DENTAL ASSISTANTS.

8.1. General. Licensed dentists may assign to their employed dental hygienists or assistants intraoral tasks as set out in this section for dental hygienists and/or assistants, subject to the following conditions:

(a). The performance of intraoral tasks by dental hygienists or assistants shall be under the direct supervision of the employer-dentist;

(b). None of the following procedures may be assigned to a dental hygienist or assistant or to any other person not licensed to practice dentistry:

(1). Diagnosis, treatment planning and prescription (including prescriptions for drugs and medicaments or authorizations for restorative, prosthodontic or orthodontic appliances); or

(2). Surgical procedures on hard and soft tissue within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy; and

(c). The licensed dentist assigning expanded duties to a dental hygienist and/or assistant is solely responsible for checking the dental hygienist and/or assistant to determine that he or she is competent to handle assigned duties. Further, no licensed dentist shall assign additional duties to a dental hygienist and/or assistant until he or she is assured that the dental hygienist and/or assistant is fully competent and completely qualified to perform the assigned expanded duty and/or duties.

8.2. The following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental ~~hygienist and/or~~ assistant in the licensed dentist's employment provided that under no circumstances can an assistant use a power driven instrument of any type intraorally except as specifically setforth hereinafter:

(a). Placing, exposing, developing, and mounting dental radiographs;

~~(e)~~ (b). Charting existing restorations and missing teeth;

(c). Dental health education;

(d). Inspection of the oral cavity to view and report the symptoms/problems to supervising

dentist;

(e). Performing pulp vitality testing (thermal or electrical);

(b) (f). Placing and removing rubber dams;

(g). Insert and adjust athletic mouth guard and bleaching tray with final check by supervising dentist;

(h). Placing and removing periodontal dressing with final check by supervising dentist;

(i). Placing and removing matrices;

(j). Applying topical anesthetic agents with prior approval by supervising dentist;

(k). Applying topical anticariogenic agents with prior approval by supervising dentist;

(l). Applying pit and fissure sealants with final check by supervising dentist;

(m). Applying cavity liners and bases with final check by supervising dentist;

(d) (n). Holding and removing materials, trays, strips, sutures, brackets and bands previously placed in the patient's mouth by the dentist;

(e) (o). Removing excess cement from coronal surfaces of teeth without the use of rotating or power-driven instruments; and

(p). Removing soft tissue dressings;

(q). Fabricate and cement temporary crowns and bridges with final check by supervising dentist;

(r). Placing and removing temporary restoration by a non power driven method with final check by supervising dentist;

(s). Taking intra and extra-oral photographs;

(t). Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application;

(u). Use of power driven handpiece with rubber cup and/or brush only for preparing a tooth for accepting a restoration and/or appliance, this procedure shall in no way be represented to the patient as a prophylaxis;

(v). Placing retraction cord for crown impressions with prior approval by supervising dentist;

(w). Taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist;

~~(f)~~ (x). Taking impressions for study cast and pouring models;

(y). To check for loose orthodontic appliances and take orthodontic measurements;

(z). Fitting bands and brackets prior to final cementation and/or bonding by the supervising dentist;

(aa). Bending archwires with final check by supervising dentist at time of placement;

(bb). Place or remove temporary space maintainers, orthodontic separating devices and/or ligatures with final check by supervising dentist at time of placement;

(cc). Remove loose or broken bands, brackets or archwires when directed by the supervising dentist;

(dd). Monitoring nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide after the completion of a board approved course;

8.3. In addition to and including those duties set forth in 8.2, the following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist in the licensed dentist's employment:

(a). Supra and Subgingival scaling of teeth;

(b). Placement of subgingival medicaments, fibers, chips, etc.;

- ~~(b)~~ (c). Polishing of coronal and/or exposed surfaces of teeth;
- ~~(c)~~. Dental Health Education;
- (d). Nutritional Counseling;
- ~~(e)~~. Application of caries preventive agents and other topical medicaments to the surfaces of teeth and surrounding tissues (including topical anesthesia);
- ~~(f)~~. Placing, exposing, developing, and mounting dental radiographs;
- (e). Finishing and polishing of restorations with a slow speed handpiece;
- ~~(g)~~. Finishing and polishing amalgams, resin, composite, and silicate restorations;
- ~~(h)~~(f). Examining and recording periodontal findings;
- (g). Debridement and/or root planning of teeth;
- (h). Application of bleaching agents;
- (i). Scaling excessive cement from the surfaces of teeth and restorations;
- (j). Performing clinical examinations and diagnostic tests of teeth and surrounding tissues and recording findings for interpretation by a dentist (includes such procedures as restorative chartings, caries activity test, cytology smears, salivary analysis and smears, endodontic cultures, vitality test, etc.);
- ~~(k)~~. Removing soft tissue dressings;
- ~~(l)~~. Removing ligature wires;
- ~~(m)~~. Preparing medical and dental histories for interpretation by a dentist;
- ~~(n)~~. Placing and removing rubber dams;
- ~~(o)~~. Taking intra and extra-oral photographs; and
- ~~(p)~~. Removing oral sutures.

(k). Administration of infiltration and block anesthesia after the completion of a board approved course and passing a board approved test.

Section 9. ADMINISTRATION OF GENERAL ANESTHESIA AND PARENTERAL CONSCIOUS SEDATION BY DENTISTS.

9.1. Legislative findings and declaration of purpose. The Legislature hereby finds and declares that dentists are increasingly administering general anesthesia and parenteral conscious sedation in their offices on an out-patient basis; that the administration of general anesthesia and parenteral conscious sedation carries with it an inherent risk and danger to the patient; that, however, the administration of general anesthesia and parenteral conscious sedation on an out-patient basis by dentists is necessary and for the good of the public; but that because of the inherent dangers in the administration of general anesthesia and parenteral conscious sedation, it is necessary to insure that the persons administering and supervising the general anesthesia or parenteral conscious sedation are competent and trained in the techniques; that it is in the best interests of the public and the dentists of West Virginia to prohibit dentists from administering or supervising the administration of general anesthesia or parenteral conscious sedation unless those dentists meet certain minimal training and competency standards in the administration and supervision of general anesthesia or parenteral conscious sedation; and that requiring a dentist to obtain a special permit before he or she can administer or supervise general anesthesia or parenteral conscious sedation is the best method to preserve the use of general anesthesia and parenteral conscious sedation by dentists on out-patients and, at the same time, insure that such administration and supervision is performed by competent dentists trained in the use of such techniques .

9.2. Definitions.

(a). The scope of practice of a licensed "dentist" is defined in West Virginia Code §30-4-2.

(b). "General anesthesia" means a controlled state of unconsciousness produced by any drug or pharmacologic agent accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation of verbal commands.

(c). "Nitrous oxide -- oxygen analgesia" refers to the administration by inhalation of a combination of nitrous oxide and oxygen gas which produces an altered level of consciousness without the loss of the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands.

(d). "Parenteral conscious sedation" means a depressed state of consciousness produced by the injection of pharmacologic substances that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands.

(e). "State of consciousness" refers to a patient being fully capable of rational response to verbal commands, with all protective reflexes intact, and including the ability to clear and maintain an airway in a patent state.

9.3. Permit of authorization required for both general anesthesia or parenteral conscious sedation.

No dentist may administer or supervise the administration of general anesthesia and parenteral conscious sedation for dental patients unless the dentist possesses a permit of authorization from the West Virginia Board of Dental Examiners: Provided, that no permit shall be

required for the administration of general anesthesia or parenteral conscious sedation by a dentist in a hospital licensed by the State of West Virginia.

9.4. Eligibility requirements for general anesthesia permits.

To receive a permit for the use of general anesthesia and parenteral conscious sedation, a dentist shall:

- (a). Be a dentist licensed by the Board;
- (b). Apply to the West Virginia Board of Dental Examiners on an application form prescribed by the Board;
- (c). Include with the application an application fee in the amount of three hundred dollars;
- (d). Have a properly equipped facility for the administration of general anesthesia, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto as outlined in the office anesthesia evaluation manual as adopted and amended by the Board of Dental Examiners;
- (e). In the case of any dentist who treats children who applies for any permit under this section, document his or her competency to administer general anesthesia and parenteral conscious sedation to children by demonstrating to the satisfaction of the Board his or her familiarity with the "Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric patients" of American Academy of Pediatrics and the American Academy of Pediatric Dentistry; and
- (f). Produce evidence showing at least one of the following:
 - (1). He or she has completed a minimum of one year of advanced training in an approved anesthesia residency;

(2). He or she is a diplomate of the American Board of Oral and Maxillofacial Surgery;

(3). He or she is eligible for an examination by the American Board of Oral and Maxillofacial Surgery (ABOMS);

(4). He or she is a fellow of the American Association of Oral and Maxillofacial Surgery (AAOMS);

(5). He or she has successfully completed an American Dental Association accredited oral and maxillofacial surgery program as evidenced by a letter from the program director stating that said applicant is qualified to perform such anesthesia techniques;

(6). He or she is a fellow of the American Dental Society of Anesthesiology; or

(7). He or she employs or works in conjunction with a licensed and trained doctor of medicine or osteopathic physician who is a member of the anesthesiology staff of a hospital licensed by the State of West Virginia, provided the anesthesiologist personally supervises or administers the general anesthesia and remains on the premises of the dental facility until any patient given a general anesthetic or parenteral conscious sedation regains consciousness.

9.5. Eligibility requirements for permit to administer parenteral conscious sedation only.

To receive a permit for use of parenteral conscious sedation only, the dentist shall:

(a). Be a dentist licensed by the West Virginia Board of Dental Examiners and registered to practice dentistry in the State of West Virginia;

(b). Apply to the West Virginia Board of Dental Examiners on an application form prescribed by the Board for the use of parenteral conscious sedation only;

(c). Include with the application a fee in the amount of three hundred dollars;

(d). Maintain a properly equipped facility for the administration of parenteral conscious sedation, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto as outlined in the office anesthesia evaluation manual described in West Virginia Code §30-4A-4-(d).

(e). In the case of any dentist who treats children who applies for any permit under this section, document his or her competency to administer parenteral conscious sedation to children by demonstrating to the satisfaction of the Board his or her familiarity with the "Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric patients" of the American Academy of Pediatrics and the American Academy of Pediatric Dentistry; and

(f). Produce evidence showing at least one of the following:

(1). He or she meets at least one of the criteria described in West Virginia Code §30-4A-4-(f).

(2). He or she has satisfactorily completed at least one year of post-doctoral dental training in a dental residency or specialty program approved by the American Dental Association or the American Medical Association which included didactic studies and practical experience in the administration of general anesthesia and parenteral conscious sedation. A letter from the chief of the approved residency program verifying that the dentist has satisfactorily completed the training and is competent to administer parenteral conscious sedation may be considered acceptable evidence thereof; or

(3). He or she has satisfactorily completed a continuing education course or program regarding the administration of parenteral conscious sedation which meets or exceeds the

American Dental Association council on dental education's current "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry."

9.6. Nitrous oxide. Oxygen analgesia exclusion.

The administration of nitrous oxide - oxygen inhalation analgesia shall not require a special permit for use by a licensed dentist. However, a licensed dentist rendering such treatment to his or her patients shall have a properly equipped facility for the administration of nitrous oxide-oxygen inhalation analgesia. The dentist and his or her office personnel shall have instruction in the administration of cardiac life support. The nitrous oxide-oxygen inhalation equipment shall have fail-safe features and a minimum twenty-five percent oxygen flow.

9.7. Authority of the West Virginia Board of Dental Examiners to review, inspect and reinspect dentists for issuance of permits.

By making application to the Board of Dental Examiners for a general anesthesia or parenteral conscious sedation permit, the dentist consents and authorizes the Board of Dental Examiners to review his or her credentials, inspect or reinspect his or her facilities, and investigate any alleged anesthesia mortalities, misadventures, or other adverse occurrences which the Board feels is justified in the best interest of the public and the Board. The Board of Dental Examiners has the authority and right to conduct an in-office review or on-site inspection of any dentist applying for or holding a permit to administer general anesthesia or parenteral conscious sedation at any time the Board considers necessary.

9.8. Appointment of subcommittee by the West Virginia Board of Dental Examiners; credentials review; and on-site inspections.

The West Virginia Board of Dental Examiners shall appoint a five member subcommittee to carry out the review and on-site inspection of any dentist applying for or renewing a permit under WV Code §30-4A-8. The subcommittee shall also make a recommendation for issuing or revoking a permit under WV Code §30-4A-8. This subcommittee shall be known as the "West Virginia Board of Dental Examiners Subcommittee on General Anesthesia and Parenteral Conscious Sedation," hereinafter referred to as the "subcommittee." The subcommittee shall consist of one member of the Board of Dental Examiners who shall act as chairman of the subcommittee, one diplomate of the American Board of Oral and Maxillofacial Surgery; one fellow of the American Dental Society of Anesthesiology or fellow of the American Association of Oral and Maxillofacial Surgery; one general dental practitioner engaged in providing out-patient general anesthesia or parenteral conscious sedation services; and one dental practitioner specializing in pediatric dentistry. Four members of the subcommittee must be practitioners possessing a current general anesthesia or parenteral conscious sedation permit. During the first year of the existence of the subcommittee, the four members of the subcommittee shall possess qualifications as described in this section for a temporary provisional permit. No subcommittee member shall serve longer than a four-year term. Initial members of the subcommittee may be appointed to longer or shorter terms at the discretion of the Board of Dental Examiners so that the terms may be staggered and the subcommittee may maintain experienced and qualified members at all times.

9.9. On-site inspection by West Virginia Board of Dental Examiners.

Prior to issuing a permit, the Board of Dental Examiners has the right to conduct an on-site inspection of the facility, equipment, and auxiliary personnel of the applicant to determine if, in fact, all the requirements for the permit have been met. This inspection or evaluation, if required, shall

be carried out by at least two members of the subcommittee directly appointed by the Board of Dental Examiners as prescribed in West Virginia Code §30-4A-8. This evaluation is to be carried out in a manner following the principles, but not necessarily the procedures, set forth by the current edition of the office anesthesia evaluation manual of the West Virginia Board of Dental Examiners. On-site inspections are required and shall be performed for all initial applicants. Thereafter, the Board may reinspect annually, at its discretion, but must perform an on-site inspection for all permit holders at least once every five years. The Board reserves the right to conduct an on-site inspection whenever it considers necessary. However, all on-site inspections shall be held during regular business hours and with at least forty-eight hours' notification.

9.10. Immunity from liability.

(a). Notwithstanding any other provision of law, no person providing information to the Board of Dental Examiners or to the subcommittee may be held, by reason of having provided the information, to be civilly liable under any law unless the information was false and the person providing such information knew or had reason to believe that the information was false.

(b). No member or employee of the Board of Dental Examiners or the subcommittee may be held by reason of the performance by him or her of any duty, function, or activity authorized or required of the Board or the subcommittee to be civilly liable. The provisions of this subsection shall not apply with respect to any action taken by any individual if the individual, in taking such action, was motivated by malice toward any person affected by the action.

9.11. New applicants.

Any dentist not previously administering or supervising general anesthesia or parenteral conscious sedation techniques but wishing to do so, shall make application to the Board as

prescribed in this rule. The Board and the subcommittee shall then review the applicant's credentials and further will require an on-site evaluation of the dentist's facilities, equipment, techniques, and personnel prior to issuing a regular annual permit. After the initial on-site inspection, the Board, at its discretion, will conduct further on-site evaluations as described in West Virginia Code §30-4A-9.

9.12. Issuance of regular annual permits.

Upon the recommendations of the subcommittee to the Board of Dental Examiners, the Board shall issue regular permits to applicable dentists. A general anesthesia or parenteral conscious sedation permit must be renewed annually as described in West Virginia Code §30-4A-16.

9.13. Waiting period for reapplication or reinspection of facilities.

A dentist whose application has been denied for failure to satisfy the requirements in the application procedure or the on-site evaluation must wait thirty days from the date of the denial prior to reapplying and must submit to another on-site evaluation prior to receiving a regular annual permit. It is the responsibility of the Board and the subcommittee to promptly reinspect the applicant dentist's facilities, techniques, equipment, and personnel within ninety days after the applicant has made reapplication.

9.14. Annual renewal of regular permits; fees.

The Board of Dental Examiners requires an application for annual renewal of a previously issued general anesthesia or parenteral conscious sedation permit and requires a renewal fee of one hundred dollars. The Board shall renew permits for the use of general anesthesia or parenteral conscious sedation after receiving the renewal fee, unless the permit holder has been informed in writing within sixty days prior to the renewal date that a reevaluation of his or her credentials is required. In determining whether the reevaluation is necessary, the Board may consider such factors

as it considers appropriate, including, but not limited to, patient, dentist or physician complaints and reports of adverse occurrences or misadventures. Reevaluation may also include a yearly on-site inspection of the facility, equipment, personnel, licentiate and procedures utilized by the holder of this permit. However, an on-site inspection of the facility, equipment, personnel, licentiate and procedures utilized by the holder of a permit will be required for all permit holders within a five-year period from the permit holder's last on-site inspection.

9.15. Violations; penalties for practicing general anesthesia or parenteral conscious sedation without a permit.

Violations of any of the provisions of West Virginia Code, whether intentional or unintentional, may result in the revocation or suspension of the dentist's permit to administer general anesthesia or parenteral conscious sedation; multiple or repeated violations or gross infractions, such as practicing general anesthesia or parenteral conscious sedation without a valid permit may result in suspension of the dentist's license to practice dentistry for up to one year as well as other disciplinary measures as deemed appropriate by the Board of Dental Examiners.

Section 10. DESIGNATION OF TESTING BODIES.

10.1. The Board designates for dental and dental hygiene license testing the following Boards:

(1). The Joint Commission on National Dental Examinations for the written examination, and

(2). The North East Regional Board of Dental Examiners for the clinical examination or any other state and/or regional clinical examination.

Section 11. CONTINUING EDUCATION REQUIREMENTS.

11.1. Hours Required Biennially. Each licensed dentist shall complete biennially not less than twenty (20) hours of continuing education. Each licensed dental hygienist shall complete biennially not less than twelve (12) hours of continuing education.

11.2. Approved Providers.

(a). The Continuing Education course must be offered by a Board approved provider.

(b). The Board approves any course or program sponsored by the following providers, or their constituent or component organizations for credit:

- (1). An accredited dental or dental hygiene school;
- (2). The American Dental Association;
- (3). A National Dental Association;
- (4). The American Dental Hygienists' Association;
- (5). The National Dental Hygiene Association;
- (6). The American Medical Association;
- (7). The American Hospital Association;
- (8). The American Red Cross;
- (9). ADA recognized specialty societies;
- (10). The Academy of General Dentistry;
- (11). The Veteran's Administration;
- (12). The United States Uniformed Services;
- (13). The U. S. Department of Health and Human Services;
- (14). The West Virginia Department of Health;
- (15). The West Virginia Dental Association;

(16). The West Virginia Dental Hygienists' Association; and

(17). Study Clubs: "Study Club" means a group of at least five (5) dentists or dental hygienists who do the following:

(aa). Organize for the purpose of scientific study;

(bb). Operate under the direction of elected officers;

(cc). Maintain written by-laws;

(dd). Conduct regular meetings; and

(ee). Maintain written attendance records of all meetings.

(c). Providers not identified in the approved list may petition the Board for approval of continuing education that they offer. The Board may approve other sponsors of continuing education credits. This approval expires after two consecutive years and must be renewed. The course or program must be designed to enhance the licensee's clinical knowledge and ability to treat dental patients.

(d). Courses or programs that are not approved for continuing education credit for license renewal include, but are not limited to, those on the subjects of money management, personal finance, personal business matters, cultural subjects, personal health and recreation, politics, memory training, and speed reading.

11.3. Record Keeping, Reporting, & Monitoring:

(a). It is the responsibility of each dentist and dental hygienist to maintain and compile accurate records relating to all continuing education courses he or she has successfully completed.

(b). The records and information pertaining to each year must be maintained for a period of six (6) years.

(c). A licensee must report all continuing education courses on the form provided by the West Virginia Board of Dental Examiners. The licensee shall submit records relating to continuing education courses to the West Virginia Board of Dental Examiners at the time of license renewal.

(d). The West Virginia Board of Dental Examiners shall randomly audit the continuing education records maintained by each dentist and dental hygienist.

(e). Each dentist and dental hygienist must submit to the Board by February 1, 1996, and every two years thereafter documentation of satisfactory completion of the required hours of continuing education during the previous two years.

11:4. Criteria.

(a). The Board shall not give continuing education credit for identical courses taken during the same continuing education reporting period.

(b). The Board shall give one hour of credit for each hour of attendance and an hour of attendance is defined as fifty (50) minutes.

(c). At least three (3) hours of continuing education shall be related to infection control during each continuing education reporting period.

11:5. Categories of Credit.

The licensee is free to select areas of study within the following categories, not to exceed the maximum number of hours in each category.

(a). Educational and scientific courses - One hundred percent (100%) of the requirement may be obtained in this category; Educational and scientific courses given by permanent or Board-approved biennial sponsors.

(b). Supervised self-instruction - Fifty percent (50%) of the requirement may be obtained in this category. Supervised self-instruction must include a testing mechanism supplied by a permanent or Board approved biennial sponsor. The licensee must complete a test and demonstrate a level of comprehension before the Board will award credit. Tests must be graded by the sponsor and results returned to the licensee. Supervised self-instruction includes, but is not limited to:

- (1). Graded audio/video courses;
- (2). Graded correspondence courses; and
- (3). Graded computer courses.

(c). Non-supervised self-instruction - A maximum of ten percent (10%) of the requirement may be obtained in the category. Non-supervised self-instruction includes, but is not limited to:

- (1). Home study - journals and publications;
- (2). Correspondence programs;
- (3). Educational television;
- (4). Audio/video programs;
- (5). Scientific exhibits; and
- (6). Study clubs other than biennial sponsors;

(d). Scientific papers, publications, and scientific presentations - A maximum of ten percent of the requirement may be obtained in the category of papers, publications, and scientific presentations; A maximum of ten percent (10%) may also be obtained by original scientific papers authored by the licensee and published in a scientific professional journal, and the original presentation of papers, essays, or formal lectures to recognized groups of fellow professionals.

(e). Teaching and research appointments - A maximum of ten percent (10%) of the requirement may be obtained in this category. Licensees involved in teaching or research activities at an accredited institution, or a part time faculty or research appointment can also receive a maximum ten percent (10%) of the requirement.

(f). Original table clinics and scientific exhibits - A maximum of ten percent (10%) of the requirement may be obtained in the category of original table clinics and scientific exhibits.

(g). The Board recognizes successful completion of the following written examinations as equivalent to twenty (20) hours of continuing education:

(1). North East Regional Board's (NERB) Dental Hygiene Comprehensive Examination (for hygienists only).

(2). NERB's Diagnosis and Oral Radiology plus Comprehensive Treatment Planning Examinations.

(3). Academy of General Dentistry's Fellowship Examination.

(4). Examinations leading to recognized Specialty Boards' Diplomate status.

(5). National Board - All parts, successfully completed.

(6). Central Regional Dental Testing Agency's Written Examinations.

(7). South East Regional Testing Agency's Written Examinations.

(8). Western Regional Examining Board's Written Examination.

(h). Compliance: Compliance with this rule is required for all licensees seeking license renewal beginning February 1, 1994, and biennially thereafter.

11.6. Recent graduates licensed within one (1) year of a continuing education reporting period are not required to fulfill continuing education requirements for the first continuing education

reporting period. Retired and/or disabled dentists or dental hygienists are not required to fulfill continuing education requirements.

11.7. Penalties for Violation.

(a). The Board shall not renew the license of any licensee who fails to meet the requirements of this section.

(b). A licensee who has been found to have not fulfilled the continuing education requirements of the Board has six (6) months in which to satisfy the requirements.

(c). A false statement on a renewal form constitutes unprofessional conduct and may result in disciplinary action against the licensee as set forth in WV Code §30-4-7.

Section 12. PRACTICE OF DENTISTRY UNDER TRADE NAME OR FIRM NAME.

12.1 No person shall practice, or offer or undertake to practice, dentistry under any firm name or trade name, or under any name other than his own true name: Provided, that nothing herein contained shall prohibit the practice of dentistry by a partnership, corporation and/or pllc under a firm name containing nothing but the surname of every member who shall be a duly licensed dentist.

Section 13. ANNUAL INFORMATION AND RENEWAL NOTICE; REINSTATEMENT; PENALTY FEES; WAIVER OF PAYMENT OF FEE ON RETIREMENT OR DISABILITY; CHANGE OF ADDRESS.

13.1 On or before the first day of February of each year, every dentist licensed to practice dentistry in this state, and every dental hygienist licensed to practice dental hygiene in this state, shall transmit to the secretary of the board upon a form prescribed by the board, their signature, post-office address, office address, the serial number of their license certificate, whether they have been engaged during the preceding year in the active and continuous practice of dentistry or dental hygiene, as the

case may be, whether within or without this state, and such other information as may be required by the board, together with an information and renewal fee.

Upon receipt of the required information and the payment of the proper renewal fee, the licensee shall be issued a renewal certificate authorizing them to continue the practice of dentistry or the practice of dental hygiene in this state for a period of one year from the first day of February.

A license to practice dentistry or dental hygiene granted under the authority of Chapter 30-4-1 et. seq. shall be canceled on the first day of May if the holder thereof fails to secure a current renewal certificate by that day. Any licensee whose license is thus canceled by reason of the failure, neglect or refusal to secure the proper renewal certificate may be reinstated by the board at any time within six months from the date of the cancellation of said license upon the payment of the proper renewal fee and an additional fee of twenty-five dollars. If the licensee shall not apply for renewal of their license as herein required within the said six months, that person shall, at the discretion of said board, be required to file an application for and take the examinations provided in Chapter 30-4-1 et. seq. should they desire to practice dentistry or dental hygiene in this state.

Upon failure of any licensee to submit the required information and pay the annual renewal fee as herein required by the statutory date, the board shall attempt to notify such licensee in writing by mailing to their last registered address a notice of the requirements of this section apprising them of the fact that their license to practice will be canceled on the statutory date: Provided, that failure to mail or receive such notice shall not affect the cancellation of their license.

The board may waive the annual payment of the renewal fee herein required, and issue a retired renewal certificate to any West Virginia licensee who has held a license for at least twenty-five years and is presently retired from active practice, or to any West Virginia licensee who has

retired for reasons of physical disability, so long as such retirement continues: Provided, that the licensee provides the board with the information required by this section.

Every licensed dentist and/or dental hygienist within thirty days of changing their place of residence and/or their place of practice or establishing additional offices shall furnish the secretary of the board with their new addresses.

BEFORE THE BOARD OF DENTAL EXAMINERS
CHARLESTON, WEST VIRGINIA

ORIGINAL

In Re: Meeting of the West Virginia Dental Board
Members held 3-8-02 in the Board Suite
at the Marriott Hotel, Charleston, West
Virginia

TRANSCRIPT OF PROCEEDINGS had or testimony
adduced at a hearing held in the above-styled matter,
taken pursuant to notice, on the 8th day of March,
2002, commencing at 9:10 a.m. and concluding at 9:30
a.m., at the Marriott Hotel, Board Suite 1514,
Charleston, Kanawha County, West Virginia, before Karen
A. Reed, Certified Court Reporter and Notary Public.

EXECUTIVE SECRETARY: JAMES G. ANDERSON, III

CHAMBERS COURT REPORTING, INC.
P.O. BOX 5219
CHARLESTON, WEST VIRGINIA 25361
(304) 757-8367

APPEARANCES

James G. Anderson, III
 Executive Secretary
 Board of Dental Examiners
 P.O. Drawer 1459
 Beckley, West Virginia 25802-1459

ALSO PRESENT:

Debra D. Dent, Member
 John C. Dixon, Member
 H. Richard Marshall, Jr., Member
 Thomas S. Wilkerson, Member and
 Secretary
 George D. Conard, Jr., Member
 Dina A. Vaughan, Dental Hygiene Member
 Dolores L. Gribble, Member
 Richard D. Smith, Member
 Susan Combs, Office Manager
 John Parkulo, Assistant Executive
 Secretary
 Bernard Grubler, President
 Kristen Mallory, Guest -- Dental
 Hygienist
 Jennifer Blaskovich, Guest -- Dental
 Hygienist

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1 March 8, 2002

2 MR. ANDERSON: My name is James G. Anderson,
3 III. I'm the Executive Secretary of the Board of
4 Dental Examiners, mailing address is P.O. Drawer 1459,
5 Beckley, West Virginia, 25802-1459. The purpose of
6 this is to give to you all what you voted the last time
7 filing rules and regulations as far as presenting in
8 the Secretary of State's Office and opening that up for
9 a 30-day comment period. I would like everybody that's
10 present to identify themselves around the table so the
11 court reporter can at least know who we have at the
12 meeting when doing this transcript.

13 MS. DENT: Debra Dent.

14 DR. DIXON: Dr. John Dixon, member of the
15 Board.

16 DR. MARSHALL: Dr. Dick Marshall, member of
17 the Board.

18 DR. WILKERSON: Dr. Tom Wilkerson, member of
19 the Board and secretary.

20 DR. CONARD: Dr. George Conard, member of the
21 Board.

22 MS. VAUGHAN: Dina Vaughan, dental hygiene
23 member of the Board.

24 MS. GRIBBLE: Dolores Gribble, member of the
25 Board.

1 MR. SMITH: Richard Smith, dental member of
2 the Board.

3 MS. COMBS: Susan Combs, Office Manager for
4 the Board.

5 MR. PARKULO: John Parkulo, Assistant
6 Executive Secretary of the Board.

7 DR. GRUBLER: Dr. Bernard J. Grubler,
8 President of the Board.

9 MR. ANDERSON: And we have two guests since
10 this is an opened general meeting, if they would state
11 their names for the record, too, please.

12 MS. MALLORY: Kristen Mallory, Dental
13 Hygienist.

14 MS. BLASKOVICH: Jennifer Blaskovich for the
15 West Virginia Hygienists.

16 MR. ANDERSON: We would like to have Susan
17 Combs put under oath, please.

18 (Ms. Combs sworn.)

19 THEREUPON

20

SUSAN COMBS

21 was called as a witness and, after being first duly
22 sworn, was examined and testified as follows:

23

EXAMINATION BY MR. ANDERSON:

24

Q State your full name, please, Susan?

25

A Susan Michelle Combs.

1 Q And your capacity that you performed for the
2 West Virginia Board of Dental Examiners?

3 A I'm their office manager.

4 Q As part of your duties with Office Manager,
5 how are filings and mails handled in our office?

6 A They're opened and stamped.

7 Q By who?

8 A By me.

9 Q Does anybody else open or stamp that mail?

10 A No.

11 Q On this after the last meeting, did you see
12 that was sent and filed with the Office of the
13 Secretary of State the Notice of a Comment period on
14 proposed rule and the notice and comment period and
15 summary of the proposed rule, the statement of
16 circumstances, the statement of purposes, fiscal note
17 for the proposed rule, as well as the proposed rule
18 itself?

19 A Yes.

20 MR. ANDERSON: I would ask that this be
21 marked as Exhibit A?

22 (WHEREUPON, the document referred to
23 was duly marked for identification as
24 Exhibit A and attached hereto.)

25 BY MR. ANDERSON:

1 Q I would ask you to look at Exhibit A, is that
2 what you filed with the Secretary of State's Office?

3 A Yes.

4 Q Does it show a date and time that was stamped
5 and received in the Secretary of State's Office?

6 A Yes. January 22nd, 2002.

7 Q I would also ask you did you file with the
8 Charleston Newspaper a publication to be had in the
9 paper?

10 A Yes.

11 Q I would ask you to look at this to see is
12 that a copy of the bill, as well as their affidavit of
13 publication?

14 A Yes.

15 Q And that was published when? I think if you
16 look at the Affidavit, does it state --

17 A Yes, I'm looking. 28th day of January, 2002.

18 Q And was it also published on the following
19 dates 1-26, 2-1?

20 A It was published on 1-26-02.

21 Q And would you mind reading that notice
22 completely for the record?

23 A "Notice of Comment Period. Please take
24 notice that a comment period has been established
25 during which any interested person may send comments

1 concerning proposed changes to Series 1, Title Number
2 5, Agency: West Virginia Board of Dental Examiners.
3 This comment period will end on Thursday, February
4 28th, 2002 at 11:59 p.m. The basic substance of the
5 rule is as follows:

6 Number 1: To allow additional expanded
7 duties for dental assistants and licensed dental
8 hygienists under the direct supervision of their
9 employer licensed dentist.

10 Number 2: To allow for cleanups needed as an
11 effect of the new dental law effective July 1, 2001.

12 Number 3: To allow for correction in the
13 number of years in post-graduate education, internship
14 or residency needed to qualify for specialist in
15 Endodontics.

16 Copies of the proposed rule may be obtained
17 from the Secretary of State's Office as follows:
18 Secretary of State, Administrative Law Division,
19 Capitol Complex, Charleston, West Virginia 25305, or
20 by writing the West Virginia Board of Dental Examiners
21 as follows: West Virginia Board of Dental Examiners,
22 P.O. Drawer 1459, Beckley, West Virginia 25802-1459.
23 Comments may also be mailed to the following address:
24 West Virginia Board of Dental Examiners, P.O. Drawer
25 1459, Beckley, West Virginia 25802-1459.

1 Only written comments will be accepted and
2 are to be mailed to the following address: West
3 Virginia Board of Dental Examiners, P.O. Drawer 1459,
4 Beckley, West Virginia 25802-1459. West Virginia
5 Board of Dental Examiners, John F. Parkulo, Assistant
6 Executive Secretary."

7 MR. ANDERSON: I would ask that that be
8 marked as Exhibit B and made part of the record.

9 (WHEREUPON, the document referred to
10 was duly marked for identification
11 as Exhibit B and attached hereto.)

12 BY MR. ANDERSON:

13 Q Ms. Combs, I'm also going to give you a group
14 of letters. Would you tell me what those letters are,
15 please?

16 A These are sort of a memo that were sent in
17 cover to people that requested the proposed rules.

18 Q And those were ones that were faxed to them
19 or either mailed?

20 A Faxed or mailed.

21 MR. ANDERSON: I would ask that those be made
22 a part of the record and marked Exhibit C.

23 (WHEREUPON, the document referred to
24 was duly marked for identification
25 as Exhibit C and attached hereto.)

1 BY MR. ANDERSON:

2 Q I would ask you to look at the next two notes
3 and could you tell us what that is, please?

4 A These are memos that were sent in cover to
5 the Board for part of written comments. The first one
6 is a memo dated February 19th with comment numbers 1
7 through 27. The second memo is dated February 25th
8 with written comments number 28 through 54.

9 Q And did you at a later date send more
10 comments to members of the Board?

11 A Yes, I did.

12 Q What were the numbers on those that you sent?

13 A Fifty-seven -- wait a minute -- yes -- 55
14 through 97 or 98.

15 Q And on this, what did that letter
16 particularly say to the Board members that they
17 received?

18 A It says, "Please find enclosed written
19 comments number 1 through 27, which will be topic item
20 number 2 for the general session. This information is
21 confidential and only for your review at this time and
22 should not be discussed with each other or anyone else.
23 It should only be discussed after your meeting is
24 called to order at the Board Suite of the Marriott.
25 Thank you." And the second one says the same thing, it

1 only has different numbered comments.

2 Q And did you send this to all of the Board
3 members?

4 A Yes, I did.

5 Q Where did you decide to stop the comments?
6 Was there a deadline?

7 A Yes.

8 Q What was the deadline?

9 A Anything after 11:59 on the 28th of February.

10 Q That was 11:59 p.m.; is that correct?

11 A P.m., yes.

12 Q Did you receive any mail after that?

13 A Yes.

14 Q Did you seal that mail and not distribute it
15 to anyone?

16 A Yes, I did.

17 Q And you're not sure what's in it?

18 A No.

19 Q I would ask you to look that's been
20 previously marked as Exhibits 1 through 98 prior to
21 that. Let's mark that as Exhibit D, I believe.

22 (WHEREUPON, the document referred to
23 was duly marked for identification
24 as Exhibit D and attached hereto.)

25 BY MR. ANDERSON:

1 Q I would ask you to look at what's been marked
2 at the corner previously marked 1 through 98. Could
3 you identify those, please.

4 A These are 1 through 98 which are the comments
5 that were received during the comment period.

6 Q And attached with those, does it have the
7 envelopes as far as when it was mailed --

8 A Yes.

9 Q -- and when it was received?

10 A Yes.

11 Q Now, you did not distribute the envelopes to
12 the Board members?

13 A No, I did not.

14 Q Just the contents of the letters; is that
15 correct?

16 A Right.

17 Q Contained in there, there was a West Virginia
18 Dental Association Newsletter that came out; is that
19 correct?

20 A Yes.

21 Q Was that received during part of the comment
22 period?

23 A Yes.

24 Q And it was mailed to me as Executive
25 Secretary of the Office; is that correct?

1 A Yes.

2 Q And you included that as part of the comment
3 period; didn't you?

4 A Yes, I did.

5 Q And we routinely get those anyway from the
6 West Virginia Dental Association, as well as other
7 organizations; correct?

8 A Yes.

9 Q But that's one of the exhibits that sets
10 forth what they have to say about this; is that
11 correct?

12 A Yes.

13 MR. ANDERSON: I would ask that all of these
14 exhibits that are previously marked 1 through 98 be
15 made part of the record. Unless the other Board
16 members have anything to say, we can close the hearing
17 at this point as far as the transcript that we're
18 making up to file with whatever you all do subsequently
19 when you consider these rules and regulations. I would
20 like to ask all the Board members if they had
21 previously received these comments. And I'll start if
22 you'll identify yourself when you received what was
23 numbered for you all 2-1 through 2-98. Do you want to
24 state your name when you received those, Ms. Dent,
25 starting with you.

1 MS. DENT: Debra Dent, Board member. There's
2 one packet I did not receive of these. I received 2
3 through -- I did not receive 2 through 27.

4 MR. ANDERSON: Have you had the opportunity
5 to review those?

6 MS. DENT: No, I have not.

7 DR. DIXON: John Dixon, member of the Board.
8 I received all copies 2 through 98.

9 DR. CONARD: Dr. George Conard, member of the
10 Board. I received all copies.

11 MS. VAUGHAN: Dina Vaughan, dental hygiene
12 member of the Board. I received all copies.

13 MS. GRIBBLE: Dolores Gribble, member of the
14 Board. I received all copies.

15 MR. SMITH: Richard Smith. I did not receive
16 numbers 1 through 27. And I have not had a chance to
17 review them.

18 MR. MARSHALL: Dick Marshall. I received all
19 the copies.

20 DR. GRUBLER: Dr. Grubler, President of the
21 Board. I received and read all copies.

22 MR. ANDERSON: Dr. Wilkerson, did you receive
23 1 through 98?

24 DR. WILKERSON: Yes, I did.

25 MR. ANDERSON: Thank you. At this time, I

1 would ask that we close the hearing. But I would also
2 say that we probably should take a small break for the
3 two people who did not receive certain items that they
4 should review those prior to you all going into the
5 discussion for the simple reason those written comments
6 were to be reviewed by all the Board members that were
7 previously mailed to them. I think Ms. Dent and Dr.
8 Smith both said there were certain segments they didn't
9 receive. At this point, unless there's something else,
10 I would ask that we close this hearing.

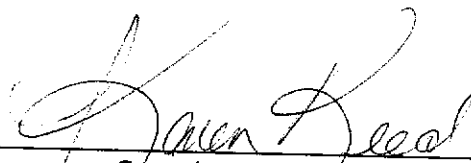
11 (WHEREUPON, the above proceedings
12 were concluded at 9:30 a.m.)

REPORTER'S CERTIFICATE

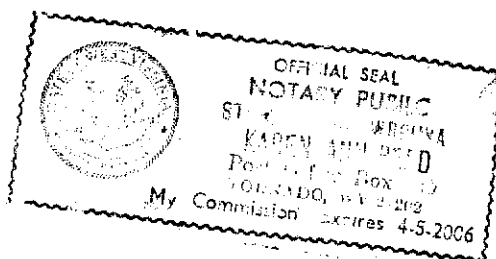
STATE OF WEST VIRGINIA,

WEST VIRGINIA BOARD OF DENTAL EXAMINERS, to-wit:

I, the undersigned, Karen A. Reed, Certified Court Reporter, hereby certify that the foregoing is, to the best of my skill and ability, a true and accurate transcript of proceedings had and evidence adduced at a hearing held in the above-styled matter, on the 8th day of March, 2002.



Court Reporter
Notary Public



INDEX OF EXHIBITS

Exhibit A - Notice of Comment Period on a Proposed Rule as filed with the Secretary of State's Office on January 22, 2002.

Exhibit B - Affidavit of Publication from Charleston Newspapers with publication attached.

Exhibit C - Request for copies of the proposed rules mailed to Ms. Barbara Komives, February 1, 2002, mailed to Ms. Kristen Mallory, February 11, 2002, mailed to Ms. Tamra Ice, Ms. Dawn M. Yost and Ms. Lou McCord February 18, 2002, mailed to Ms. Elaine Meadows, Ms. Mary Furbee and Ms. Glenda Rectenwald, February 19, 2002, mailed to Ms. Melanie Elkins, February 22, 2002, mailed to Ms. Becky Creamer, faxed to Ms. Paulette Bricker, and mailed to Ms. Amanda Jones, February 25, 2002.

Exhibit D - Memos sent to the Board members with comments attached on two separate occasions with the remainder sent with usual meeting package without memo.

Exhibit E - Comments received during the comment period 1 - 98 as follows:

1. Joseph V. Rice, DDS
2. J. A. Palmer, DDS, MS
3. Michael Bunner, DDS, MS
4. Robert L. Campbell, Jr., DDS
5. Stephen B. Harper, DDS
6. William J. Rosenfeld, DDS
7. Gregory A. Lacy, DDS, MS
8. Clifford M. Linkous, DDS sent under cover by the WV Dental Association
9. West Virginia Dental Association, signed by their President, President Elect and Immediate Past President
10. Richard E. McClung, DDS, MS
11. Joseph M. Alexander, DDS
12. J. William Stumbo, DDS, MS
13. Robert S. Raynes, DDS
14. Franklin W. Quillin, Jr., DDS
15. Mark C. Kilcollin, DDS
16. Dale C. Bowers, DDS
17. Thomas L. Conklin, DDS & Mary Kay Doersch, DDS
18. Everett W. Bowling, DDS
19. Don E. Skaff, DDS
20. Carol L. Frum, RDH, MA, Program Director, West Liberty State College
21. David M. Eller, DDS
22. Phillip P. Powell, DDS
23. Peter Ngan, DDS, MS
24. William D. Robertson, DDS, MS
25. Thane S. Farmer, DDS, FAGD
26. Bertha Robertson, CDA, RDA

27. Lisa A. Raabe, CDPMA
28. Dominic J. Raymond, II, DDS
29. H. E. Kiser, Jr.
30. Albert D. Flasko, DDS, Inc.
31. Thomas W. Leslie, DDS
32. James G. Gibson, DDS
33. Nancy Gundrum
34. Mark A. Byron
35. H. Talbott Tebay, DDS
36. West Virginia Dental Hygiene Association, signed by Jennifer D. Blaskovich, RDH, MA, MS, CHES, President
37. Terra F. Moscato, RDH, BS
38. Elaine A. Meadows, RDH
39. Cynthia Maret, RDH
40. James E. Valentine, DDS, MS & Cynthia L. Bonafield, DDS, MS
41. J. Lee Horton, Jr., DDS
42. Lynne Muth, RDH
43. Mary N. Antonacci, RDH
44. Earl C. Price, DDS
45. Melissa Fields, COA
46. Christine Arbogast, COA
47. Beverly Schissler, COA
48. Lori Burdette, COA
49. Penny Butcher, COA
50. Tonoa Chris Meadows, COA
51. Lori L. Mallory, RDH, COA
52. Sandra James, COA
53. Rachel Petty, COA
54. Beverly L. Stevens, COMSA
55. Vivian L. French, DDS
56. West Virginia Dental Association Newsletter, which sets forth their views on the proposed rules
57. West Virginia Dental Assistants Association, signed by Debra B. Sampson, CDA, President
58. Debra B. Sampson, CDA
59. W. C. Wilcox, DDS, FAGD
60. John M. Mallow, Jr., DDS
61. Hollie Hughes, Orthodontic Assistant
62. Lisa Belmont-York, Orthodontic Assistant
63. Danielle White, Orthodontic Assistant
64. Mary Ann Yandrich, RDH
65. Edwin V. Kluth, DDS, MS
66. Reba McCallister, CDA, COMSA
67. Kimberly G. Fallecker, CDA
68. West Virginia Academy of General Dentistry, signed by Bruce L. Cassis, DDS, FAGD, President

69. Bruce L. Cassis, DDS, FAGD
70. Lance L. Shears, DDS
71. Charles L. Seita, DDS, MS
72. Julie M. Rose
73. Charles L. Smith, DDS
74. Julian M. Meadows, Jr., DDS
75. Brenda S. Remines, CDA, Lynndale Gilley & Sherri Brewer, Dental Assistant
76. Kristin L. Mallory, RDH, M.Ed.
77. Garrett I. Long, Jr., DDS
78. Robert M. Howell, DDS
79. Donna Panucci, DDS
80. James L. Courier, DDS
81. Tona S. Courier, DDS
82. Amanda Sizemore
83. LeighAnn Harmon
84. Brenda Casto
85. Nikole Halstead
86. Kim Watterson
87. Debra Childers
88. Stephen W. Finch, DDS
89. W. C. Wilcox, DDS, FAGD - duplication see # 59
90. Susan Forrester, RDH
91. Stephen A. Davis, DDS
92. Douglas A. Florence, DDS
93. David M. Morford, DDS
94. C. Richard Gerber, DDS
95. Robin Thomas
96. John N. Simpson, DDS, Mark W. Simpson, DDS & Stephen H. Guest, DDS
97. Daniel I. Joseph, DDS, MS
98. Charles J. Bright, DDS, FAGD

WEST VIRGINIA
SECRETARY OF STATE

JOE MANCHIN, III

ADMINISTRATIVE LAW DIVISION

Form #2

Do Not Mark In This Box

FILED

2002 JAN 22 P 1:34

WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: West Virginia Board of Dental Examiners TITLE NUMBER: 5

RULE TYPE: Legislative CITE AUTHORITY: 30-4 -1 et. seq.

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 1

TITLE OF RULE BEING AMENDED: Rules for the West Virginia Board of Dental Examiners

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON February 28, 2002 AT 11:59 p.m. ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Legislative Rule Making
THE ISSUES TO BE HEARD SHALL BE
LIMITED TO THIS PROPOSED RULE
JAN 22 2002

Review Committee


Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

Ex #A

NOTICE OF COMMENT PERIOD

Please take notice that a comment period has been established during which any interested person may send comments concerning proposed changes to Series 1, Title Number 5, Agency: West Virginia Board of Dental Examiners. This comment period will end on Thursday, February 28, 2002 at 11:59 p.m. The basic substance of the rule is as follows:

1. To allow additional expanded duties for dental assistants and licensed dental hygienists under the direct supervision of their employer licensed dentist.
2. To allow for cleanups needed as an affect of the new dental law effective July 1, 2001.
3. To allow for correction in the number of years of post-graduate education, internship or residency needed to qualify for specialist in Endodontics.

Copies of the proposed rule may be obtained from the Secretary of State's Office as follows: Secretary of State, Administrative Law Division, Capitol Complex, Charleston, WV 25305, or by writing the West Virginia Board of Dental Examiners as follows: West Virginia Board of Dental Examiners, P. O. Drawer 1459, Beckley, West Virginia, 25802-1459. Comments may also be mailed to the following address: West Virginia Board of Dental Examiners, P. O. Drawer 1459, Beckley, West Virginia, 25802-1459.

Only written comments will be accepted and are to be mailed to the following address: West Virginia Board of Dental Examiners, PO Drawer 1459, Beckley, WV 25802-1459.

West Virginia Board of Dental Examiners

John F. Parkulo
Assistant Executive Secretary

SUMMARY OF PROPOSED RULE

To allow for expanded duties of a dental assistant and/or licensed dental hygienist under the direct supervision of their employer dentist and additionally cleanups as an affect of the new dental law effective July 1, 2001 and correction of number of years of post-graduate education, internship or residency needed to qualify for specialist in Endodontics.

STATEMENT OF CIRCUMSTANCES

Promulgation for implementation of changes to existing rules concerning expanded duties for a dental assistant or licensed dental hygienist to allow additional duties under the direct supervision of their employer dentist and additionally cleanups as an affect of the new dental law effective July 1, 2001 and correction of number of years of post-graduate education, internship or residency needed to qualify for specialist in Endodontics.

STATEMENT OF PURPOSE

To enable the Board to continue to carry out effectively their responsibilities of updating regulations concerning the practice of dentistry in the State of West Virginia and protecting the welfare of the Citizens of this great State.

□
APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Rules for the West Virginia Board of Dental Examiners

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia Board of Dental Examiners

Address: PO Drawer 1459, Beckley, WV 25802-1459

1. Effect of Proposed rule:

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
ESTIMATED TOTAL COST	0	0			
PERSONAL SERVICES	0	0			
CURRENT EXPENSE	0	0			
REPAIRS & ALTERATIONS	0	0			
EQUIPMENT	0	0			
OTHER	0	0			

2. Explanation of Above Estimates:

The proposed rule will allow for additional expanded duties of a dental assistant or licensed dental hygienist and allow for some cleanups as an affect of the new dental law effective July 1, 2001 as well as make a correction to the number of years needed of post-graduate education, internship or residency to qualify for specialist in Endodontics and will not affect the budget as there are no fee increases or decreases.

3. Objectives of These Rules:

To allow additional expanded duties of a dental assistant or licensed dental hygienists allow for some cleanups and corrections.

Rule Title: Rules for the West Virginia Board of Dental Examiners

4. Explanation of Overall Economic Impact of Proposed Rule:

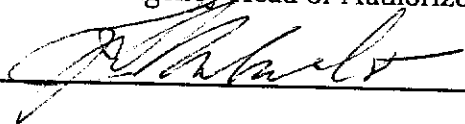
A. Economic Impact on State Government:
none

B. Economic Impact on Political Subdivisions; Specific Industries; Specific Groups of Citizens; none

C. Economic Impact on Citizens/Public at Large.
none

Date: 1/21/02

Signature of Agency Head or Authorized Representative:



WEST VIRGINIA ADMINISTRATIVE

RULES

WEST VIRGINIA BOARD OF

DENTAL EXAMINERS

CHAPTERS 30-4 & 30-4A

SERIES I

(2001)

Subject: Rules for the West Virginia Board of Dental Examiners.

Section 1. GENERAL.

1.1. Authority. This rule is issued under the authority of West Virginia Code §30-4-4a.

1.2. Scope. This rule regulates the West Virginia Board of Dental Examiner's proceedings and carries out the purposes and enforces the provisions of West Virginia Code §30-1-1 et seq and §30-4-1 et seq which are applicable to the West Virginia Board of Dental Examiners.

1.3. Effective Date. -

1.4. Filing Date. -

1.5. Certification. This rule is certified authentic by the President and Secretary of the West Virginia Board of Dental Examiners by Certification No. II.

1.6. Amend.

This rule amends West Virginia Board of Dental Examiners Rule 5CSR1, West Virginia Administrative rules, West Virginia Board of Dental Examiners which became effective on May 12, ~~1994~~ 1997.

Section 2. DEFINITIONS.

2.1. "Board" means the West Virginia Board of Dental Examiners.

2.2. "Specialty or Specialization" is a restriction of practice to a certain field or phase of dentistry.

2.3. "DENTAL PUBLIC HEALTH" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. For the purposes of this rule the term "community" is used in a restricted sense and relates to the people of a particular region having common organization or interests and living in the same place under the same laws. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with research, and the application of the findings of research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

2.4. "ENDODONTICS" is that area of dentistry dealing with etiology, histopathology, diagnosis, preventions, and treatment of the diseases of the dental pulp and their sequelae.

2.5. "ORAL AND MAXILLOFACIAL SURGERY" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries, and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

2.6. "ORAL PATHOLOGY" embraces both morphologic and clinical study of diseases affecting the oral regions. An oral pathologist is a person who, through special study and training, is qualified to diagnose and otherwise study tumors and lesions, both local and systemic, of the oral regions.

2.7. "ORTHODONTICS and DENTOFACIAL ORTHOPEDICS" is prevention and correction of dental and oral anomalies by changing positions of teeth and jaw relationship by the use of appliances; correction of causative habits; or corrective muscular exercises, in order to establish normal function of the masticating mechanism and to encourage a normal development of the jaws and associated tissues.

2.8. "~~PEDODONTICS~~" "PEDIATRIC DENTISTRY" is the prevention, control and treatment of the oral and dental diseases of children.

2.9. "PERIODONTICS" is the prevention, control and treatment of diseases of the supporting tissues of the teeth.

2.10. "PROSTHODONTICS" is the restoration of masticatory function in part or as a whole through the designing and construction of removable dental prosthetic appliances known as artificial dentures, which are supported wholly or in part by the soft tissues of the mouth and not permanently attached to the natural teeth.

Section 3. OFFICIAL SEAL.

3.1. General. The Board's official seal shall affix by way of stamp or embossing and shall contain somewhere thereon the word "seal" and West Virginia Board of Dental Examiners.

Section 4. CORPORATE PRACTICE OF DENTISTRY.

4.1. Qualifications. Only duly licensed dentists eligible to practice in the State of West Virginia may form a dental corporation. The dentists shall file a written application with the Board of Dental Examiners on a form prescribed by the Board. A fee of \$200.00 shall accompany each application, no part of which is returnable. If the Board finds that the signers are duly licensed dentists or if there be more than one, that all of the signers of such applications are duly licensed

dentists, the Board shall notify the Secretary of State that a Certificate of Authorization has been issued to the individual or individuals signing the application, to form a dental corporation. Provided, however, that there is compliance with the applicable provisions of West Virginia Code §31-1-1, concerning corporations generally.

Section 5. SPECIALTIES.

5.1. Specialist General Qualifications. A licensee may apply to the Board for a certificate of qualification in a specialty of dentistry if the licensee can satisfactorily prove to the State Board of Dental Examiners that he or she possesses the following general qualifications, in excess of those required for the completion of a general course of study as given in a dental school or college recognized by the State Board:

- (a). Membership in the American Dental Association or the National Dental Association;
- (b). An exemplary record of professional ethics; and
- (c). Requisite training. All training requirements for qualifications of each specialty shall be approved by the Counsel on Dental Education of the American Dental Association.

5.2. Specialist General Limitations. A person certified by the West Virginia State Board of Dental Examiners as a specialist has the following limitations:

- (a). The licensee shall limit his or her practice of dentistry only to the specialty in which he or she is licensed and in which he or she holds himself out to the general public as a specialist; and
- (b). The licensee shall limit his or her listing in the telephone directory to the specialties in which he or she has an office or offices.

5.3. Specialty Fields Licensed by the West Virginia Board of Dental Examiners. The Board will issue certificates of qualification in the following specialties:

(a). DENTAL PUBLIC HEALTH.

In order to qualify for certification in this specialty, the licensee shall have a minimum of one full-time academic year of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(b). ENDODONTICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of ~~three~~ two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(c). ORAL AND MAXILLOFACIAL SURGERY.

In order to qualify for certification in this specialty, the licensee shall have a minimum of three full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(d). ORAL PATHOLOGY.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(e). ORTHODONTICS and DENTOFACIAL ORTHOPEDICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(f). ~~PEDODONTICS~~ PEDIATRIC DENTISTRY.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(g). PERIODONTICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

(h). PROSTHODONTICS.

In order to qualify for certification in this specialty, the licensee shall have a minimum of two full-time academic years of at least eight calendar months each of graduate or post-graduate education, internship or residency.

Section 6. ISSUANCE OF TEMPORARY AND/OR SPECIAL PERMITS.

6.1. General. The Board may issue a temporary permit to practice dentistry or dental hygiene. Temporary and/or special permits will only be granted pursuant to a board meeting with a quorum of members present. ~~Furthermore, the following fees shall be paid to the Board upon the issuance of the following temporary and/or special permits:~~

~~Temporary permit--\$100.00~~

~~Dental Intern/Residency permit--\$50.00~~

~~Teaching permit--\$100.00~~

Nothing in this rule prohibits the practice of dentistry or dental hygiene by persons licensed in another state who, at the request of an approved dental school or any regularly organized dental society, may give a clinic at the school or at a scientific meeting of the dental society for the purpose

of advancing the professional knowledge of members of the dental profession or members of the student body of a dental school.

6.2. Temporary Permit. The Board of Dental Examiners may issue a temporary permit to practice dentistry or dental hygiene to graduates of schools of dentistry or dental hygiene approved by the Board who are certified to the board of directors of dental clinics established by law, by the chief executive of any hospital or sanitarium licensed or operated by the State or by the chief dental officer of the health department of the State. The permits shall terminate when the holder of the permit ceases to be employed by the person certifying him or her. ~~A fee of \$100.00 shall be paid to the board upon issuance of the permit by the person certifying the applicant.~~

6.3. Dental Intern or Dental Residency Permit. The Board of Dental Examiners may issue a dental intern or dental residency permit to graduates of dental schools approved by the Board who are not licensed to practice dentistry in this State and who have not failed an examination for a license to practice dentistry in this State. An applicant for a permit shall be certified to the Board by the director or a hospital operated or licensed by the State which maintains a dental intern or residency program. The permit shall authorize the holder of the permit to serve as a dental intern or a dental resident for a period of not more than one year in any hospital licensed or operated by the State which maintains an established dental department under the supervision of a licensed dentist. The holder of a permit shall function under the supervision of the dental staff of the hospital and shall limit his or her practice to patients selected by the hospital. The holder of a permit is not entitled to receive any fee or other compensation other than the salary paid by the hospital. Permits may be revoked by the Board for cause and expire at the end of one year or on the date the dental

internship or residency is discontinued, whichever first occurs. ~~A fee of \$50.00 shall be paid to the Board upon the issuance of a permit by the hospital nominating the dental intern or dental resident.~~

6.4. Teaching Permits. The Board of Dental Examiners may issue teaching permits to persons who are graduates of a school of dentistry or dental hygiene approved by the Board where those persons are not licensed to practice dentistry or dental hygiene in this State. The permit shall be issued only upon the certification of the dean of a dental school located in this State that the applicant is a bona fide member of the staff of that school. The permits are valid for one year and may be reissued by the Board in its discretion. The holder of a permit may perform all operations which a person licensed to practice dentistry or dental hygiene in this State may perform, but only within the facilities of the dental school and as an adjunct to his or her teaching functions in the school. ~~A fee of \$100.00 shall be paid to the Board on the issuance of a teaching permit or upon each renewal by the school nominating the applicant.~~

Section 7. SUSPENSION OR REVOCATION OF A LICENSE.

7.1. Board Meeting. Prior to the suspension or revocation of a license, a majority of the Board shall meet with a quorum voting for revocation or suspension of the licensee.

7.2. Notice. The Board shall notify the licensee concerning a revocation or suspension. The notice shall contain grounds for the revocation or suspension (at least thirty (30) days prior to the hearing), and notify the licensee that he or she may appear with witnesses and be heard in person, by counsel, or by both. The notice shall also contain the time and place of the hearing concerning the suspension or revocation. The notice shall also contain a statement informing the licensee that the Board will receive any evidence the licensee may wish to offer, that the licensee will be given

the opportunity to cross-examine any witnesses appearing before the Board, and that the Board will receive any statement the licensee may desire to make to them.

7.3. Publicity. The Board shall give no advance publicity prior to the hearing, during the hearing or prior to its decision concerning a licensee's suspension or revocation of a license.

7.4. Service of Notice. A notice may be served by delivering a copy of the notice in writing to the party in person; or if he or she cannot be found, by delivering the copy at his or her usual place of abode, and giving information of its purport, to the spouse, or to any other person found there who is a member of the licensee's family and above the age of sixteen years; or if neither the spouse nor any other person is found there, and the licensee is not found, leaving the copy posted at the front door of the place of abode. Any sheriff or constable shall serve a notice within his or her county and make return of the manner and time of service; for a failure to do so he or she shall forfeit twenty dollars. The return, or a similar return by any other person who verified it by affidavit, is evidence of the manner and time of service.

7.5. Service by Publication. Any notice to a person not residing in this State may be served by the publication of the notice once a week for three successive weeks in a newspaper published in this State.

7.6. Hearing. The Board has the power to compel the attendance of witnesses and the power to administer oaths. A stenographic report of a proceeding to suspend or revoke a license shall be made at the expense of the Board and a transcript of the hearing retained in the Board's file. The Board shall make a written report of its findings, which constitute part of the record and a copy of the findings shall be filed with the Secretary of State.

7.7. Review by Circuit Court and Supreme Court of Board's Decision on Suspension and Revocation of License. A person having his or her license suspended or revoked may, within thirty days after the decision of the Board, present a petition in writing to the circuit court of the county in which the person resides, or to the judge of the court in vacation, praying for the review and reversal of the decision. Before presenting his or her petition to the court or judge, the petitioner shall mail copies of the petition to the president and secretary, respectively, of the Board. Upon receipt of the copy, the secretary shall immediately transmit to the clerk of the court the record of the proceedings before the Board. The court or judge shall fix a time for the review of the proceedings at his or her earliest convenience. Notice in writing of the time and place of the hearing shall be given to the president and secretary of the Board at least ten days before the date set for the hearing. The court or judge shall, without a jury, hear and determine the case upon the record of the proceedings before the Board. The court or judge may enter an order affirming, revising, or reversing the decision of the Board if it appears that the decision was clearly wrong. Prior to the entry of the order, no order shall be made or entered by the court to stay or supersede any suspension, revocation or cancellation of any certificate, license, registration or authority. The judgement of the Circuit Court may be reviewed upon appeal in the Supreme Court of Appeals.

Section 8. EXPANDED DUTIES OF DENTAL HYGIENISTS AND DENTAL ASSISTANTS.

8.1. General. Licensed dentists may assign to their employed dental hygienists or assistants intraoral tasks as set out in this section for dental hygienists and/or assistants, subject to the following conditions:

(a). The performance of intraoral tasks by dental hygienists or assistants shall be under the direct supervision of the employer-dentist;

(b). None of the following procedures may be assigned to a dental hygienist or assistant or to any other person not licensed to practice dentistry:

(1). Diagnosis, treatment planning and prescription (including prescriptions for drugs and medicaments or authorizations for restorative, prosthodontic or orthodontic appliances); or

(2). Surgical procedures on hard and soft tissue within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy; and

(c). The licensed dentist assigning expanded duties to a dental hygienist and/or assistant is solely responsible for checking the dental hygienist and/or assistant to determine that he or she is competent to handle assigned duties. Further, no licensed dentist shall assign additional duties to a dental hygienist and/or assistant until he or she is assured that the dental hygienist and/or assistant is fully competent and completely qualified to perform the assigned expanded duty and/or duties.

8.2. The following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist and/or assistant in the licensed dentist's employment provided that under no circumstances can an assistant use a power driven instrument of any type intraorally except as specifically setforth hereinafter:

(a). Placing, exposing, developing, and mounting dental radiographs;

~~(e)~~ (b). Charting existing restorations and missing teeth;

(c). Dental health education;

(d). Inspection of the oral cavity to view and report the symptoms/problems to supervising

dentist;

(e). Performing pulp vitality testing (thermal or electrical);

(b) (f). Placing and removing rubber dams;

(g). Insert and adjust athletic mouth guard and bleaching tray with final check by supervising dentist;

(h). Placing and removing periodontal dressing with final check by supervising dentist;

(i). Placing and removing matrices;

(j). Applying topical anesthetic agents with prior approval by supervising dentist;

(k). Applying topical anticariogenic agents with prior approval by supervising dentist;

(l). Applying pit and fissure sealants with final check by supervising dentist with the taking of a board approved course;

(m). Applying cavity liners and bases with final check by supervising dentist prior to placement of permanent restoration with the taking of a board approved course;

(d) (n). Holding and removing materials, trays, strips, sutures, brackets and bands previously placed in the patient's mouth by the dentist;

(e) (o). Removing excess cement from coronal surfaces of teeth without the use of rotating or power-driven instruments; and

(p). Removing soft tissue dressings;

(q). Fabricate and cement temporary crowns and bridges with final check by supervising dentist with the taking of a board approved course;

(r). Placing and removing temporary restoration by a non power driven method with final check by supervising dentist with the taking of a board approved course;

(s). Taking intra and extra-oral photographs;

(t). Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application with the taking of a board approved course;

(u). Use of power driven handpiece with rubber cup only and/or brush only for preparing a tooth for accepting a restoration and/or appliance;

(v). Placing retraction cord for crown impressions with prior approval by supervising dentist;

(w). Taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist with the taking of a board approved course;

(f) (x). Taking impressions for study cast and pouring models;

(y). To check for loose orthodontic appliances and take orthodontic measurements;

(z). Fitting bands and brackets prior to final cementation and or bonding by the supervising dentist;

(aa). Bending archwires with final check by supervising dentist at time of placement;

(bb). Place or remove temporary space maintainers, orthodontic separating devices and/or ligature wires with final check by supervising dentist at time of placement;

(cc). Remove loose or broken bands, brackets or archwires when directed by the supervising dentist;

(dd). Monitoring nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course;

8.3. In addition to those duties set forth in 8.2, the following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist in the licensed dentist's employment:

(a). Supra and Subgingival scaling of teeth;

(b). Placement of subgingival medicaments, fibers, chips, etc.;

- ~~(b)~~ (c). Polishing of coronal and/or exposed surfaces of teeth;
- ~~(c)~~. Dental Health Education;
- (d). Nutritional Counseling;
- ~~(e)~~. Application of caries preventive agents and other topical medicaments to the surfaces of teeth and surrounding tissues (including topical anesthesia);
- ~~(f)~~. Placing, exposing, developing, and mounting dental radiographs.
- (e). Finishing and polishing of restorations with a slow speed hand piece;
- ~~(g)~~. Finishing and polishing amalgams, resin, composite, and silicate restorations;
- ~~(h)~~ (f). Examining and recording periodontal findings;
- (g). Debridement and/or root planning of teeth;
- (h). Application of bleaching agents;
- (i). Scaling excessive cement from the surfaces of teeth and restorations;
- (j). Performing clinical examinations and diagnostic tests of teeth and surrounding tissues and recording findings for interpretation by a dentist (includes such procedures as restorative chartings, caries activity test, cytology smears, ~~endodontic cultures~~, vitality test, etc.);
- ~~(k)~~. ~~Removing soft tissue dressings;~~
- ~~(l)~~. ~~Removing ligature wires;~~
- ~~(m)~~ (k). Preparing medical and dental histories for interpretation by a dentist;
- ~~(n)~~. ~~Placing and removing rubber dams;~~
- ~~(o)~~. ~~Taking intra and extra-oral photographs; and~~
- ~~(p)~~. ~~Removing oral sutures;~~
- (l). Performing salivary analysis and smears;

(m). Placing, condensing and carving amalgams by a non power driven method with final check by supervising dentist with the taking of a board approved course;

(n). Administration of infiltration and block anesthesia with the taking of a board approved course and passing a board approved test.

Section 9. ADMINISTRATION OF GENERAL ANESTHESIA AND PARENTERAL
CONSCIOUS SEDATION BY DENTISTS.

9.1. Legislative findings and declaration of purpose. The Legislature hereby finds and declares that dentists are increasingly administering general anesthesia and parenteral conscious sedation in their offices on an out-patient basis; that the administration of general anesthesia and parenteral conscious sedation carries with it an inherent risk and danger to the patient; that, however, the administration of general anesthesia and parenteral conscious sedation on an out-patient basis by dentists is necessary and for the good of the public; but that because of the inherent dangers in the administration of general anesthesia and parenteral conscious sedation, it is necessary to insure that the persons administering and supervising the general anesthesia or parenteral conscious sedation are competent and trained in the techniques; that it is in the best interests of the public and the dentists of West Virginia to prohibit dentists from administering or supervising the administration of general anesthesia or parenteral conscious sedation unless those dentists meet certain minimal training and competency standards in the administration and supervision of general anesthesia or parenteral conscious sedation; and that requiring a dentist to obtain a special permit before he or she can administer or supervise general anesthesia or parenteral conscious sedation is the best method to preserve the use of general anesthesia and parenteral conscious sedation by

dentists on out-patients and, at the same time, insure that such administration and supervision is performed by competent dentists trained in the use of such techniques .

9.2. Definitions.

(a). The scope of practice of a licensed "dentist" is defined in West Virginia Code §30-4-2.

(b). "General anesthesia" means a controlled state of unconsciousness produced by any drug or pharmacologic agent accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation of verbal commands.

(c). "Nitrous oxide -- oxygen analgesia" refers to the administration by inhalation of a combination of nitrous oxide and oxygen gas which produces an altered level of consciousness without the loss of the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands.

(d). "Parenteral conscious sedation" means a depressed state of consciousness produced by the injection of pharmacologic substances that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands.

(e). "State of consciousness" refers to a patient being fully capable of rational response to verbal commands, with all protective reflexes intact, and including the ability to clear and maintain an airway in a patent state.

9.3. Permit of authorization required for both general anesthesia or parenteral conscious sedation.

No dentist may administer or supervise the administration of general anesthesia and parenteral conscious sedation for dental patients unless the dentist possesses a permit of authorization from the West Virginia Board of Dental Examiners: Provided, that no permit shall be required for the administration of general anesthesia or parenteral conscious sedation by a dentist in a hospital licensed by the State of West Virginia.

9.4. Eligibility requirements for general anesthesia permits.

To receive a permit for the use of general anesthesia and parenteral conscious sedation, a dentist shall:

- (a). Be a dentist licensed by the Board;
- (b). Apply to the West Virginia Board of Dental Examiners on an application form prescribed by the Board;
- (c). Include with the application an application fee in the amount of three hundred dollars;
- (d). Have a properly equipped facility for the administration of general anesthesia, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto as outlined in the office anesthesia evaluation manual as adopted and amended by the Board of Dental Examiners;
- (e). In the case of any dentist who treats children who applies for any permit under this section, document his or her competency to administer general anesthesia and parenteral conscious sedation to children by demonstrating to the satisfaction of the Board his or her familiarity with the "Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric patients" of American Academy of Pediatrics and the American Academy of Pediatric Dentistry; and

(f). Produce evidence showing at least one of the following:

(1). He or she has completed a minimum of one year of advanced training in an approved anesthesia residency;

(2). He or she is a diplomate of the American Board of Oral and Maxillofacial Surgery;

(3). He or she is eligible for an examination by the American Board of Oral and Maxillofacial Surgery (ABOMS);

(4). He or she is a fellow of the American Association of Oral and Maxillofacial Surgery (AAOMS);

(5). He or she has successfully completed an American Dental Association accredited oral and maxillofacial surgery program as evidenced by a letter from the program director stating that said applicant is qualified to perform such anesthesia techniques;

(6). He or she is a fellow of the American Dental Society of Anesthesiology; or

(7). He or she employs or works in conjunction with a licensed and trained doctor of medicine or osteopathic physician who is a member of the anesthesiology staff of a hospital licensed by the State of West Virginia, provided the anesthesiologist personally supervises or administers the general anesthesia and remains on the premises of the dental facility until any patient given a general anesthetic or parenteral conscious sedation regains consciousness.

9.5. Eligibility requirements for permit to administer parenteral conscious sedation only.

To receive a permit for use of parenteral conscious sedation only, the dentist shall:

(a). Be a dentist licensed by the West Virginia Board of Dental Examiners and registered to practice dentistry in the State of West Virginia;

(b). Apply to the West Virginia Board of Dental Examiners on an application form prescribed by the Board for the use of parenteral conscious sedation only;

(c). Include with the application a fee in the amount of three hundred dollars;

(d). Maintain a properly equipped facility for the administration of parenteral conscious sedation, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto as outlined in the office anesthesia evaluation manual described in West Virginia Code §30-4A-4-(d).

(e). In the case of any dentist who treats children who applies for any permit under this section, document his or her competency to administer parenteral conscious sedation to children by demonstrating to the satisfaction of the Board his or her familiarity with the "Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric patients" of the American Academy of Pediatrics and the American Academy of Pediatric Dentistry; and

(f). Produce evidence showing at least one of the following:

(1). He or she meets at least one of the criteria described in West Virginia Code §30-4A-4-(f).

(2). He or she has satisfactorily completed at least one year of post-doctoral dental training in a dental residency or specialty program approved by the American Dental Association or the American Medical Association which included didactic studies and practical experience in the administration of general anesthesia and parenteral conscious sedation. A letter from the chief of the approved residency program verifying that the dentist has satisfactorily completed the training and is competent to administer parenteral conscious sedation may be considered acceptable evidence thereof; or

(3). He or she has satisfactorily completed a continuing education course or program regarding the administration of parenteral conscious sedation which meets or exceeds the American Dental Association council on dental education's current "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry."

9.6. Nitrous oxide. Oxygen analgesia exclusion.

The administration of nitrous oxide - oxygen inhalation analgesia shall not require a special permit for use by a licensed dentist. However, a licensed dentist rendering such treatment to his or her patients shall have a properly equipped facility for the administration of nitrous oxide-oxygen inhalation analgesia. The dentist and his or her office personnel shall have instruction in the administration of cardiac life support. The nitrous oxide-oxygen inhalation equipment shall have fail-safe features and a minimum twenty-five percent oxygen flow.

9.7. Authority of the West Virginia Board of Dental Examiners to review, inspect and reinspect dentists for issuance of permits.

By making application to the Board of Dental Examiners for a general anesthesia or parenteral conscious sedation permit, the dentist consents and authorizes the Board of Dental Examiners to review his or her credentials, inspect or reinspect his or her facilities, and investigate any alleged anesthesia mortalities, misadventures, or other adverse occurrences which the Board feels is justified in the best interest of the public and the Board. The Board of Dental Examiners has the authority and right to conduct an in-office review or on-site inspection of any dentist applying for or holding a permit to administer general anesthesia or parenteral conscious sedation at any time the Board considers necessary.

9.8. Appointment of subcommittee by the West Virginia Board of Dental Examiners; credentials review; and on-site inspections.

The West Virginia Board of Dental Examiners shall appoint a five member subcommittee to carry out the review and on-site inspection of any dentist applying for or renewing a permit under WV Code §30-4A-8. The subcommittee shall also make a recommendation for issuing or revoking a permit under WV Code §30-4A-8. This subcommittee shall be known as the "West Virginia Board of Dental Examiners Subcommittee on General Anesthesia and Parenteral Conscious Sedation," hereinafter referred to as the "subcommittee." The subcommittee shall consist of one member of the Board of Dental Examiners who shall act as chairman of the subcommittee, one diplomate of the American Board of Oral and Maxillofacial Surgery; one fellow of the American Dental Society of Anesthesiology or fellow of the American Association of Oral and Maxillofacial Surgery; one general dental practitioner engaged in providing out-patient general anesthesia or parenteral conscious sedation services; and one dental practitioner specializing in pediatric dentistry. Four members of the subcommittee must be practitioners possessing a current general anesthesia or parenteral conscious sedation permit. During the first year of the existence of the subcommittee, the four members of the subcommittee shall possess qualifications as described in this section for a temporary provisional permit. No subcommittee member shall serve longer than a four-year term. Initial members of the subcommittee may be appointed to longer or shorter terms at the discretion of the Board of Dental Examiners so that the terms may be staggered and the subcommittee may maintain experienced and qualified members at all times.

9.9. On-site inspection by West Virginia Board of Dental Examiners.

Prior to issuing a permit, the Board of Dental Examiners has the right to conduct an on-site inspection of the facility, equipment, and auxiliary personnel of the applicant to determine if, in fact, all the requirements for the permit have been met. This inspection or evaluation, if required, shall be carried out by at least two members of the subcommittee directly appointed by the Board of Dental Examiners as prescribed in West Virginia Code §30-4A-8. This evaluation is to be carried out in a manner following the principles, but not necessarily the procedures, set forth by the current edition of the office anesthesia evaluation manual of the West Virginia Board of Dental Examiners. On-site inspections are required and shall be performed for all initial applicants. Thereafter, the Board may reinspect annually, at its discretion, but must perform an on-site inspection for all permit holders at least once every five years. The Board reserves the right to conduct an on-site inspection whenever it considers necessary. However, all on-site inspections shall be held during regular business hours and with at least forty-eight hours' notification.

9.10. Immunity from liability.

(a). Notwithstanding any other provision of law, no person providing information to the Board of Dental Examiners or to the subcommittee may be held, by reason of having provided the information, to be civilly liable under any law unless the information was false and the person providing such information knew or had reason to believe that the information was false.

(b). No member or employee of the Board of Dental Examiners or the subcommittee may be held by reason of the performance by him or her of any duty, function, or activity authorized or required of the Board or the subcommittee to be civilly liable. The provisions of this subsection shall not apply with respect to any action taken by any individual if the individual, in taking such action, was motivated by malice toward any person affected by the action.

9.11. New applicants.

Any dentist not previously administering or supervising general anesthesia or parenteral conscious sedation techniques but wishing to do so, shall make application to the Board as prescribed in this rule. The Board and the subcommittee shall then review the applicant's credentials and further will require an on-site evaluation of the dentist's facilities, equipment, techniques, and personnel prior to issuing a regular annual permit. After the initial on-site inspection, the Board, at its discretion, will conduct further on-site evaluations as described in West Virginia Code §30-4A-9.

9.12. Issuance of regular annual permits.

Upon the recommendations of the subcommittee to the Board of Dental Examiners, the Board shall issue regular permits to applicable dentists. A general anesthesia or parenteral conscious sedation permit must be renewed annually as described in West Virginia Code §30-4A-16.

9.13. Waiting period for reapplication or reinspection of facilities.

A dentist whose application has been denied for failure to satisfy the requirements in the application procedure or the on-site evaluation must wait thirty days from the date of the denial prior to reapplying and must submit to another on-site evaluation prior to receiving a regular annual permit. It is the responsibility of the Board and the subcommittee to promptly reinspect the applicant dentist's facilities, techniques, equipment, and personnel within ninety days after the applicant has made reapplication.

9.14. Annual renewal of regular permits; fees.

The Board of Dental Examiners requires an application for annual renewal of a previously issued general anesthesia or parenteral conscious sedation permit and requires a renewal fee of one hundred dollars. The Board shall renew permits for the use of general anesthesia or parenteral

conscious sedation after receiving the renewal fee, unless the permit holder has been informed in writing within sixty days prior to the renewal date that a reevaluation of his or her credentials is required. In determining whether the reevaluation is necessary, the Board may consider such factors as it considers appropriate, including, but not limited to, patient, dentist or physician complaints and reports of adverse occurrences or misadventures. Reevaluation may also include a yearly on-site inspection of the facility, equipment, personnel, licentiate and procedures utilized by the holder of this permit. However, an on-site inspection of the facility, equipment, personnel, licentiate and procedures utilized by the holder of a permit will be required for all permit holders within a five-year period from the permit holder's last on-site inspection.

9.15. Violations; penalties for practicing general anesthesia or parenteral conscious sedation without a permit.

Violations of any of the provisions of West Virginia Code, whether intentional or unintentional, may result in the revocation or suspension of the dentist's permit to administer general anesthesia or parenteral conscious sedation; multiple or repeated violations or gross infractions, such as practicing general anesthesia or parenteral conscious sedation without a valid permit may result in suspension of the dentist's license to practice dentistry for up to one year as well as other disciplinary measures as deemed appropriate by the Board of Dental Examiners.

Section 10. DESIGNATION OF TESTING BODIES.

10.1. The Board designates for dental and dental hygiene license testing the following Boards:

(1). The Joint Commission on National Dental Examinations for the written examination, and

(2). The North East Regional Board of Dental Examiners for the clinical examination or any other state and/or regional clinical examination.

Section 11. CONTINUING EDUCATION REQUIREMENTS.

11.1. Hours Required Biennially. Each licensed dentist shall complete biennially not less than twenty (20) hours of continuing education. Each licensed dental hygienist shall complete biennially not less than twelve (12) hours of continuing education.

11.2. Approved Providers.

(a). The Continuing Education course must be offered by a Board approved provider.

(b). The Board approves any course or program sponsored by the following providers, or their constituent or component organizations for credit:

- (1). An accredited dental or dental hygiene school;
- (2). The American Dental Association;
- (3). A National Dental Association;
- (4). The American Dental Hygienists' Association;
- (5). The National Dental Hygiene Association;
- (6). The American Medical Association;
- (7). The American Hospital Association;
- (8). The American Red Cross;
- (9). ADA recognized specialty societies;
- (10). The Academy of General Dentistry;
- (11). The Veteran's Administration;
- (12). The United States Uniformed Services;

- (13). The U. S. Department of Health and Human Services;
- (14). The West Virginia Department of Health;
- (15). The West Virginia Dental Association;
- (16). The West Virginia Dental Hygienists' Association; and
- (17). Study Clubs: "Study Club" means a group of at least five (5) dentists or dental hygienists who do the following:
 - (aa). Organize for the purpose of scientific study;
 - (bb). Operate under the direction of elected officers;
 - (cc). Maintain written by-laws;
 - (dd). Conduct regular meetings; and
 - (ee). Maintain written attendance records of all meetings.

(c). Providers not identified in the approved list may petition the Board for approval of continuing education that they offer. The Board may approve other sponsors of continuing education credits. This approval expires after two consecutive years and must be renewed. The course or program must be designed to enhance the licensee's clinical knowledge and ability to treat dental patients.

(d). Courses or programs that are not approved for continuing education credit for license renewal include, but are not limited to, those on the subjects of money management, personal finance, personal business matters, cultural subjects, personal health and recreation, politics, memory training, and speed reading.

11.3. Record Keeping, Reporting, & Monitoring:

(a). It is the responsibility of each dentist and dental hygienist to maintain and compile accurate records relating to all continuing education courses he or she has successfully completed.

(b). The records and information pertaining to each year must be maintained for a period of six (6) years.

(c). A licensee must report all continuing education courses on the form provided by the West Virginia Board of Dental Examiners. The licensee shall submit records relating to continuing education courses to the West Virginia Board of Dental Examiners at the time of license renewal.

(d). The West Virginia Board of Dental Examiners shall randomly audit the continuing education records maintained by each dentist and dental hygienist.

(e). Each dentist and dental hygienist must submit to the Board by February 1, 1996, and every two years thereafter documentation of satisfactory completion of the required hours of continuing education during the previous two years.

11:4. Criteria.

(a). The Board shall not give continuing education credit for identical courses taken during the same continuing education reporting period.

(b). The Board shall give one hour of credit for each hour of attendance and an hour of attendance is defined as fifty (50) minutes.

(c). At least three (3) hours of continuing education shall be related to infection control during each continuing education reporting period.

11:5. Categories of Credit.

The licensee is free to select areas of study within the following categories, not to exceed the maximum number of hours in each category.

(a). Educational and scientific courses - One hundred percent (100%) of the requirement may be obtained in this category; Educational and scientific courses given by permanent or Board-approved biennial sponsors.

(b). Supervised self-instruction - Fifty percent (50%) of the requirement may be obtained in this category. Supervised self-instruction must include a testing mechanism supplied by a permanent or Board approved biennial sponsor. The licensee must complete a test and demonstrate a level of comprehension before the Board will award credit. Tests must be graded by the sponsor and results returned to the licensee. Supervised self-instruction includes, but is not limited to:

- (1). Graded audio/video courses;
- (2). Graded correspondence courses; and
- (3). Graded computer courses.

(c). Non-supervised self-instruction - A maximum of ten percent (10%) of the requirement may be obtained in the category. Non-supervised self-instruction includes, but is not limited to:

- (1). Home study - journals and publications;
- (2). Correspondence programs;
- (3). Educational television;
- (4). Audio/video programs;
- (5). Scientific exhibits; and
- (6). Study clubs other than biennial sponsors;

(d). Scientific papers, publications, and scientific presentations - A maximum of ten percent of the requirement may be obtained in the category of papers, publications, and scientific presentations; A maximum of ten percent (10%) may also be obtained by original scientific papers

authored by the licensee and published in a scientific professional journal, and the original presentation of papers, essays, or formal lectures to recognized groups of fellow professionals.

(e). Teaching and research appointments - A maximum of ten percent (10%) of the requirement may be obtained in this category. Licensees involved in teaching or research activities at an accredited institution, or a part time faculty or research appointment can also receive a maximum ten percent (10%) of the requirement.

(f). Original table clinics and scientific exhibits - A maximum of ten percent (10%) of the requirement may be obtained in the category of original table clinics and scientific exhibits.

(g). The Board recognizes successful completion of the following written examinations as equivalent to twenty (20) hours of continuing education:

(1). North East Regional Board's (NERB) Dental Hygiene Comprehensive Examination (for hygienists only).

(2). NERB's Diagnosis and Oral Radiology plus Comprehensive Treatment Planning Examinations.

(3). Academy of General Dentistry's Fellowship Examination.

(4). Examinations leading to recognized Specialty Boards' Diplomate status.

(5). National Board - All parts, successfully completed.

(6). Central Regional Dental Testing Agency's Written Examinations.

(7). South East Regional Testing Agency's Written Examinations.

(8). Western Regional Examining Board's Written Examination.

(h). Compliance: Compliance with this rule is required for all licensees seeking license renewal beginning February 1, 1994, and biennially thereafter.

11.6. Recent graduates licensed within one (1) year of a continuing education reporting period are not required to fulfill continuing education requirements for the first continuing education reporting period. Retired and/or disabled dentists or dental hygienists are not required to fulfill continuing education requirements.

11.7. Penalties for Violation.

(a). The Board shall not renew the license of any licensee who fails to meet the requirements of this section.

(b). A licensee who has been found to have not fulfilled the continuing education requirements of the Board has six (6) months in which to satisfy the requirements.

(c). A false statement on a renewal form constitutes unprofessional conduct and may result in disciplinary action against the licensee as set forth in WV Code §30-4-7.

Section 12. PRACTICE OF DENTISTRY UNDER TRADE NAME OR FIRM NAME.

12.1 No person shall practice, or offer or undertake to practice, dentistry under any firm name or trade name, or under any name other than his own true name: Provided, that nothing herein contained shall prohibit the practice of dentistry by a partnership, corporation and/or pllc under a firm name containing nothing but the surname of every member who shall be a duly licensed dentist.

Section 13. ANNUAL INFORMATION AND RENEWAL NOTICE; REINSTATEMENT; PENALTY FEES; WAIVER OF PAYMENT OF FEE ON RETIREMENT OR DISABILITY; CHANGE OF ADDRESS.

13.1 On or before the first day of February of each year, every dentist licensed to practice dentistry in this state, and every dental hygienist licensed to practice dental hygiene in this state, shall transmit to the secretary of the board upon a form prescribed by the board, their signature, post-office

address, office address, the serial number of their license certificate, whether they have been engaged during the preceding year in the active and continuous practice of dentistry or dental hygiene, as the case may be, whether within or without this state, and such other information as may be required by the board, together with an information and renewal fee.

Upon receipt of the required information and the payment of the proper renewal fee, the licensee shall be issued a renewal certificate authorizing them to continue the practice of dentistry or the practice of dental hygiene in this state for a period of one year from the first day of February.

A license to practice dentistry or dental hygiene granted under the authority of Chapter 30-4-1 et. seq. shall be canceled on the first day of May if the holder thereof fails to secure a current renewal certificate by that day. Any licensee whose license is thus canceled by reason of the failure, neglect or refusal to secure the proper renewal certificate may be reinstated by the board at any time within six months from the date of the cancellation of said license upon the payment of the proper renewal fee and an additional fee of twenty-five dollars. If the licensee shall not apply for renewal of their license as herein required within the said six months, that person shall, at the discretion of said board, be required to file an application for and take the examinations provided in Chapter 30-4-1 et. seq. should they desire to practice dentistry or dental hygiene in this state.

Upon failure of any licensee to submit the required information and pay the annual renewal fee as herein required by the statutory date, the board shall attempt to notify such licensee in writing by mailing to their last registered address a notice of the requirements of this section apprising them of the fact that their license to practice will be canceled on the statutory date: Provided, that failure to mail or receive such notice shall not affect the cancellation of their license.

The board may waive the annual payment of the renewal fee herein required, and issue a retired renewal certificate to any West Virginia licensee who has held a license for at least twenty-five years and is presently retired from active practice, or to any West Virginia licensee who has retired for reasons of physical disability, so long as such retirement continues: Provided, that the licensee provides the board with the information required by this section.

Every licensed dentist and/or dental hygienist within thirty days of changing their place of residence and/or their place of practice or establishing additional offices shall furnish the secretary of the board with their new addresses.



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NOTICE OF COMMENT PERIOD

Please take notice that a comment period has been established during which any interested persons may send comments concerning proposed changes to Series 1, Title Number 5, Agency: West Virginia Board of Dental Examiners. This comment period will end on Thursday, February 28, 2002 at 11:59 p.m. The basic substance of the rule is as follows:

- To allow additional expanded duties for dental assistants and licensed dental hygienists under the direct supervision of their employer licensed dentist.
- To allow for cleanups needed as an affect of the new dental law effective July 1, 2001.
- To allow for correction in the number of years in post-graduate education, internship or residency needed to qualify for specialist in Endodontics.

Copies of the proposed rule may be obtained from the Secretary of State's Office as follows: Secretary of State, Administrative Law Division, Capitol Complex, Charleston, WV 25305, or by writing the West Virginia Board of Dental Examiners as follows: West Virginia Board of Dental Examiners, P.O. Drawer 1459, Beckley, West Virginia, 25802-1459. Comments may also be mailed to the following address: West Virginia Board of Dental Examiners, P.O. Drawer 1459, Beckley, West Virginia, 25802-1459.

Only written comments will be accepted and care to be mailed to the following address: West Virginia Board of Dental Examiners, P.O. Drawer 1459, Beckley, West Virginia, 25802-1459.

West Virginia Board of Dental Examiners
John F. Parkulo
Assistant Executive Secretary
(452585)

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
ANN R. FIELDER
245 PUTNAM AVE.
RICHLAND, WV 25528
Commission expires December 11, 2006

Subscribed and sworn to before me this 29 day of January

Printers fee \$ 37.14

EX #B

Notary Public of Kanawha County, West Virginia
Ann R. Fielder

of said Kanawha County,
5/02-01/26/02

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
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Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Becky Creamer

FROM: James G. Anderson, III
Executive Secretary

DATE: February 25, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

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EX # C

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Bernard J. Grubler, DDS
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RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
FAX (304) 252-2779

John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Paulette Bricker

FROM: James G. Anderson, III
Executive Secretary

VIA FACSIMILE 304-727-3487

PAGES 7 including cover

DATE: February 25, 2002

MESSAGE: Per your phone request today, please find that follows the proposed rules,
those pages concerning expanded duties only.

smc

7.7. Review by Circuit Court and Supreme Court of Board's Decision on Suspension and Revocation of License. A person having his or her license suspended or revoked may, within thirty days after the decision of the Board, present a petition in writing to the circuit court of the county in which the person resides, or to the judge of the court in vacation, praying for the review and reversal of the decision. Before presenting his or her petition to the court or judge, the petitioner shall mail copies of the petition to the president and secretary, respectively, of the Board. Upon receipt of the copy, the secretary shall immediately transmit to the clerk of the court the record of the proceedings before the Board. The court or judge shall fix a time for the review of the proceedings at his or her earliest convenience. Notice in writing of the time and place of the hearing shall be given to the president and secretary of the Board at least ten days before the date set for the hearing. The court or judge shall, without a jury, hear and determine the case upon the record of the proceedings before the Board. The court or judge may enter an order affirming, revising, or reversing the decision of the Board if it appears that the decision was clearly wrong. Prior to the entry of the order, no order shall be made or entered by the court to stay or supersede any suspension, revocation or cancellation of any certificate, license, registration or authority. The judgement of the Circuit Court may be reviewed upon appeal in the Supreme Court of Appeals.

Section 8. EXPANDED DUTIES OF DENTAL HYGIENISTS AND DENTAL ASSISTANTS.

8.1. General. Licensed dentists may assign to their employed dental hygienists or assistants intraoral tasks as set out in this section for dental hygienists and/or assistants, subject to the following conditions:

(a). The performance of intraoral tasks by dental hygienists or assistants shall be under the direct supervision of the employer-dentist;

(b). None of the following procedures may be assigned to a dental hygienist or assistant or to any other person not licensed to practice dentistry:

(1). Diagnosis, treatment planning and prescription (including prescriptions for drugs and medicaments or authorizations for restorative, prosthodontic or orthodontic appliances); or

(2). Surgical procedures on hard and soft tissue within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy; and

(c). The licensed dentist assigning expanded duties to a dental hygienist and/or assistant is solely responsible for checking the dental hygienist and/or assistant to determine that he or she is competent to handle assigned duties. Further, no licensed dentist shall assign additional duties to a dental hygienist and/or assistant until he or she is assured that the dental hygienist and/or assistant is fully competent and completely qualified to perform the assigned expanded duty and/or duties.

8.2. The following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist and/or assistant in the licensed dentist's employment provided that under no circumstances can an assistant use a power driven instrument of any type intraorally except as specifically setforth hereinafter:

(a). Placing, exposing, developing, and mounting dental radiographs;

~~(e)~~ (b). Charting existing restorations and missing teeth;

(c). Dental health education;

(d). Inspection of the oral cavity to view and report the symptoms/problems to supervising dentist;

(e). Performing pulp vitality testing (thermal or electrical);

(b) (f). Placing and removing rubber dams;

(g). Insert and adjust athletic mouth guard and bleaching tray with final check by supervising dentist;

(h). Placing and removing periodontal dressing with final check by supervising dentist;

(i). Placing and removing matrices;

(j). Applying topical anesthetic agents with prior approval by supervising dentist;

(k). Applying topical anticariogenic agents with prior approval by supervising dentist;

(l). Applying pit and fissure sealants with final check by supervising dentist with the taking of a board approved course;

(m). Applying cavity liners and bases with final check by supervising dentist prior to placement of permanent restoration with the taking of a board approved course;

(d) (n). Holding and removing materials, trays, strips, sutures, brackets and bands previously placed in the patient's mouth by the dentist;

(e) (o). Removing excess cement from coronal surfaces of teeth without the use of rotating or power-driven instruments; and

(p). Removing soft tissue dressings;

(q). Fabricate and cement temporary crowns and bridges with final check by supervising dentist with the taking of a board approved course;

(r). Placing and removing temporary restoration by a non power driven method with final check by supervising dentist with the taking of a board approved course;

(s). Taking intra and extra-oral photographs;

(t). Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application with the taking of a board approved course;

(u). Use of power driven handpiece with rubber cup only and/or brush only for preparing a tooth for accepting a restoration and/or appliance;

(v). Placing retraction cord for crown impressions with prior approval by supervising dentist;

(w). Taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist with the taking of a board approved course;

(f) (x). Taking impressions for study cast and pouring models;

(y). To check for loose orthodontic appliances and take orthodontic measurements;

(z). Fitting bands and brackets prior to final cementation and or bonding by the supervising dentist;

(aa). Bending archwires with final check by supervising dentist at time of placement;

(bb). Place or remove temporary space maintainers, orthodontic separating devices and/or ligature wires with final check by supervising dentist at time of placement;

(cc). Remove loose or broken bands, brackets or archwires when directed by the supervising dentist;

(dd). Monitoring nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course;

8.3. In addition to those duties set forth in 8.2, the following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist in the licensed dentist's employment:

(a). Supra and Subgingival scaling of teeth;

(b). Placement of subgingival medicaments, fibers, chips, etc.;

- ~~(b)~~ (c). Polishing of coronal and/or exposed surfaces of teeth;
- ~~(c)~~. Dental Health Education;
- (d). Nutritional Counseling;
- ~~(e)~~. Application of caries preventive agents and other topical medicaments to the surfaces of teeth and surrounding tissues (including topical anesthesia);
- ~~(f)~~. Placing, exposing, developing, and mounting dental radiographs.
- (e). Finishing and polishing of restorations with a slow speed hand piece;
- ~~(g)~~. Finishing and polishing amalgams, resin, composite, and silicate restorations;
- ~~(h)~~ (f). Examining and recording periodontal findings;
- (g). Debridement and/or root planning of teeth;
- (h). Application of bleaching agents;
- (i). Scaling excessive cement from the surfaces of teeth and restorations;
- (j). Performing clinical examinations and diagnostic tests of teeth and surrounding tissues and recording findings for interpretation by a dentist (includes such procedures as restorative chartings, caries activity test, cytology smears, ~~endodontic cultures~~, vitality test, etc.);
- ~~(k)~~. Removing soft tissue dressings;
- ~~(l)~~. Removing ligature wires;
- ~~(m)~~ (k). Preparing medical and dental histories for interpretation by a dentist;
- ~~(n)~~. Placing and removing rubber dams;
- ~~(o)~~. Taking intra and extra-oral photographs; and
- ~~(p)~~. Removing oral sutures.
- (l). Performing salivary analysis and smears;

(m). Placing, condensing and carving amalgams by a non power driven method with final check by supervising dentist with the taking of a board approved course;

(n). Administration of infiltration and block anesthesia with the taking of a board approved course and passing a board approved test.

Section 9. ADMINISTRATION OF GENERAL ANESTHESIA AND PARENTERAL
CONSCIOUS SEDATION BY DENTISTS.

9.1. Legislative findings and declaration of purpose. The Legislature hereby finds and declares that dentists are increasingly administering general anesthesia and parenteral conscious sedation in their offices on an out-patient basis; that the administration of general anesthesia and parenteral conscious sedation carries with it an inherent risk and danger to the patient; that, however, the administration of general anesthesia and parenteral conscious sedation on an out-patient basis by dentists is necessary and for the good of the public; but that because of the inherent dangers in the administration of general anesthesia and parenteral conscious sedation, it is necessary to insure that the persons administering and supervising the general anesthesia or parenteral conscious sedation are competent and trained in the techniques; that it is in the best interests of the public and the dentists of West Virginia to prohibit dentists from administering or supervising the administration of general anesthesia or parenteral conscious sedation unless those dentists meet certain minimal training and competency standards in the administration and supervision of general anesthesia or parenteral conscious sedation; and that requiring a dentist to obtain a special permit before he or she can administer or supervise general anesthesia or parenteral conscious sedation is the best method to preserve the use of general anesthesia and parenteral conscious sedation by

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

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PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
FAX (304) 252-2779

John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Amanda Jones

FROM: James G. Anderson, III
Executive Secretary

DATE: February 25, 2002

MESSAGE: Per your request left on our office answering machine Friday, February 22, 2002 at 4:07 p.m., please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

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Toll Free (877) 914-8266
FAX (304) 252-2779

John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Melanie Elkins

FROM: James G. Anderson, III
Executive Secretary

DATE: February 22, 2002

MESSAGE: Per your request left on our office answering machine Friday, February 22, 2002 at 8:55 a.m., please find enclosed the proposed rules concerning expanded duties.

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Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
FAX (304) 252-2779

John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Glenda Rectenwald

FROM: James G. Anderson, III
Executive Secretary

DATE: February 19, 2002

MESSAGE: Per your request left on our office answering machine Monday, February 12, 2002 at 7:09 p.m., please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
FAX (304) 252-2779

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Elaine Meadows

FROM: James G. Anderson, III
Executive Secretary

DATE: February 19, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

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Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leeewood Farms
Wheeling, WV 26003

Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459



WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
FAX (304) 252-2779

John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkuio
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Mary Furbee

FROM: James G. Anderson, III
Executive Secretary

DATE: February 19, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
Ronceverte, WV 24970

George D. Conard Jr, DDS
6353 East Pea Ridge Road
Huntington, WV 25705

James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

WEST VIRGINIA BOARD OF DENTAL EXAMINERS
PO DRAWER 1459
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(304) 252-8266
Toll Free (877) 914-8266
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John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Mrs. Dina Agnone Vaughan, BSDH, MS
10 Francis Way
Lewisburg, WV 24901

Mrs. Debra D. Dent, CDA
56 Silver Maple Lane
Union, WV 24983

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Dawn M. Yost

FROM: James G. Anderson, III
Executive Secretary

DATE: February 18, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



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Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

H. Richard Marshall, Jr., DDS
120 Maplewood Avenue
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John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Lou McCord

FROM: James G. Anderson, III
Executive Secretary

DATE: February 18, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



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11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Tamra Ice

FROM: James G. Anderson, III
Executive Secretary

DATE: February 18, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



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1961 Parkwood Road
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11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Barbara Komives

FROM: James G. Anderson, III
Executive Secretary

DATE: February 1, 2002

MESSAGE: Per your phone request of January 31, 2002, please find enclosed the proposed rules concerning expanded duties as well as the current laws and rules.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



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BECKLEY, WV 25802-1459
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Charleston, WV 25314

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11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

TO: Ms. Kristin Mallory

FROM: James G. Anderson, III
Executive Secretary

DATE: February 11, 2002

MESSAGE: Per your phone request today, please find enclosed the proposed rules concerning expanded duties.

smc

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

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(304) 252-8266
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Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

Mrs. Dolores L. Gribble
11 Davis Place
Clarksburg, WV 26301

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

MEMO

TO: ALL BOARD MEMBERS
FROM: JAMES G. ANDERSON, III
DATE: February 19, 2002
RE: WRITTEN COMMENTS 1 - 27

Please find enclosed written comments #'s 1 through 27 which will be topic item #2 for the General Session. This information is **CONFIDENTIAL** and is only for your review at this time and should not be discussed with each other or anyone else. It should only be discussed after your meeting is called to order at the Board's suite at the Marriott. Thank you.

JGA/smc
Enclosure

Bernard J. Grubler, DDS
President
RR #4 Box 150-A
Leewood Farms
Wheeling, WV 26003



John C. Dixon, DDS
1961 Parkwood Road
Charleston, WV 25314

Richard D. Smith, DDS
1501 Seventh Avenue
Charleston, WV 25312

Thomas S. Wilkerson, DDS
Secretary
1400 Kanawha Boulevard, East
Charleston, WV 25301

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PO DRAWER 1459
BECKLEY, WV 25802-1459
(304) 252-8266
Toll Free (877) 914-8266
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James G. Anderson, III
Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

John F. Parkulo
Assistant Executive Secretary
PO Drawer 1459
Beckley, WV 25802-1459

MEMO

TO: ALL BOARD MEMBERS
FROM: JAMES G. ANDERSON, III
DATE: February 25, 2002
RE: WRITTEN COMMENTS 28 - 54

Please find enclosed written comments #'s 28 through 54 which will be topic item #2 for the General Session. This information is **CONFIDENTIAL** and is only for your review at this time and should not be discussed with each other or anyone else. It should only be discussed after your meeting is called to order at the Board's suite at the Marriott. Thank you.

JGA/smc
Enclosure

FEB 01 2002

Joseph V. Rice, D. D. S.
General Dentistry
1321 Quarrier Street
Charleston, W. Va. 25301

JAN. 31, 2002

TO: WV BOARD OF DENTAL EXAMINERS -

I understand the Board of Dental Examiners is receiving written comments for possible changes in the duties of hygienists and assistants.

I am opposed to 8.2(l), (m), and (t) if they include "with the taking of a board approved course." No additional training except by the dentist is needed.

I vote for deletion of 8.2 (q), (r), and (w). When I observed the mock boards at WVU a couple of years ago I was told most of the failures on the NERB exam were due to the poor fabrication of a temporary bridge - now assistants and hygienists can learn with "a board approved course" if this is approved. Also, even with "a board approved course" I do not think the public will be well served by letting assistants and hygienists to take final denture impressions.

I vote to delete 8.2(d) for safety reasons - what if the assistant/hygienist does not recognize the need to increase the oxygen for the patient.

I vote to delete 8.3(m) and 8.3(n) completely.

I think 8.3(k) should also be deleted or moved to section 8.2. If it is deleted anyone could take the medical history since it should always be reviewed by the dentist. The hygienist may not be available to take the history of the denture patient, emergency patient, ect.

Thank you for allowing my input.

Sincerely,

Joseph V. Rice D.D.S.



J. A. PALMER, D.D.S., M.S.

HAWLEY BLDG. MAIN STREET SUITE 930 • WHEELING, WV 26003 • (304) 232-6666
119 TAYLOR AVENUE • WEIRTON, WV 26062 • (304) 797-1417

2

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25801

Dear Board Members,

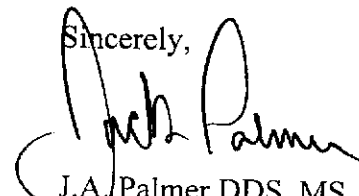
I am writing to express my views regarding proposed rule changes for dental assistants and hygienists.

- 8.3 (k) I support this rule if it is changed to allow dentists to delegate this duty.
- 8.3 (m) I support this rule if "condensing" and "carving" are deleted.
- 8.3 (n) I am not in favor of this rule in any form. Many times I feel we take for granted some of the procedures we perform. Block anesthesia can result in paresthesia. This recently happened in my office for the first time in twenty years of practice. While I am hopeful that the paresthesia will subside in time, it is troubling to think I may have permanently disabled a patient.

I have every confidence the board will use good judgment in making decisions regarding these changes. Our citizens deserve the best we can give them. Political pressure, by some self-serving groups, should not be part of the decision making process when it comes to protecting the people of West Virginia.

Thank you for all you do to serve our state and for your attention to this matter.

Sincerely,


J.A. Palmer DDS, MS
Periodontist

FEB 04 2002

MICHAEL BUNNER, D.D.S., M.S. LTD.

105 NATHAN STREET
ELKINS, WEST VIRGINIA 26241
TELEPHONE (304) 636-7985
FAX (304) 636-4957

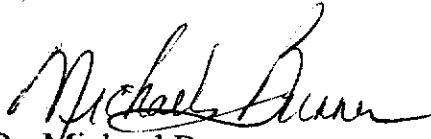
February 04, 2002

West Virginia Dental Board
P.O. Drawer 1459
Beckley, WV 25801-1459

To the Board of Dental Examiners:

I agree with WV Dental Association for expanded duties of Dental Assistants. All duties supported are within the scope of a normal Orthodontic practice. I disagree board certified programs should be completed before these duties are allowed.

Sincerely,


Dr. Michael Bunner

FEB 05 2002

4

January 31, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802 - 1459

Dear Examiners,

The purpose of this letter is to express my opinion on your proposed rule regarding duties dentists may delegate to dental hygienists and assistants.

Section 8.2 (dd) "Allowing dental hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course."

I oppose this rule.

Section 8.3 (k) Allowing only dental hygienists to prepare medical and dental histories for interpretation by a dentist.

I support this rule in an amended form. Allow dentists to delegate this duty to dental assistants as well as dental hygienists.

Section 8.3 (m) Allowing only dental hygienists to place, condense and carve amalgams by a non-power driven method with a final check by a supervising dentist with the taking of a board-approved course.

I support this if it is amended by deleting "condensing" and "carving."

8.3 (n) Allowing dental hygienists to administer infiltration and block anesthesia after taking a board-approved course.

I oppose this and believe it should be deleted.

8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t) and 8.2 (w)

I support these duties but do not feel they need to take Board approved courses to perform these duties.

I feel the existing rule that calls for the dentist to be solely responsible for checking dental auxiliary to

FEB 08 2002

determine if they are competent to handle assigned duties, and no dentist shall assign duties to auxiliary until they are assured that the auxiliary person is fully competent and qualified to perform the assigned duties.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Campbell Jr.", written in a cursive style.

ROBERT L CAMPBELL JR DDS

STEPHEN B. HARPER, D.D.S.

February 4, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802

Dear Board Members:

I am writing to express my opinions concerning the new rules that are being considered by the Board.

I have been in practice since 1977 and have made a great effort to comply with our rules and laws. I have seen many cases on inadequate care because of care provided by offices that allow assistants to overstep the rules and their training. I do not believe that the board should lower the standards to make these practices commonplace.

I strongly oppose rule 8.2(dd) that would allow anyone other than the licensed dentist to administer or monitor any form of analgesia. I do not believe a board approved course should replace our many years of education!

I strongly oppose rule 8.3(m) that allows anyone other than a dentist to place any type of restoration into a patient. I practice in Vienna, WV and have seen the effect of expanded duty auxiliaries for many years. I have witnessed many WV dentist allowing assistants to do these duties such as in Ohio. This provides inferior care to the patient and comes back to rest on all of our reputations. Examples: temporary crowns coming off, high bites on amalgams and open contacts on composites.

I oppose rule 8.2(l), 8.2(m), 8.2(q), 8.2(r), 8.2(t) and 8.2(w). We need to continue to provide quality care not faster care to make up for so many of our dentist participating in

STEPHEN B. HARPER, D.D.S.

different provider plans that lower their income unless they have someone with less training providing care.

Item 8.2 (c) should be made so that the auxiliary would have to attend a board certified course and be checked by the licensed dentist.

Item 8.2 (g) should not be allowed. I have taken multiple sports dentistry courses and have been the team dentist for Parkersburg High School for eight years. There are many types of mouthpieces available and they require skill to properly fit. After eight years of making mouthpieces for an entire team, I can attest that I still have to do some of them over to have a proper functioning mouthpiece. The mouthpiece can greatly reduce the incidence of concussions. I strongly oppose this rule. Please seek advice from other dentist that actually work with a team and have attended sports dentistry courses!

Item 8.2(k, l) should only be done by a dentist or licensed dentist. There is no way to tell that the sealant has been properly applied. You can only tell after this procedure has had time to harm the tooth.

Item 8.2(m) should only be done by the licensed dentist. This procedure can greatly influence the outcome of care for the patient. Don't lower our standards to produce lower cost of care.

Item 8.2(q) should be done by the licensed dentist. I have multiple patients complain that their temporaries done in other offices come off. I rarely have one come off. This is because I fabricate and cement my own temporaries. This reflects upon all of dentistry when patients think temporaries typically come off.

Item 8.2(t, u) should only be done by the licensed dentist. These steps are critical in the placement of composites and are usually the reason for failure of posterior composites. This once again is an attempt to produce more dentistry to make up for the participation in reduced fee programs. Do not lower our quality to accommodate the carriers.

Item 8.2 (v, w) should only be done by a licensed dentist. In my practice I do a large amount of crown and bridge. I have many word of mouth referrals. This is because patients have experienced lower quality of care and seek high quality of care. You cannot look at an impression and always tell that it is distorted. My lab has contacted me on multiple occasions asking what I am doing to reduce remakes because others are having so many with the same lab. It is attention to detail in the impression procedure! This should only be done by the licensed dentist!

"EXCELLENCE BY CHOICE"

904-B GRAND CENTRAL AVENUE VIENNA, WEST VIRGINIA 26105 TELEPHONE 304-295-3366

SBH/DDS

STEPHEN B. HARPER, D.D.S.

Item 8.3 (b) should only be done by a licensed dentist.

Item 8.3 (h) should only be done by a licensed dentist.

Please do not lower the standards of care by changing our regulations to accommodate the fee structure that is being created by dentist participating in managed care programs. We must stand up and say that patient care comes first.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Harper" followed by the initials "MS". The signature is fluid and cursive.

Stephen B. Harper, DDS

"EXCELLENCE BY CHOICE"

904-B GRAND CENTRAL AVENUE VIENNA, WEST VIRGINIA 26105 TELEPHONE 304-295-3366



1564 KANAWHA BOULEVARD, EAST
CHARLESTON, WEST VIRGINIA 25311
(304) 344-8935
FAX (304) 344-0437
E-mail: WVPerio@AOL.com

6

WILLIAM J. ROSENFELD, D.D.S.
PRACTICE LIMITED TO PERIODONTICS

February 3, 2002

West Virginia Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25801

Dear Sir:

This letter is in response to the WV Board of Dental Examiners' proposed rule changes.

8.2(d) I am against allowing a dental assistant to inspect the oral cavity to report problems to the dentist. This is too close to diagnosis. It is obviously possible to have an auxiliary look but the word "preliminary" should be added in front of "inspection".

8.2(h) As a periodontist I know that it may not harm the patient for either an assistant or hygienist to remove periodontal dressing but surgical results can be compromised especially in regenerative and plastic surgical techniques if a dressing is misapplied. Therefore, "placing" should be deleted.

8.2(l, m, q, r, t, w) I agree with the Board that courses are necessary. This doesn't relieve the dentist of his responsibility to make sure that his staff is competent. I don't feel that on-the-job training is sufficient. The key word is "may".

8.2(dd) I am against allowing dental hygienists and assistants monitoring nitrous oxide administration as written. It is too easy to then delegate initiation and cessation of analgesia.

8.3(k) With training there is no reason that a dental assistant as well as a dental hygienist cannot prepare a medical and dental history. This also involves experience in knowing where to further question patients. Obviously the dentist must review this.

8.3(m) WVDA is correct in that both dental assistants and hygienists can place amalgam but shouldn't be allowed to condense or carve restorations. It is true that with training



1564 KANAWHA BOULEVARD, EAST
CHARLESTON, WEST VIRGINIA 25311
(304) 344-8935
FAX (304) 344-0437
E-mail: WVPerio@AOL.com

WILLIAM J. ROSENFELD, D.D.S.

PRACTICE LIMITED TO PERIODONTICS

these personnel can perform all these expanded functions but it is not in the patients best interest since if the restoration is inadequate and must be removed these people cannot do this and adds to the trauma for the patient. The wording should also be revised to apply to non-alloy restorations.

8.3(n) I am in favor of having dental hygienists, with strong training, administer infiltration but not block anesthesia. Unfortunately, there are many dentists who have difficulty with technical and possibly damaging blocks and extending this duty to hygienists having less anatomical training will not benefit patients.

Very truly yours,

A handwritten signature in cursive script, appearing to read "William J. Rosenfeld".

Dr. William J. Rosenfeld

DRS. LACY AND WEIDMAN

Specialists in Orthodontics

Members
American Association of
Orthodontics



7

GREGORY A. LACY, D.D.S., M.S.
ALVIN F. WEIDMAN, D.D.S., M.S.

January 30, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

RE: CHANGES TO THE DENTAL PRACTICE ACT

Dear West Virginia Board of Dental Examiners:

I have recently had the opportunity to review some of the proposed changes to the Dental Practice Act. I would support the proposed changes with the following exceptions.

Rule 8.2 (dd) states "Allowing dental hygienists and dental assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course." I would oppose allowing either a dental hygienist or assistant to monitor administration of nitrous oxide analgesia.

Rule 8.3 (K) "Allowing only dental hygienists to prepare medical and dental histories for interpretation by a dentist." I would support this rule being amended to allow dentists to delegate this duty to dental assistants as well as hygienists. Ours is a rural state and not every dentist is able or chooses to hire a hygienist in their practice.

Rule 8.3(m) "Allowing only dental hygienists to place, condense and carve amalgams by a non-power driven method with final check by supervising dentist with the taking of a board-approved course." I would support this rule being amended to allow both hygienists and assistants to place amalgams for condensation but do not support either a hygienist or assistant "condensing; and "carving" amalgams.

Rule 8.3 (n) "Allowing dental hygienists to administer infiltration and block anesthesia after taking a board-approved course." I do not support someone other than the dentist administering anesthesia in any form.

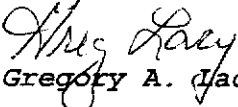
FEB 05 2002

Rules 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w): All of these proposed duties call for hygienists and assistants to take Board approved courses before a dentist may assign them these duties. I support these duties being assigned to both hygienists and assistants but I don't believe it is necessary that they take Board approved courses for these duties.

There is a current rule I believe which calls for the dentist to be solely responsible for checking dental auxiliary to determine they are competent to handle assigned duties, and no dentist shall assign duties to auxiliary until they are assured that the auxiliary person is fully competent and qualified to perform the assigned duties. At this time I support assigned duties. At this time I support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Thank you for your consideration and your time and effort in serving on the Board.

Sincerley,


Gregory A. Jacy, D.D.S., M.S.

WEST VIRGINIA DENTAL ASSOCIATION

2003 Quarrier Street • Charleston, WV 25311

8

TEL: (304) 344-5246

FAX: (304) 344-5316

February 4, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Dear Board of Dental Examiners:

Enclosed is a FAX received from Clifford Linkous, D.D.S., regarding your Board's proposed rule regarding expanded duties dentists may assign dental hygienists and assistants.

Very truly yours,



Richard D. Stevens
Executive Director

FEB 06 2002

CLIFFORD M. LINKOUS, DDS
30 KINGSTON DRIVE
MORGANTOWN, WV 26505
304-599-1831

FAX TRANSMISSION

TO: W. Va DENTAL ASSOC. 2003 QUERRIER ST. CHARLESTON, W.Va. 25311
FAX 304-344-5316

DATE: 1-28-02

FROM: CLIFFORD M. LINKOUS P.D.S.

NUMBER OF PAGES INCLUDING THIS PAGE: 2

PLEASE FIND MY POSITION ON PROPOSED
RULE CHANGES. THEY ARE THE SAME AS
THE W.V.D.A.

THANKS
C.M. LINKOUS
C.M. Linkous DDS.

8.2 (dd) "Allowing dental hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course." The Executive Council did not recommend allowing either a dental hygienist or assistant to monitor administration of nitrous oxide analgesia. WVDA opposes this proposed rule.

no do [signature]

8.3 (k) Allowing only dental hygienists to prepare medical and dental histories for interpretation by a dentist. This adversely impacts general practitioners and specialists who do not employ dental hygienists. WVDA supports this rule being amended to allow dentists to delegate this duty to dental assistants as well as dental hygienists.

no do [signature]

8.3 (m) Allowing only dental hygienists to place, condense and carve amalgams by a non-power driven method with final check by supervising dentist with the taking of a board-approved course. WVDA supports both hygienists and assistants "placing" amalgams for condensation, but does not support either a hygienist or assistant "condensing" and "carving" amalgams. This duty should be amended by deleting "condensing" and "carving."

no do [signature]

8.3 (n) Allowing dental hygienists to administer infiltration and block anesthesia after taking a board-approved course. None of the State's three hygiene programs teach this procedure. WVDA does not believe this is in the interest of protecting the health, safety and welfare of the public, thus it should be deleted.


no do [signature]

8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t) and 8.2 (w) All of these proposed duties call for hygienists and assistants to take Board approved courses before a dentist may assign them these duties." WVDA supports these duties being assigned to both hygienists and assistants, however, WVDA does not recommend they take Board approved courses for these duties. The current long-standing rule - identified as "(c)" on Page 11 of the enclosed - calls for the dentist to be solely responsible for checking dental auxiliary to determine they are competent to handle assigned duties, and no dentist shall assign duties to auxiliary until they are assured that the auxiliary person is fully competent and qualified to perform the assigned duties. WVDA supports this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

no do [signature]

I would like this to be my record of support for the W.V. D.A.S position on each of the above as outlined and initialed by me on 1-28-02. Thank you

Clifford M. Linkous DDS

 Dr. Clifford M. Linkous
30 Kingston Dr.
Morgantown, WV 26505-3619

WEST VIRGINIA DENTAL ASSOCIATION

2003 Quarrier Street • Charleston, WV 25311

TEL: (304) 344-5246

FAX: (304) 344-5316

February 4, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

This is in response to your January 21 notice that your proposed rule on expanded duties dentists may delegate dental hygienists and assistants is open for written comments up to and including February 28, 2002. This Association submits the comments below after unanimous approval by its Executive Council in March 2000 and again in December 2001. The Council is composed of WVDA elected officers and delegates elected by their respective component societies, of which there are 11 throughout the State, for a total of 28 dentists.

#1 This Association opposes "8.2 (dd)" which would allow both hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a Board-approved course. This Association is not aware of any stand-alone program for this function which the Board may approve. Neither hygienists nor assistants should monitor administration of nitrous oxide analgesia in the interests of protecting patients' health, safety and welfare. Therefore, it should be deleted from the proposed rule.

#2 This Association opposes "8.3 (k)" because it would allow ONLY dental hygienists to prepare medical and dental histories for interpretation by a dentist. As written, this proposal adversely impacts general practitioners and specialists who do not employ dental hygienists because the dentist would be the only person in the office to prepare or update histories. According to an August 1999 American Dental Association of 600 West Virginia dentists, 66.5 percent do not employ a full-time hygienist. It would also adversely impact dentists who employ dental hygienists on a part time basis. The same survey shows only 48.2 percent of West Virginia dentists employ a part-time hygienist. This proposed rule should be amended to also allow dental assistants, as well as hygienists, to prepare and update medical and dental histories for interpretation by a dentist. It should also be amended by substituting the letter "a" after word "interpretation" with the words "the supervising", so the conclusion of proposed duty will read "...for interpretation by the supervising dentist." The proposed duty should then be included in section "8.2", which includes duties for both hygienists and assistants.

#3 This Association opposes "8.3 (m)" because: (1) it would allow only dental hygienists to place amalgams; (2) it would allow hygienists to condense and carve amalgams; and (3) it calls for the taking of a Board-approved course. This proposed duty should be amended to allow both hygienists and assistants to place amalgams with training by the dentist in the manner preferred; and it should be amended by not allowing neither a hygienist nor assistant to condense and/or carve amalgams.

continued on Page 2

1775 2 2 002

#4 This Association opposes "8.3 (n)" which allows hygienists to administer infiltration and block anesthesia after taking a Board-approved course because it is not in the interests of patients' health, safety and welfare. These functions are not taught in any of the three dental hygiene programs in our State, therefore, graduates of our State's programs are not educated or trained to perform these procedures. This Association is not aware of any "stand alone" training program for these procedures in the immediate area of our State.

#5 This Association supports dentists electing to delegate both hygienists and assistants the following duties:

"8.2 (l)" applying pit and fissure sealants with final check by evaluation by supervising dentist;

"8.2 (m)" applying cavity liners and bases with final check by supervising dentist;

"8.2 (q)" fabricate and cement temporary crowns and bridges with final check by supervising dentist;

"8.2 (r)" placing and removing temporary restoration by a non-power driven method with final check by supervising dentist;

"8.2 (t)" chemical conditioning of the tooth to accept a restoration and/or bracket by topical application;
and

"8.2 (w)" taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist.

However, this Association opposes the requirement that hygienists and assistants take Board-approved courses to perform these duties. This Association is not aware of any stand-alone training programs for any of the above duties. These are duties dentists can train hygienists and assistants to perform in the supervising dentist's preferred manner, if the dentist elects to do so. This Association supports the current Board rule "8.1 (c)" wherein the dentist is solely responsible for checking the dental auxiliary to determine he or she is competent to handle assigned duties, and that dentists shall not assign additional duties to a hygienist or assistant until they are assured that the hygienist or assistant is fully competent and completely qualified to perform the assigned duties.

This Association submits the above comments in the spirit of protecting the public's health, safety and welfare, while improving upon efficiencies in the delivery of dental care in a cost effective manner.

Very truly yours,



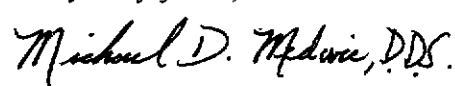
C. Richard Gerber, D.D.S.
President

Very truly yours,



Charles L. Smith, D.D.S.
President Elect

Very truly yours,



Michael D. Medovic, D.D.S.
Immediate Past President



Practice Limited to Orthodontics

200 EAST RANDOLPH STREET
LEWISBURG, WEST VIRGINIA 24901
TELEPHONE (304) 645-2088
FAX (304) 645-2155

January 25, 2002

Mr. James G. Anderson, Executive Secretary
West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Dear Mr. Anderson:

In response to the Board's communication of January 21, 2002 for additional written comments to the proposed rule changes to the Dental Practice Act, I would like to make the following comments with explanation.

First, and foremost, I would like to echo what I hope would be the opinion of most of my colleagues, and thank the Board for the countless hours and discussions with all parties on this matter. The importance of these rule changes for auxiliary delegation is monumental in allowing dentists and staff to continue to provide excellent dental services to the citizens of West Virginia.

My comments are as follows:

- 1) 8.3. (k). Allowing only dental hygienists to prepare medical and dental history limits offices which do not employ DH. It appears that some clarification is necessary. Would this role as written preclude clerical and dental assistant staff from handing a patient a health history questionnaire to be completed by the patient? Or does this refer to taking medical and dental histories through an interview process?
Not only does 8.3 (k) potentially present a problem to the dentist who does not employ a dental hygienist, it also limits other health care professionals such as nurses, nurse practitioners, nurse anesthetists, physician's assistants or for that matter a physician from preparing a health history for a dentist's interpretation.
- 2) 8.2. (z). As a practicing orthodontist, I feel it is important that the board understand that the placement of orthodontic bands/brackets must not be considered in the same light as a final or permanent restoration. This is a very reversible procedure. Placing and cementing an orthodontic band or bracket should be a delegated procedure under the direct supervision of the dentist. The phrase "final cementation" is a misnomer, since bands/brackets are not final restoration nor should they be considered as such. A better example would be that of a matrix band. A matrix band is an aid to facilitate the restoration of a tooth. Orthodontic bands/brackets are aids placed to facilitate the correction of an existing malocclusion.



- 3) 8.2. (bb) "Ligature wires" should be changed to ligatures. This is necessary to better represent modern orthodontic treatment. Today most ligatures are elastomeric in nature, but some wires are still used.

I appreciate the opportunity to provide this written comment to the Board.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard E. McClung". The signature is fluid and cursive, with a large initial "R" and "M".

Richard E. McClung, DDS, MS

W

JOSEPH M. ALEXANDER DDS

22 North Main Street
Petersburg, West Virginia 26847
Phone 304-257-4477

2-5-02

West Virginia Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

To: The WV Board of Dental Examiners

I am opposed to the following changes in the Dental Practice Act,

8.2 (w) Taking of final impression for fixed or removable prosthesis. This will promote denture mills in West Virginia.

8.2 (dd) "Allowing dental hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course." The Executive Council did not recommend allowing either a dental hygienist or assistant to monitor administration of nitrous oxide analgesia. WVDA opposes this proposed rule.

8.3 (k) Allowing only dental hygienists to prepare medical and dental histories for interpretation by a dentist. This adversely impacts general practitioners and specialists who do not employ dental hygienists. WVDA supports this rule being amended to allow dentists to delegate this duty to dental assistants as well as dental hygienists.

8.3 (m) Allowing only dental hygienists to place, condense and carve amalgams by a non-power driven method with final check by supervising dentist with the taking of a board approved course. WVDA supports both hygienists and assistants "placing amalgams for condensation, but does not support either a hygienist or assistant "condensing" and "carving" amalgams. This duty should be amended by deleting "condensing" and "carving."

8.3 (n) Allowing dental hygienists to administer infiltration and block anesthesia after taking a board-approved course. None of the State's three hygiene programs teach this procedure. WVDA does not believe this is in the interest of protecting the health, safety and welfare of the public, thus it should be deleted.

8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2(t) and 8.2 (w) All of these proposed duties call for hygienists and assistants to take Board approved courses before a dentist may assign them these duties.” WVDA supports these duties being assigned to both hygienists and assistants, however, WVDA does not recommend they take Board approved courses for these duties. The current long-standing rule- identified as “©” on Page 11 of the enclosed – calls for the dentist to be solely responsible for checking dental auxiliary to determine they are competent to handle assigned duties, and no dentist shall assign duties to auxiliary until they are assured that the auxiliary person is fully competent and qualified to perform the assigned duties. WVDA supports this as the dentist’s responsibility, regardless of any course or training any auxiliary personnel has taken.

I will also **point out** that if you do approve the Dental Practice Act as proposed, you **have not limited the number** of Assistants and Dental Hygienists **which one dentist may be permitted to supervise.**

Justin M. Alexander D.D.S.

Orthodontist

Parkersburg Medical Park
2601 Dudley Avenue
Parkersburg, West Virginia 26101
Phone (304) 422-7152
Fax (304) 422-7780

Feb. 6, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Dear Members of the Board:

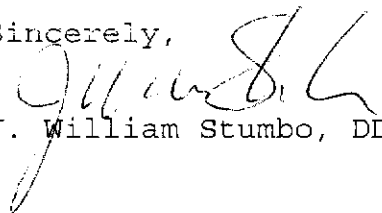
At the last meeting of the Blennerhassett Dental Society, it came to our attention that some board members may count the number of letters received as votes "for" or "against" a specific duty rather than giving significant weight to the number of dentist's represented by the West Virginia Dental Association and the various speciality organizations in the state. I personally think this would be a mistake, as our elected officials should represent the majority of the dentists of that organization, not unlike the Board of Dental Examiners (which is also an elected position).

Please be advised at the last meeting of the Blennerhassett Dental Society, the members fully supported the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

This includes opposition to rule 8.2 (dd) amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m) and opposition to 8.3 (a).

The Blennerhassett Dental Society along the WVDA opposes requiring hygienists and assistants to take a board approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t) and 8.2 (w). We support this as the dentist's responsibility regardless of any course or training any auxillary personnel has taken.

Sincerely,


J. William Stumbo, DDS



Robert S. Raynes, DDS
2042 Georgian Lane
Morgantown, WV 26508

WV Board of Dental Examiners
PO Box 1459
Beckley, WV 25802-1459

February 7, 2002

Dear Members,

I would like to express my opinions on the proposed rule regarding duties that a dentist may delegate.

Rule 8.2 (dd) I **oppose**

8.2 (k) I recommend amending to allow dentists to delegate this duty to assistants as well as hygienists.

8.3 (m) I **oppose**.

8.3 (n) I **oppose**

Thank you for your consideration.



Robert S. Raynes, DDS

FEB 11 2002



Franklin W. Quillin, Jr., D.D.S., P.C.

PEDIATRIC AND TEENAGE DENTISTRY
6171 CHILDERS ROAD
BARBOURSVILLE, WEST VIRGINIA 25504

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

February 9, 2002

Dears Sirs:

Enclosed are my opinions for new proposed rules

- 8.2 (dd) I support this proposed rule.
- 8.3 (k) I support this proposed rule.
- 8.3 (m) This rule needs to be amended to include assistants and also allow condensing and carving by both hygienists and assistants.
- 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t) and 8.2 (w) - These proposals should be eliminated as it should be the dentist's responsibility.
- 8.2 Need to eliminate wording "that under no circumstances can an assistant use a power driven instrument of any type intraorally" It should state "that under no circumstances can an assistant use a high speed driven instrument of any type intraorally. Assistants should be able to use a slow speed handpiece. This would also allow them to be able to polish clinical crowns and this would be a large factor in treating our low income children.
- 8.2 () Need to add "under direct supervision the polishing of clinical crowns with the following instruments used with appropriate polishing materials - slow speed handpieces, rubber cups, bristle brushes and porte polishers."
- 8.3 () Need to add to proposed rules "that hygienist can perform their duties upon patient of record without direct supervision for a period of 24 months after which no further treatment until dentist has direct contact with patient. This would allow office to remain open on a limited bases if doctor gets sick. See State of Florida

Sincerely,

FEB 11 2002

MARK C. KILCOLLIN, D.D.S.

P.O. Box 618

Union, West Virginia 24983

Telephone: (304) 772-3333

West Virginia Board of Dental Examiners
P.O. Box 1459
Beckley, W.V. 25802

February 8, 2002

To Whom It May Concern:

I am writing in unanimous support of the West Virginia Dental Association position in the proposed rule changes.

The feeling among dentists is that we worked hard as an association to pass the enabling legislation to give the Board of Dental Examiners the ability to propose rule changes and now the Board seems unresponsive to the membership.

Specifically, I oppose:

- rule 8.2 (dd)
- rule 8.3 (k)
- rule 8.3 (m)
- rule 8.3 (n)

I support:

- rule 8.2 (l)
- rule 8.2 (m)
- rule 8.2 (q)
- rule 8.2 (r)
- rule 8.2 (t)
- rule 8.2 (w)

regardless of any Board approved course.

I hope the other changes can be negotiated in a climate of mutual respect and cooperation.

Sincerely,



Mark C. Kilcollin, D.D.S.

FEB 12 2002

9 February 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802 - 1459

Gentlemen:

The following represents my feelings regarding certain duties under consideration for assignment to dental hygienists and assistants

8.2 (dd) Allowing dental hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course. This gets a tad complicated. . . I would feel comfortable limiting it to hygienists, but I realize that oral surgeons don't employ them, and they probably have assistants already far more qualified than someone fresh out of a 'board approved' course. Actually, I am not opposed.

8.3 (k) Allowing only dental hygienists to prepare medical and dental histories for interpretation by a dentist. I'm opposed to limiting it to the dentist or hygienist. I think many knowledgeable, experienced dental assistants are very capable of going over the medical history that the patient has completed . . . and adding/filling in very important details as to the drugs the patient is taking, their dosage, questioning the patient further when they say they 'had a touch of hepatitis last week' in answer to . . . 'do you have or have ever had hepatitis?' etc . . . that so very often facilitates the final medical history review by the attending doctor. I spend most of my clinical time treating and/or supervising the treating of walk-in dental/oral emergencies, and I shudder at the thought that I may have to initially go over all those medical histories myself. . . we don't have a hygienist in this part of the school, but the assistants we have had here for years and years can spot those entries that need a little/lot more information before I get to them, and it sure makes our entire operation more professional, coordinated and efficient! We all know that

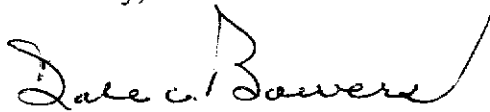
8.3(m) Allowing only dental hygienists to place, condense and carve amalgams by a non-power driven method with final check by supervising dentist .. with the taking of a board-approved course. I really have no problem with that . . in fact, I think it makes considerable sense. I spent a long career in military dentistry, over 30 years ago we took the brighter and better dental assistants, and taught them how to place, condense and 'carve' amalgams but they had to have the dental officer check it for final anatomy and occlusion before the alloy was completely setup . . .

8.3(n) Allowing dental hygienists to administer infiltration and block anesthesia after taking a board-approved course. I could be comfortable with that

And regarding all those other proposed duties that would require both hygienists and assistants to take Board approved courses before a dentist may assign them 'those' duties, I am not opposed to that either I do think it is going to be a real task to provide that training, but maybe not obviously the board has already given this considerable thought, and if there is an obvious, practical solution, so be it.

My real concern in all this -is that the more duties we delegate to non-dentists, the more ammunition we are providing the denturists . . who are undoubtedly lurking in the shadows and watching this 'one' very, very closely.

Sincerely,

A handwritten signature in cursive script that reads "Dale C. Bowers". The signature is written in black ink and is positioned above the typed name.

Dale C. Bowers, DDS
087460186

112 Scenery Drive
Morgantown, WV 26505



T.L.C. DENTAL CARE

THOMAS L. CONKLIN, D.D.S.
MARY KAY DOERSCH, D.D.S.

1609 Maryland Ave.
Bluefield, WV 24701
Telephone: (304) 327-5506

2/12/02

Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802

This letter is in response to the proposed rule regarding duties allowed to be delegated to hygienists and assistants.

We oppose "8.3(k)" because it would only allow dental hygienists to prepare medical and dental histories. This rule should be amended to include both assistants and hygienists.

We oppose "8.3 (m)" because it also only allows hygienists to place the amalgams. This should also be amended to include assistants. It should also be amended by not allowing neither a hygienist nor assistant to condense and/or carve amalgams.

We oppose "8.3 (n)" which allows hygienists to administer infiltration and block anesthesia.

We support dentists electing to delegate the following duties to both hygienists and assistants:

- "8.2(l)" applying pit and fissure sealants with a final check by evaluation by the dentist;
- "8.2(m)" applying cavity liners and bases with final check by the dentist;
- "8.2(q)" fabricate and cement temporary crowns and bridges with a final check by the dentist;
- "8.2(r)" placing and removing temporary restorations by non power driven method with a final check by the dentist;
- "8.2(t)" chemical conditioning of a tooth to accept a restoration and/or bracket by topical application.

We submit the above comments in the hope that they will improve the delivery of dental care in a safe and productive manner.

Sincerely,

Mary Kay Doersch, D.D.S.

Thomas L. Conklin, D.D.S.

FEB 13 2002

18

Everett W. Bowling D.D.S.
P. O. Box 879
Pineville, WV 24874-0879

February 12, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

As a practicing dentist licensed in the State of West Virginia, I am responding to your January 21, 2002, notice of proposed rules on expanded duties dentists may delegate to dental hygienists and dental assistants. I wish to make the following five comments on the proposed rules.

#1 Delete 8.2 (dd)

I oppose allowing either dental hygienists or dental assistants to monitor administration of nitrous oxide analgesia.

#2 Amend 8.3 (k)

I recommend this proposed rule be amended to allow both dental assistants and dental hygienists to prepare and update medical and dental histories for interpretation by a dentist.

#3 Delete 8.3 (m)

I oppose allowing either dental hygienists or dental assistants to condense and/or carve dental amalgam restorations.

#4 Delete 8.3 (n)

I oppose allowing dental hygienists to administer infiltration and block anesthesia.

#5 Oppose the requirement that dental hygienists and assistants take Board-approved courses to perform the following duties since these are duties that the supervising dentist can elect to train hygienists and assistants to perform in his preferred manner.

8.2 (l) applying pit and fissure sealants with final check by supervising dentist;

8.2 (m) applying cavity liners and bases with final check by supervising dentist;

8.2 (q) fabricate and cement temporary crowns and bridges with final check by supervising dentist;

8.2 (r) placing and removing temporary restoration by a non-power driven method with final check by supervising dentist;

8.2 (t) chemical conditioning of the tooth to accept a restoration and/or bracket by topical application;

and

8.2 (w) taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist.

I thank the Board of Dental Examiners for allowing me the opportunity to make these comments.

Very truly yours,

Everett W. Bowling D.D.S.

Everett W. Bowling D.D.S.

February 11, 2002

Dr. Bernard J. Grubler
President
West Virginia Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

Dear Dr. Grubler:

This letter is in response to your January 21st notice that your proposed rule on expanded duties dentists may delegate dental hygienists and assistants is open for comments.

I agree with the Association in opposing "8.3 (k)" because it would allow only dental hygienists to prepare medical and dental histories for interpretation by a dentist. This proposed rule should be amended to also allow dental assistants, as well as hygienists, to prepare and update medical and dental histories for interpretation by a dentist. By allowing dental assistants to do so, specialists such as myself (I am a Pediatric Dentist) could be more efficient in treating the underprivileged segment of our population especially in the rural areas of West Virginia.

In the same light, I also strongly support a dentist's ability to elect to delegate to both hygienists and assistants the following duties:

- "8.2 (l)" applying pit and fissure sealant with final check by evaluation by supervising dentist;
- "8.2 (m)" applying cavity liners and bases with final check by supervising dentist;
- "8.2 (r)" placing and removing temporary restoration by a non-power driven method with final check by supervising dentist;
- "8.2 (t)" chemical conditioning of the tooth to accept a restoration and/or bracket by topical application;
- and
- "8.2 (w)" taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist.

Once again, I believe we have a problem with our underprivileged population not having access to dental care. With the ability by dentists to delegate these duties, perhaps it will become more feasible to treat certain patients in our practices (i.e., Medicaid).

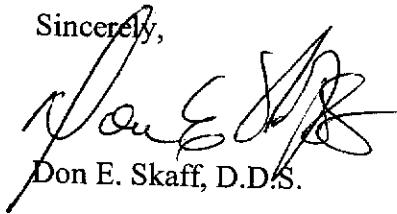
I am also in agreement with the Association in opposing the requirement that hygienists and assistants take Board-approved courses to perform these duties. I feel that the dentist's office is the best place to train hygienists and assistants to perform tasks in the supervising dentist's preferred manner.

FEB 10 2002

I oppose "8.3 (m)" as it is written. It should be amended to allow both hygienists and assistants to place amalgams, allowing neither of them to condense and/or carve amalgams. The placing of amalgams is a reversible step in the restoration process whereas the condensation and carving of amalgam should be completed by the dentist only.

Please consider my comments as I feel the rules I support or oppose are in the interest of the population as a whole.

Sincerely,

A handwritten signature in black ink, appearing to read "Don E. Skaff". The signature is stylized and cursive, with a large initial "D" and "S".

Don E. Skaff, D.D.S.

DES/bg



WEST LIBERTY STATE COLLEGE

WEST LIBERTY, WEST VIRGINIA 26074

20

DEPARTMENT OF HEALTH SCIENCES
DENTAL HYGIENE PROGRAM

February 8, 2002

West Virginia Board of Dental Examiners
PO Box Drawer 1459
Beckley, WV 25802-1459

Dear Board Members:

I am writing to commend the Board for its efforts to improve the quality of oral health care in West Virginia. As you complete the final phase of the preparation to introduce legislation to modify the current rules related to the duties dentists may delegate to auxiliary, I want to suggest a review of the American Dental Association's and American Dental Education Association's educational guidelines and competencies for dental hygienists and dental assistants. By addressing these educational standards, personnel can be effectively trained, tested, and accountable for the care they provide.

The professional community has an ethical responsibility to provide quality care for all patients. As we move to the future and change, the team approach to care can provide the very best for all patients. Skill development and knowledge are the key elements to the achievement of this goal.

In addition, the West Liberty State College Dental Hygiene Program is in the position to modify the curriculum to include instruction in infiltration and block anesthesia as well as any other new duties assigned to a hygienist. All procedures that can be legally performed by a dental hygienist in the State are taught within the Associate Degree curriculum.

Sincerely,

Carol L. Frum, RDH, MA
Program Director

CLF/smh

FEB 13 2002

**WE
CARE**

for you!

21

*Oral Health Care
David M. Eller, D.D.S. & Associates*

2519 3rd Ave.
Huntington, WV 25703
(304) 525-0560

February 6, 2001

WV Board of Dental Examiners
P. O. Drawer 1459
Beckley, West Virginia 25802-1459

Dear Sirs:

Please consider my opinions concerning restructuring the rules regarding dental auxiliary utilization:

- 8.2(dd) hygienists and assistants should be able to monitor nitrous oxide sedation
- 8.3(k) both hygienists and assistants should be able to perform this duty (preparing medical and dental histories)
- 8.3(m) neither hygienists nor assistants should carve amalgams or condense them
- 8.3(n) hygienists should not administer local anesthetics

I feel it is the responsibility of the dentist to assure the competency of auxiliaries in performing any duty and "in office training" is adequate. Offering "Board approved" courses but not "requiring" them would be acceptable.

With Warm Regards,



David M. Eller, DDS
WV2211

cc: Richard Stevens
WVDA
2003 Quarrier St.
Charleston, WV 25311

FEB 14 2001

22

February 12, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

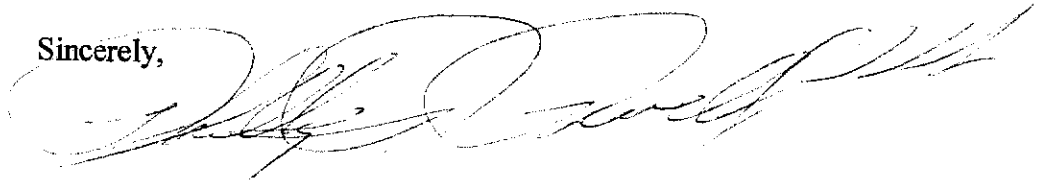
Dear members of the board:

I fully support the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

I am in opposition to rule 8.2(dd), amending 8.3(k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3(m), and in opposition to 8.3(n).

I also oppose requiring hygienists and assistants to take a board-approved course for 8.2(l), 8.2(m), 8.2(q), 8.2(r), 8.2(t), and 8.2(w). I believe this should be the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,



Phillip P. Powell, DDS

FEB 14 2002

February 11, 2002

Mr. James G. Anderson, Executive Secretary
West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Dear Mr. Anderson:

On behalf of the forty-five members of the West Virginia Association of Orthodontists I would like to respond to the Board's communication of January 21, 2002 for additional written comments to the proposed rule changes to the Dental Practice Act. I would like to make the following comments.

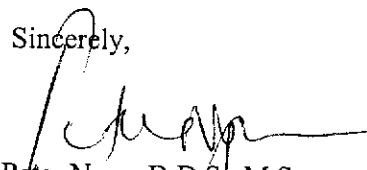
First, and foremost, I would like to echo what I hope would be the opinion of most of my colleagues, and thank the Board for the countless hours and discussions with all parties on this matter. The importance of these rule changes for auxiliary delegation is monumental in allowing dentists and staff to continue to provide excellent dental services to the citizens of West Virginia.

My comments are as follows:

- 1) 8.3. (k). Allowing only dental hygienists to prepare medical and dental history limits offices which do not employ dental hygienists. It appears that some clarification is necessary. Would this role as written preclude clerical and dental assistant staff from handing a patient a health history questionnaire to be completed by the patient? Or does this refer to taking medical and dental histories through an interview process?
Not only does 8.3 (k) potentially present a problem to the dentist who does not employ a dental hygienist, it also limits other health care professionals such as nurses, nurse practitioners, nurse anesthetists, physician's assistants or for that matter a physician from preparing a health history for a dentist's interpretation.
- 2) 8.2. (z). As a practicing orthodontist, I feel it is important that the board understand that the placement of orthodontic bands/brackets must not be considered in the same light as a final or permanent restoration. This is a very reversible procedure. Placing and cementing an orthodontic band or bracket should be a delegated procedure under the direct supervision of the dentist. The phrase "final cementation" is a misnomer, since bands/brackets are not final restoration nor should they be considered as such. A better example would be that of a matrix band. A matrix band is an aid to facilitate the restoration of a tooth. Orthodontic bands/brackets are aids placed to facilitate the correction of an existing malocclusion.
- 3) 8.2. (bb) "Ligature wires" should be changed to ligatures. This is necessary to better represent modern orthodontic treatment. Today most ligatures are elastomeric in nature, but some wires are still used. Also, the "final check by the supervising dentist at time of placement" is unnecessary. Often the only reason the ligatures are changed is because the patient wants their colors changed.

I appreciate the opportunity to provide this written comment to the Board.

Sincerely,


Peter Ngan, D.D.S., M.S.
President, West Virginia Association of Orthodontists

Department of Orthodontics

Robert C. Byrd Health Sciences Center
1076 Health Sciences North
PO Box 9480
Morgantown, WV 26506-9480

Phone: 304-293-5217
Fax: 304-293-2327

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WILLIAM D. ROBERTSON, D.D.S., M.S.
Practice Limited to Endodontics
604 Mull Center
Wheeling, WV 26003
304-233-4851

February 11, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear Board Members,

I am writing this letter with regard to the proposed rule on expanded duties. I fully support the comments of the Executive Council of the West Virginia Dental Association as stated in their letter to you dated February 4, 2002.

As an endodontist, who does not employ a dental hygienist, I am especially concerned that dental assistants be allowed to prepare and update medical and dental histories. A change to only allow hygienists to do this would adversely affect my practice and my patients.

Thank you for your consideration in this matter. I am sure you will do your best for our patients and the citizens of West Virginia.

Very truly yours,



William D. Robertson, D.D.S., M.S.

WDR/gmw

FEB 14 2002

Feb. 11, 2002

Re: Vote on proposed rule changes

Dear Sirs:

I would like to express my comments on the proposed rule changes in regard to the duties for dental assistants and dental hygienists.

Rule 8.2 (dd) - Oppose

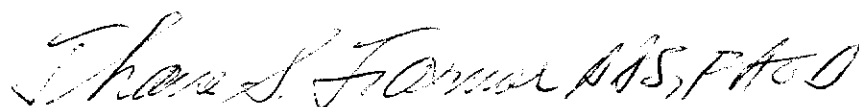
Rule 8.3 (k) - I would like to see this amended to allow dentists to delegate this duty to dental assistants as well as dental hygienists.

Rule 8.3 (m) - I would like to ask that this rule be deleted.

Rules 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w). - I support these duties be allowed to be delegated to either a dental assistant or a dental hygienist, but I do not believe it is necessary to require a board approved course for these duties. The current long standing rule calling for the dentist to be solely responsible for checking dental auxiliary to determine they are competent to handle assigned duties, regardless of any course training, should apply to these rules.

Thank you.

Cordially Yours,



Thane S. Farmer, D.D.S., F.A.G.D.

February 14, 2002

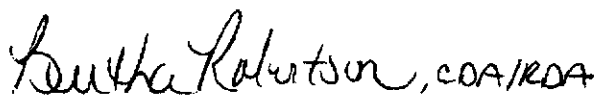
WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear WV Board of Dental Examiners:

My name is Bertha Robertson, and I teach Dental Assisting to post-secondary students at the Mercer County Technical Education Center in Princeton.

Having taught for 15 years, I've had occasion to review the skills assigned to assistants from other states, and compare their duties with WV's. So, therefore my students and I are delighted to see proposed changes to increase the level of responsibility in the office for the assistant. Passing these changes will make these skills "legal". Assistants are a valuable "team member", if utilized. We welcome the new responsibilities and the challenges.

Respectfully,



Bertha Robertson, CDA, RDA
Dental Assisting Instructor
Mercer County Technical Education Center

cm

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FAX COVER SHEET

MARK C. KILCOLLIN, D.D.S.
P.O. BOX 618
UNION, W.V. 24983

304-772-3333 PHONE
304-772-3512 FAX

SEND TO Company name W.V. Board of Dental Examiners	From Lisa A. Raabe, CD PMA
Attention	Date 2/19/02
Office location	Office location
Fax number 304-252-2779	Phone number above

Urgent
 Reply ASAP
 Please comment
 Please review
 For your information

Total pages, including cover: 2

COMMENTS

Attached, please find a letter of support for measure 8.2 currently under review.

Thank you.

Lisa A. Raabe, CDPMA
Route 2; Box 273
Pickaway, W.V. 24976

February 19, 2002

West Virginia Board of Dental Examiners
P.O. Box 1459
Beckley, W.V. 25802-1459

To Whom It May Concern:

I am writing in support of rule 8.2, officially assigning specific duties and intra-oral tasks to be performed by dental assistants and hygienists under the direct supervision of a licensed dentist. I support all of the proposed duties that would be assigned to assistants and hygienists under this measure, from "a" to "dd". Many of these tasks have been delegated for years by supervising dentists as provided for in the very general terms previously set forth. Not only does delegation of these tasks improve productivity in the dental office, it raises the standard of care for the patient population by furthering the education and technical skills of dental support staff.

I do support the Board approved courses, but I believe some consideration should be given such as "grandfathering" in assistants/hygienists who have been performing assigned and supervised duties within a number of years that would be Board specified. This may not be a popular opinion, however, most other states do require accredited schooling and licensing for expanded duties and x-ray duties, which is not only personally rewarding for the dental support team members but shows a dedication to excellence in the dental profession itself. As other states have come to face these issues, there has been an allowance for "experience years" in passing new laws governing the officially designated duties. A letter is required from the supervising dentist that the assistant/hygienist has performed designated duties under direct supervision for said number of years. As of this moment, a state or national certification is not required to perform assisting duties in West Virginia and it is a credit to those who choose to further their profession by making the choice to sit for the national exams. But without backing from the Board in an official capacity, the certification is rather hollow.

In short, I ask that you support all phases of measure 8.2 assigning duties in an official capacity, as it not only benefits the dental support staff, it benefits dentists and the standard of patient care as well.

Sincerely,

Lisa A. Raabe, CDPMA

Lisa A. Raabe, CDPMA



DOMINIC J. RAYMOND II, DDS

56 MILEGROUND ROAD, SUITE A
MORGANTOWN, WV 26505
PHONE: (304) 296-CARE (2273)

28

February 12, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley WV 25802-1459

Dear Board Members,


I am writing in support of rule change (8.3) permitting a dental hygienist to administer infiltration and block anesthesia after successfully completing a West Virginia Board of Examiners approved didactic and clinical course.

This rule change will better serve our patients in West Virginia. I have a busy practice in Morgantown, where I employ three dental hygienists (two full-time and one part-time). Our patients would be better served if the dental hygienist were able to administer anesthetic to a patient that I deem necessary. First, the dental hygienist's patient would not have to wait for me to leave my patient to administer the anesthetic. Second, the patient that I am working with would get my undivided attention. In addition, research articles have confirmed that many dental hygiene procedures are being done without anesthetic. This would make it more comfortable for the patient if anesthetized, because of the dental hygienist having to interrupt the dentist to administer the anesthetic.

I feel that the education that a Registered Dental Hygienist obtains qualifies them to sit for a didactic or clinical course to obtain proficiency in administering anesthetic. I also feel that a Dental Hygienist that completes a board-approved course could give dental anesthetic safely and proficiently. This is a proven fact in that it is legal for dental hygienists to administer anesthesia in over half of the states in the United States.

Thank you in advance for considering my support of this change. If I can be of any further assistance, please contact me.

Sincerely,


Dominic J. Raymond II, DDS



February 11, 2002

To: Members of the West Virginia Association of Orthodontists

You have recently received information from the West Virginia Dental Association regarding the proposed expanded duties for dental hygienists and assistants. It was recommended that you write to the Board of Dental Examiners with your opinion about the proposed changes to help them cleanup the language. They will receive written comments up to and including Thursday, February 28, 2002. Areas of particular interest to orthodontists include:

- 1. 8.2 (z) ~~Deals with fitting~~ bands and final cementation of bands and brackets *by orthodontist*
- 2. 8.2 (bb) "Ligature wires" should ~~probably~~ be changed to ligatures ~~to include~~ ^{and} elastomerics. ~~Also,~~ the final check by the supervising dentist at time of placement ~~may~~ ^{will} be ~~necessary~~.
- 3. 8.3 (k) ~~Allows only~~ dental hygienists ^{and dental assistants can} to prepare medical and dental histories for interpretation by a dentist.

If you have not taken the time to share your comments with the Board, please do so at your earliest convenience. Remember that your thoughts must be received by the Board no later than February 28, 2002.

*A. J. ...
2/16/02*

Peter Ngan
Peter Ngan, D.D.S., M.S.
President
West Virginia Association of Orthodontists

FEB 20 2002

Department of Orthodontics
Robert C. Byrd Health Sciences Center
1076 Health Sciences North
PO Box 9480
Morgantown, WV 26506-9480
Phone: 304-293-5217
Fax: 304-293-2327

Albert D. Flasko D.D.S., Inc.
3245 West Street
Weirton WV. 26062
304-748-4210

February 18, 2002

Dear West Virginia Board Of Dental Examiners,

I am writing this letter in response to your reopening the proposed rule changes on expanded duties which dentists may delegate to hygienists and assistants.

I am offering you my comments from a unique perspective. While I graduated from West Virginia University School of Dentistry in 1983, my first instincts were to practice in another state. Consequently, I procured licensees in Ohio, Maryland, New Jersey, and Pennsylvania as well as West Virginia. I practiced in Pennsylvania for 14 years prior to 1997 when I purchased a 40 year old general practice in Weirton , West Virginia which had only 3 full time dental employees. In my 5 years in Weirton my practice has grown to 9 full time dental employees.

I am writing from the "trenches" where I work every day and do my best to provide quality care for patients, jobs for 9 full time employees, and additional jobs for my 2 fellow dentist associates. I want to tell you that interviewing and hiring qualified employees to work in my practice in Hancock county, which rests in the Northern panhandle squarely between Pennsylvania and Ohio is a constant challenge.

Not only do we not train Dental assistants in the northern part of the state, we have West Virginia residents going to Ohio and Pennsylvania for a dental assisting education and subsequent employment. They can receive much greater base salaries in states where they can provide expanded functions such as placing and carving amalgams, placing resins, taking final impressions, and cementing orthodontic bands and brackets, all under a dentist's supervision.

I have first hand experience working with such employees in Pennsylvania and I can honestly state that they increase the quality of care delivered because they are well trained by their employers to do one task at a time, and they perform under the direct supervision of a dentist who is himself less stressed because of their help. Consequently the practices generate more revenue, the assistants reap a greater salary because they are more valuable contributors to the practice revenue stream, and the state benefits from an even greater tax base.

The choices before us not only involve Dentistry, they directly involve interstate commerce, intra-state tax base, and interstate competition. If West Virginia wants to compete and retain the best and brightest Dentists that we educate in our state, we must create opportunities for our Dental Graduates to work with and retain highly skilled dental auxiliaries that want to stay in West Virginia and work. We must be able to pay these auxiliaries a salary economically feasible to our practices and yet competitive with neighboring states. These states allow expanded duty auxiliaries to increase the revenue stream of their dental practices which translates into more generous salaries to these valuable employees.

My Pennsylvania experience has shown me that in West Virginia we are wasting our most valuable commodities, our auxiliaries, by allowing other more progressive states to lure them away. You can rest assured that if we do not take control of our future, other states will continue to take advantage of us for as long as we continue to bury our heads in the sand.

Respectfully submitted,



Albert D. Flasko D.D.S., Inc.

Board Certified Forensic Examiner
Board Certified In Pain Management
Board Certified In Forensic Medicine

February 18,2002

West Virginia Board of Dental Examiners
P.O. Box 1486
Beckley,WV

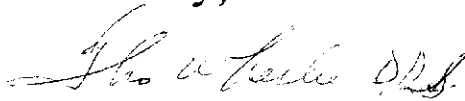
Dear Members:

As one of the members of the West Virginia Dental Association Executive Council, I am writing to voice my support for the WVDA's position concerning the proposed expanded duties for dental hygienists and dental assistants.

I do believe that there is a need to modernize and update the dental laws and to expand the duties for both assistants and hygienists. That expansion should only come with proper education and training for those new functions.

My concern at this time is the institution of the course work in a proper time frame. Therefore, it is my opinion that the board should have the requirements defined and in place before these changes are written into law.

Sincerely,



Thomas W. Leslie, D.D.S.

James G. Gibson, D.D.S.
2001 Professional Court
Martinsburg, WV 25401

February, 19, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

RE: Pending proposed rules regarding duties dentists may delegate to dental hygienists and assistants.

8.2 (dd)

#1. I am in opposition to the Associations positions on Nitrous Oxide monitoring and would ask that it be included in the proposed rule. Many patients avoid needed dental treatment due to a founded or unfounded fear of the proposed treatment. After 30 years of use, I have found that Nitrous Oxide is a great help in treating these patients, and have had no episode myself in which I think a trained assistant or hygienist couldn't have handled safely. I do think the supervising dentist should have a board approved course if that is not the case presently, and that said dentist should be held responsible for checking the dental auxiliary to determine they are competent to handle this duty of monitoring. I don't think courses should be required. This might lull the supervising dentist into a perception that the auxiliary was currently qualified rather than conduct his or her own training and follow-up.

#2. I oppose "8.3 (K)

#4. I also approve of the Associations positions of not allowing hygienist to administer anesthesia; even with a formal approved course. While any hygienist who has graduated from school could pass a course, I have found many hygienists I wouldn't trust with the consistent attention to details safe anesthesia use requires. I have employed 2 hygienist for 15 years and one for 10 years before that.

#5. I do support dentist electing to delegate both hygienists and assistants the following duties:

"8.2 (1)" applying pit and fissure sealants with final check by evaluation by supervising dentist.

- "8.2 (m)" Applying cavity liners and bases with final check by supervising dentist.
- "8.2 (q)" fabricate and cement temporary crowns and bridges with final check supervising dentist;
- "8.2 (r)" placing and removing temporary restoration by a non-power driven method;
- "8.2 (t)" chemical conditioning of the tooth to accept a restoration and/or bracket by topical application;
- "8.2 (w)" taking impressions for bleach trays and habit appliances w/o Dr. final check;
- "8.2 (w)" taking final impressions for fixed or removable prosthesis should be the duty of the dentist.

However, I oppose the requirement that hygienist and assistants take Board-approved courses to perform these duties. I do support the ruling; "wherein the dentist is solely responsible for checking the dental auxiliary to determine he or she is competent to handle assigned duties, and that dentist shall not assign additional duties to a hygienist or assistant until they are assured that the hygienist or assistant is fully competent and completely qualified to perform the assigned duties."

In summary, I approve of "8.2 (dd)" as written (opposing the Associations view) but agree with the Association on the other issues.

Most sincerely,



James G. Gibson, D.D.S.

Dear Dental Board,

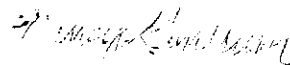
I am very concerned with the proposals you are intending to implement in the state of West Virginia. I have been a dental assistant in Weirton, West Virginia for over 15 years. There isn't much I haven't seen done in all those years. But if you are asking me if I would perform some of those duties, the answer is no. I went to Jefferson Comm. College and graduated the Dental Assisting Program. It is not necessary to have an education to assist in the State of West Virginia, personally I have always thought that this says something about your state. Have you ever heard the West Virginia Jokes? It's proposal such as the likes you intend to implement that condemn West Virginia to the rest of the countries idea that it is a back water state. I live in Ohio and I know that you cannot take X-rays in that state without some education. West Virginia lags behind in just about everything, including dental standards.

Should you implement the free for all standards of patient care that is on the table, it is and will be a public safety hazard. If your idea of education is allow the dentist to oversee what the assistant does then sign off on it, that is a joke. You and I both know that that is tantamount to no education at all. We both know that if you are going to rely on the honesty of dentists you are spitting in the wind. Laws are broken each and everyday in dental offices all over this state and now you are approving a literal free for all of substandard care all in the name of making more money! I assure you, we assistants won't make anymore money....just you. "Herd em in like cattle".

I suggest you take a small sample survey of the general public and see their reaction to you proposals. I know what my patients think! In Ohio there is an EFDA program. Why oh why doesn't West Virginia have that? You are giving away your work without sacrificing any of the monetary value of that work. You are devaluing my education and that of the dental hygienists as well.

Sorry, but I think you are making a big mistake, but then again, who am I to interfere with your money making.....You are lowing the Standard of care in the State of West Virginia. Sad.

Sincerely,



Nancy Gundrum

January 30, 2002

WV Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

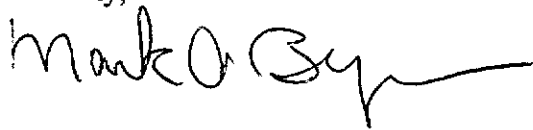
Dear members of the board:

Please be advised the Blennerhassett Dental Society fully supports the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

That includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m), and opposition to 8.3 (n).

The Blennerhassett Dental Society along with the WVDA opposes requiring hygienists and assistants to take a board-approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w). We support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,



H. Talbott Tebay, DDS & Douglas A. Florence, DDS

1301 Grand Central Avenue
Vienna, WV 26105

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Phone 304-295-8282
Fax 304-295-8331

February 21, 2001

WV Dental Board of Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear members of the board:

Please be advised the Blennerhassett Dental Society fully supports the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

That includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m), and opposition to 8.3 (n).

The Blennerhassett Dental Society along with the WVDA opposes requiring hygienists and assistants to take a board-approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t) and 8.2 (w). We support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,

H. Talbott Tebay DDS

H. Talbott Tebay, D.D.S., Ltd.

HTT/cjb

FEB 23 2002

West Virginia Dental Hygienists' Association



West Virginia Board of Dental Examiners
P.O. Box 1459
Beckley, WV 25802

February 21, 2002

PROPOSED RULES AND REGULATIONS

Dear Sirs,

We have reviewed the most current proposed rule changes regarding dental hygienists and dental assistants. We continue to support some of the proposal, but must still oppose several issues.

Our opposition focuses upon the lack of education required to perform many of the duties and the potential to do harm to the unsuspecting consumer.

Dental Hygienists must pass both a National Board Dental Hygiene Examination and regional and state clinical licensure exams. Dental assistants are not required to have any formal training as specified within the newly revised state statute. There is no quality control offered to protect the public. In office training, on the job training and direct supervision have not been validated to assure competency.

Applying cavity liners, topical anticariogenic agents, sealants, placing and removing temporary restorations require training and pose potential hazards to patients if not done correctly. The use of a power driven handpiece in any form should be limited to those who have attained a level of skill and have been assessed using standardized measures for competency. The monitoring of any type of analgesia and the application of prescription drugs needs to be performed by trained, licensed professionals.


We agree that dental hygienists should complete additional training to perform infiltration and block anesthesia. We look forward to expanding our training in all areas which would help us deliver oral health care to the public and serve our patients utilizing the advanced education we have completed.

We expect, and the public deserves, assurance that duties are being delegated to dental assistants that have demonstrated competency through a national testing agency. Surrounding states, such as Pennsylvania and Ohio that permit dental assistants to perform expanded duties require education and advanced training. Why would West Virginia want anything less for it's citizens?

WVDHA continues to request the list of duties be separated between dental assistants and dental hygienists. This separation would create a more clear, easy to read document.

We thank the Board for the opportunity to offer our comments to these proposed changes. WVDHA is dedicated to promoting and providing quality oral health care to the residents of our state.

Sincerely,


Jennifer D. Blaskovich, RDH, MA, MS, CHES
WVDHA President

Elaine A. Meadows, R.D.H.
139 Leslie Place
Scott Depot, W.V. 25560
February 22, 2002

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W.V. Board of Dental Examiners
P.O. Drawer 1459
Beckley, W.V. 25802-1459

RE: Proposed changes to Series 1, Title Number 5, Agency WVBODE

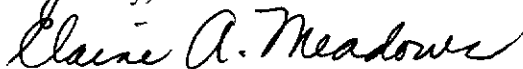
I would like to enter my comments regarding the proposed changes to Section 8: Expanded Duties of Dental Hygienists and Dental Assistants. I have been a practicing dental hygienist since 1977 and I am licensed in 3 states. In reviewing the proposed changes, I believe that the majority of them are very logical and will be beneficial to both the patient and to the dental profession. However, there is an area that causes me great concern: specifically Section 8 (l.) applying pit and fissure sealants.....”

I am opposed to the rule change allowing dental assistants to perform this procedure. In order to perform this procedure properly and safely it is essential that the person placing the sealant is formally educated. A thorough knowledge and understanding of dental anatomy is necessary for proper placement of pit and fissure sealants. Many dental assistants are trained “on the job” and do not have the needed educational background. Even if the dental assistants completed a board-approved course in the didactics of placing sealants, the underlying knowledge of tooth anatomy would not be present in all cases. This lack of knowledge could contribute to improper placement of sealants and cause harm to the patient. Since dental hygienists have the educational background, they would be the logical, safest and most qualified people to delegate this duty to. I agree that the dental hygienist be required to take a board approved course and demonstrate mastery of the material. Such is the case in Texas, where I am also licensed to practice dental hygiene, and it insures a higher level of competency.

I would also like to suggest that in addition to the board-approved course for nitrous oxide analgesia monitoring {Sec.8 (dd)}, that a board-approved examination be administered to demonstrate mastery of the information. This was also a requirement in Texas for all dental auxiliaries wishing to monitor nitrous oxide analgesia and it provided a much higher level of safety for the patient.

As dental professionals, we need to be ever vigilant that the safety of patients and level of care be at the very top of our priority list. Please consider these suggested changes to the proposed rules.

Sincerely,



Elaine A. Meadows, R.D.H.

902 Seventh Ave.
St. Albans, WV 25177
February 22, 2002

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West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, West Virginia
25802-1459

Dear Board Members,,

Thank you for all your thought and consideration of the issues presented to you during the public hearing about the Rules and Regulations for dental assistants and dental hygienists. There are, however, some areas that are of concern to me and I feel may be issues that will cause problems to arise when they are sent to the Legislature. I have been trying to review the new proposal and after reading and re-reading, I have come to the conclusion that this document can be confusing. I believe that it would be in the best interest for everyone and also for the law makers and the public that the duties for dental assistants and dental hygienists be listed separate from each other, even the though it would be repeating the ones they have in common. The following are a few examples of what I found confusing.

Page 11 Section 8.2 (b) and (c) Both of these would have to be as directed or dictated by the dentist to the assistant, however, they are duties that hygienists can do by virtue of there education without such direct direction.

Page 12 and 13 Section 8.2 There are numerous times that the statement "with prior approval by supervising dentist" has been added. This may be appropriate for less educated assistants but unnecessary and even restrictive for hygienists. This could become an issue when access to patient care is considered, as it may create obstacles for the practice of the dental hygiene profession.

I can also see the potential for mistaken interpretations of the law as to the education requirements for dental assistants and what duties can be chosen by the dentist for the assistants to preform, Section 8.1 (c). Therefore, duties requiring additional education and testing would be clearer if listed together under their own subtitle. The public needs to be assured that dental assistants have demonstrated competency through a national testing agency and have received their certification.

Page 13 Section 8.3 (b)"...fibers, chips, etc." is just not good clear legal language. Also (j) and (l) could be combined.

Thank you for your continued consideration of our concerns.

Sincerely,


Cynthia Maret RDH



40

James E. Valentine Cynthia L. Bonafield
D.D.S., M.S. D.D.S., M.S.

February 22, 2002

West Virginia State Board Of Dental Examiners
PO Drawer 1459
Beckley WV 25802-1459

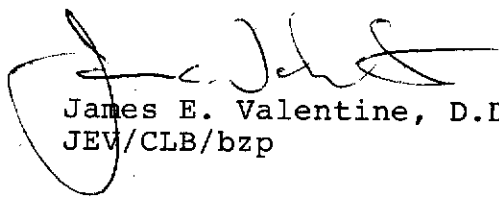
Dear Sirs/Madams,

We think the proposed revised dental practice act will make a fine document. A few minor changes may make it even more workable.

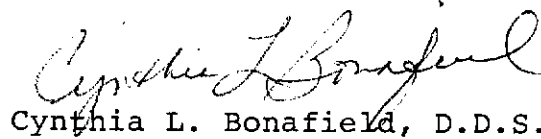
- 8.2(z) Dental assistants should be able to cement bands. This is a fully reversible, non invasive procedure.
- 8.2(bb) Elastomerics and self ligating brackets are more common than ligature wires. "Ligature wires" could be changed to "ligatures".
- 8.3(k) Dental assistants should be allowed to prepare health histories.

We feel that the exclusive use of rotary instruments by hygienists is too restrictive. Strict interpretation of this rule would not allow our assistants to instruct our patients how to use a Rotodent by demonstration.

Sincerely,



James E. Valentine, D.D.S.
JEV/CLB/bzp



Cynthia L. Bonafield, D.D.S.

Orthodontics for Children & Adults

Members
American Association of
Orthodontists



A Professional Corporation
tel 304 363-2008 • fax 304 363-2109
907 Gaston Ave., Fairmont, WV 26554

FEB 25 2002



41

J. LEE HORTON, JR., D.D.S.



96 OLD MILL ROAD
MARTINSBURG, W. VA. 25401

February 20, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley WV 25802-1459

Dear Sirs and Madams:

I am a WV dentist in private practice. I do not employ a dental hygenist. I would like to present my comments on the proposed changes to the rules of dental practice:

8.2(dd) I oppose this; neither hygenists nor assistants should monitor nitrous oxide.

8.3(k) This adversely affects me. I request this rule be amended to allow dentists to delegate this duty to dental assistants as well as hygenists.

8.3(m) I request that both hygenists and assistants be allowed to "place" amalgams for condensation BUT neither be allowed to actually "condense" or "carve" them.

8.2(1), 8.2(m), 8.2(q), 8.2(r), 8.2(t) and 8.2(w) All of these call for auxiliaries to take Board approved courses for these duties. The current long-standing rule [identified as (c) on page 11] calls for dentists to be solely responsible for checking dental auxiliary to determine they are competent and qualified to perform the assigned duties. I object to the course requirement, but support this as the dentist's responsibility regardless of any course or training the auxiliary person has taken.

Thank you for your willingness to receive comments. I appreciate your commitment to the health and safety of the people of West Virginia.

Sincerely,

Lee Horton DDS

42

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459
February 15, 2002

Dear Sirs,

I am writing to you to express my concern regarding the proposed rules changes currently being considered which would expand the duties of dental hygienists and dental assistants. I am a dental hygienist licensed in both West Virginia and Pennsylvania. I have been employed in a private practice setting since I earned my degree in 1988. I have also been involved in the clinical education of dental hygiene students since 1993. I have firsthand knowledge of the rigorous educational requirements placed on aspiring dental hygienists by the American Dental Association Board of Accreditation. They set these educational standards to assure that anyone receiving treatment from these individuals will be provided the best care possible.

I cannot understand how a board that is in place to protect the safety of the public receiving dental care could even consider allowing an unlicensed, unregulated, perhaps even uneducated person to provide one-on-one dental care to an unsuspecting patient. As far as I can see, there are no provisions in the proposal for the formal education or regulation of dental assistants. I do however see many of the duties and responsibilities currently held by educated, regulated dental hygienists being handed over to people who may not even have a high school diploma.

I am not naive enough to believe that there are not already dentists out there in the state who are allowing their assistants to do many of the things being considered. They are not only in violation of the law, but they are also violating the trust of their patients who look to them for proper care. If these proposed rules changes are passed, the Board will also be violating the trust of the public which it is supposed to protect.

I feel that until some educational or regulatory standards are set for the practice of dental assisting, these proposed rules changes should not even be considered. Please give serious thought to how the public would react to finding out that they had been allowed to be treated by someone who was not competent to do so. I would thank you for that, and I'm certain they would also.

Sincerely,

A handwritten signature in cursive script that reads "Lynne Muth". The letters are fluid and connected, with a prominent loop on the 'L' and a long tail on the 'h'.

Lynne Muth, RDH

Mary Antonacci
401 Walden Ave.
Tiltonsville, Oh. 43963

Dear W.Va. State Dental Board,

I am a Dental Hygienist. I work in West Virginia, prior to that I was a C.D.A. working in West Virginia. Notice I said "WAS" a C.D.A. My certification lapsed cause it wasn't needed in the State of West Virginia. Can't keep up CEU's when no one tells you when they are cause all the info go to the office, not to the assistant.

The standard of patient care that is your responsibility is in serious jeopardy. I can't believe that this is even an issue. What are you thinking? You don't need and education to practice assisting as it is, now you are saying any idiot can walk in off the street and perform procedures on patients. Sure, in office education is no education at all.

Most of my working life in the dental field has been in West Virginia. I live across the border in Ohio. I now work both in West Virginia and Ohio as a Dental Hygienist. I know what dentists are capable of, so should you. It's your job to anticipate what the outcome of a situation will be before it's implemented. I can see what will happen if you implement the proposals you have on the table.....why can't you?

Should you inact this as law, you are telling me that all my hard work and schooling is worthless. Anyone can walk off the streets and perform what I spent long hours and a lot of money learning to do.....not to mention subjecting the innocent general public to.

Bottom line is an increase in money for the dentists, let the peons do the work for you, you collect ...West Virginia lags behind again....I hear the dueling banjos as I write this.....

Sincerely yours,
Mary N. Antonacci
Mary N. Antonacci R.D.H.

APR 26 2002

44

Earl C. Price, D.D.S. P.C.
1717 Jefferson Street
Bluefield, WV 24701

February 17, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802

Dear Board:

As most of you know me personally, you know that I have practiced in Bluefield, WV for 23 years and am a current officer of the West Virginia State Dental Association. My recommendations in this letter are strictly my own and do not represent any organized group in the state. As a historical note, major effort by the Executive Council was put into organizing on paper the council's stance on duties concerning dentists, hygienists and assistants utilizing the ADA's views on expanded duties and the committee's work was unanimously approved by the Council. Then after a request from the state Hygiene Association, a new committee was formed consisting of three dentists, three hygienists, and three dental assistants. The resulting recommendations were brought back to the Executive Council and were again approved. These results were conveyed to the Board by letter twice. Apparently, they were never received(?).

So this letter is necessary as an individual since the Board apparently doesn't recognize any correspondence from the Executive Council or the WV State Dental Association as it was voted on for the third time at our Wheeling meeting on December 3rd. My personal recommendations are as follows:

- (1) Concerning: 8.2 (dd) I am opposed to either a hygienist or and assistant to monitor the administration of nitrous gas both of which has had no formal training in anesthesia.
- (2) Concerning: 8.3 (k) I am opposed to allowing only dental hygienists to prepare medical and dental histories. This is an insult to certified dental assistants or office staff with previous medical experience and/or training. Enough said!
- (3) Concerning: 8.3(m) I am opposed to allowing only dental hygienists to place, condense and carve amalgam. I think both hygienists and assistants should be allowed to place amalgams but I am not sure the term condensing and carving are needed.
- (4) Concerning 8.3 (n) I am opposed to allowing dental hygienists or assistants to administer local anesthetic of any kind! If there are any risks or complications as a result of anesthesia, I want to be the one that is responsible for it! Ultimately, I am anyway!!!!
- (5) Concerning 8.2 (l, m, q, r, t, and w) I agree that these duties should be assigned to both hygienists and assistants, but I do not agree that they need board approved courses before I may assign these duties to specific staff members. First of all, I don't think the board should be in the continuing education business and I know that you certainly don't know the qualifications of my seasoned, veteran staff better than me. Also, since the buck stops with me, and my reputation is on the line, both legally and morally, I would never let a staff member perform a function that I didn't personally train them for, or I may want them to take a course for additional training, if needed. I think that 99.9% of the other dentists feel the same way as I do about this. We have the patient's best interests and safety in mind.

I am sorry that I had to take up your time with this lengthy letter which I quite frankly feel was unnecessary if proceedings had went as planned. West Virginia has in years past overall been blessed with caring, competent professionals. This whole process has fragmented what once was a unified profession. Under the guise of access, affordability of health care, and protecting the public, this whole ordeal has degenerated needlessly to a turf war that has given a black eye to parts of and/or all of our profession as viewed from the outside. Sadly, some groups have taken a narrow viewpoint instead of looking at what's good for the people of WV and for the profession as a whole. Let's get this over with by passing these recommendations now and submitting it to the legislature as soon as possible. You have the chance to guide our great profession into the new millennium. Now, as the NIKE commercial says, "Just do it!" Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Earl C. Price, D.D.S.", written in dark ink.

Earl C. Price, D.D.S.

45

February 13, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459
(304) 252-2779

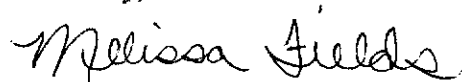
To Whom It May Concern:

My name is Melissa Fields. I have been an orthodontic assistant for the past five years after having completed rigorous training at the Institute of Medical and Dental Technology in Cincinnati, Ohio. I recently received certification as an orthodontic assistant and have been well trained on the job by the two orthodontists with whom I have worked. Based on my training and my five years of experience, I believe that I am qualified to perform many of the duties listed in section 8.2 of the Dental Board of Examiner's proposed rules, provided I have the proper supervision from a licensed dentist. In addition, I believe that all other qualified, certified orthodontic assistants could also perform these duties under supervision. I urge you to take the time to re-evaluate and revise the existing laws. I believe that the proposed laws would ensure more efficiency for both doctors and assistants, and that they would ultimately result in better quality care for dental patients. Conversely, not being able to perform the tasks and duties that dentists have been delegating to assistants for years would result in decreased productivity, and fewer patients being served. Thus, the current laws need to change. Please review these new, proposed rules that will affect our profession for many years to come if they do not change. The newly proposed duties from the Dental Board of Examiner's law that need to be revised are as follows:

Section 8.2: n, s, t, u, w, x, y, z, aa, bb, & cc.

Thank you for your time and consideration.

Sincerely,



Melissa Fields, COA

Christine Arbogast
307 Kennedy Drive
Charleston, WV 25302

H6

February 20, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

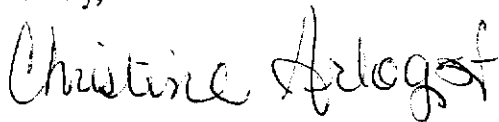
To Whom It May Concern:

Due to recent information about laws that pertain to dental assistants, I feel deeply burdened. If these outdated laws are enforced and not revised, I believe there will be a great strain on our dental community. This will bring a decline in productivity in most dental offices. Not to mention a great number of dental assistants that will be unemployed. Our dental patients will also lose quality care and standard treatment they have been accustomed to.

The dental assistant duties that are listed by the Dental Board of Examiners in Section 8.2: n, s, t, u, w, x, y, z, aa, bb, and cc need to be readvised. Dental assistants have been performing these duties for years.

As a dental assistant for 15 years, I have completed my 2-year degree of dental assisting, becoming certified as an orthodontic and general dental assistant, and gone through vigorous training, and continuous educational courses every year. My duties as a dental assistant are always closely monitored and supervised. Please consider changing these laws mentioned in Section 8.2. I believe society has evolved greatly and would like to continue with the quality care our dental assistants have been providing.

Sincerely,



Christine Arbogast
COA

BEVERLY SCHISLER, COA

1012 Edgewood Drive
Charleston, WV 25302

February 20, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

I am writing to endorse the proposed revision and updating of the laws for the expanded duties for dental assistants. The dental field is ever advancing and changes in these laws are long overdue.

The expanded tasks and duties of the dental assistants should never be taken lightly. The assistant, through quality education and skilled supervision by the attending dentist benefits the practice in many ways. Increased efficiency and productivity help keep patient fees affordable.

I am concerned that if these laws are not updated, it would adversely effect my position as well as dental assistants and patient care cost throughout West Virginia. Therefore, I am in favor of updating the laws that pertain to expanding the duties of certified dental/orthodontic assistants in Section 8.2 c, n, s, t, u, w, x, y, z, aa, bb, and cc.

Your favorable consideration would be greatly appreciated.

Respectfully yours,



Beverly Schissler
COA

LORI BURDETTE, COA

48

February 22, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

This letter is in reference to the proposed laws that will effect the dental profession as a dental assistant. I feel the laws are antiquated and need to be revised.

Under supervision from a licensed dentist, I believe certified dental assistants are qualified to perform duties listed in section 8.2. Dentists have been delegating expanded duties to qualified assistants for years and are essential to the productivity and efficiency of any practice.

Please review the following proposed duties that will affect me as an orthodontic assistant. Section 8.2: n, s, t, u, w, x, y, z, aa, bb, and cc.

Thank you for your time and consideration

Sincerely,



Lori Burdette
COA

FEB 25 2002

PENNY BUTCHER
COA, Treatment Coordinator

49

February 20, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

I am writing in regards to the dental assistants/hygienists rule changes that have been proposed by the Dental Board of Examiners. I am deeply concerned that my career and livelihood may be affected by this reevaluation of what you think we are qualified to do.

I have worked hard more than a decade to obtain my dental knowledge and skills. I now feel violated to think that someone will take away the job duties that are so much a part of my life.

I started out by attending Carver Career and Technical Center, earning a certificate in Dental Assisting. I'm now not sure why I paid to take a course that taught me how to do the many things that you are now not sure assistants are capable of doing, such as dental health education. I'm not sure why I studied and took test on anatomy and nutrition, not to ever use it.

I am a certified orthodontist assistant who takes a lot of pride in my career and being very caring towards my patients. I am concerned for my patients' welfare because I feel that some of the changes may affect the quality of care they may receive. If dental assistants and hygienists are not used to their fullest potential there will not be enough doctors to serve the patients population. In return patients will not receive adequate and timely treatment.

I have worked in many fields of dentistry, so I have a variety of dental experience. I have currently worked in the orthodontic field for 10 years. It is a world of its own separate from a general dentist office. When all the changes were taken into consideration, I don't feel that you analyzed how it would affect the world of orthodontics.

In an orthodontic office the average amount of patients seen is 80 to 120 a day. Every orthodontist assistant in our office is certified. In order to stay certified we take continued education classes and strive to be the best at what we do. If our abilities are not used, our doctor could probably only see 20 patients per day. Who will take care of all the others? I don't believe that our colleges and universities can turn out that many orthodontists.

I also feel that if assistants and hygienists are not used and patients require only the doctor care, that cost will escalate beyond the patients' means.

I believe that the most productive way to solve these issues would be to meet with a group of general dentists, specialist, dental assistants and hygienists to discuss the pros and cons of each duty and how it affects each field. Please give us a chance to voice our opinions and recommendations before making decisions that affect so many people.

We only wish to serve our patients with quality of care, in a timely fashion, at a cost effective fee.

Sincerely,



Penny Butcher
COA, Treatment Coordinator

50

Tonoa Chris Meadows
2295 Roxalana Rd.
Dunbar, WV 25064

February, 21, 2002

WV Board of Dental Examiners
P.O. Box Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

As an orthodontic assistant for the past 20 years, I feel the existing laws for the duties of assistants are long overdue to be re-evaluated and revised.

The Dental & Orthodontic field is forever expanding, therefore if the laws are not changed it will affect our positions and patient care in our practice.

There are a great number of assistants who are qualified and confident in performing the duties in Section 8.2,c,n,s,t,u,w,x,y,z,aa,bb,cc./ under the supervision of attending Dentist/Orthodontist, which would increase the efficiency and productivity of many practices.

I work in a wonderful Orthodontic practice, and I would hate to see the high quality education and skills not being used to the fullest ability.

I feel if these laws are not changed, it will greatly decrease the productivity in Dental/Orthodontic offices which will result in the increase in patient fees.

Your consideration in the changing of these laws would be greatly appreciated.

Thank you for your concerns,

Tonoa Chris Meadows

Tonoa Chris Meadows COA

FEB 25 2002

LORI L. MALLORY

1302 Chestnut Street
South Charleston, WV 25303

51

February 20, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

The following letter is in regards to the proposed updating of the expanded duties for the dental assistants. As a registered dental hygienist and certified orthodontic assistant, I feel that many are long overdue for revision.

Expanded duties for the assistant, especially in the office, are essential to the productivity and efficiency of the practice. The following proposed expanded duties would affect our office personally: Section 8.2 c, n, s, t, u, w, x, y, z, aa, bb, and cc.

I feel that these duties, upon proper education and supervision of the attending dentist are essential to the livelihood of any orthodontic office. Thank you for your time and consideration.

Sincerely,

Lori M. Mallory
Lori M. Mallory
RDH, COA

FEB 27 2002

52

Sandra James
71 Willowood Circle
Hurricane, WV 25526

February 20, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

I am writing this letter in regards to the proposed revision of laws for dental assistants. I have worked as an orthodontic assistant for six years and as a dental assistant for the three prior years. As a certified orthodontic assistant, I feel that the expanded duties of the dental assistant are essential for the efficiency of any orthodontic or dental practice.

Through both training and clinical experience, assistants allow dentists and orthodontists to treat and serve a larger volume of patients. I am in favor of the proposed duties of section 8.2: n, s, t, u, w, x, y, z, aa, bb, and cc.

Sincerely,



Sandra James
Certified Orthodontic Assistant

FEB 20 2002

RACHEL PETTY
604 Burdette Lane
Elkview, WV 25071

.....

February 20, 2002


WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

As an orthodontic assistant for the past ten years, your recent plan to revise the duties affects me tremendously. I feel the laws are long over due to be changed. Please be advised that you have my full support, the role of the certified orthodontic assistant is in effect, critical to the dental practice. Not being able to perform the tasks and duties dentists have been delegating to assistants for years and qualified to do will decrease the productivity within the dental office and result in an increase patient fees.

I am in favor of updating the laws that pertain to expanding the duties of qualified, certified orthodontic assistants which follows:
Section 8.2 c, n, s, t, u, w, x, y, z, aa, bb, and cc.

Thank you for your time and consideration.

Sincerely,

Rachel Petty
Certified Orthodontist Assistant

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54

DRS. SOKOLOSKY & WEAVER
ORAL & MAXILLOFACIAL SURGERY
1218 VIRGINIA STREET EAST
CHARLESTON, WV 25301
Phone: 343-5161 Fax: 343-5205

To: WV Board of Dental Examiners

Fax: 252 2779

From: Beverly Stevens

Date: 2/25/02

Pages: 3 (including cover)

Re: Rules for expanded duties

Comments:

Dear Board of Dental Examiners

February 20, 2002

My name is Beverly Stevens. I served as one of the three dental assistant representatives on the task force that made recommendations concerning expanded functions for dental hygienists and assistants. I have worked in an oral surgery practice since 1974 and have done part time work for a general dentist.

I have represented West Virginia Dental Assistants Association at the American Dental Assistants Association, where I became familiar with many expanded duties that have been legalized, in other states. I have reviewed the Board's proposed rules for expanded functions and would like to comment on them as a member of the task force and past president of the West Virginia Dental Assistants Association.

Below are my comments about the proposed rules.

1. 8.2 (dd) Monitoring nitrous oxide that includes only increasing oxygen and decreasing nitrous oxide should be approved for assistants as well as hygienists. All nitrous oxide machines I have ever seen in operation or in catalogs have a fail safe mechanism that would protect the public.
2. 8.3(c) The task force dentist and assistants approved polishing coronal surfaces of teeth by dental assistants and dental hygienists after discussion on the need during orthodontic procedures, permanent crown cement, and sealants.
3. Scaling coronal surfaces of teeth by the educated dental assistant was approved by dentists and assistants on the task force, I can understand why some hygienists feel threatened by this but what I hear from dentists in rural areas that there is a

shortage of hygienists and I don't know of a orthodontic practice that employs a hygienist.

4. The task force approved polishing of amalgams by assistants; I feel this would be very helpful in the dental practice and should be added for dental assistants
5. Preparing medical histories for interpretation by the dentist should be allowed for assistants as well as hygienist. As in 8.3(k) All Orthodontic and Oral Surgery practices I am familiar with do not have hygienist to prepare medical histories, in fact most medical histories are started at the front desk. This procedure should be approved

For the past 28 years I have been employed by Dr.'s. Adams, Topp, Sokolosky, and Weaver. I started out as an assistant, getting the training and education I needed to become a Certified Oral and Maxillofacial Surgical Assistant. Then a few years later I passed the exams to become a Certified Oral and Maxillofacial Anesthesia Assistant. I enjoy the profession I have chosen and believe it is imperative to have qualified, well trained auxiliary not only for the benefit of the dental team but first and foremost to protect and benefit our patients. I ask the Board to revisit these expanded duty functions, keeping in mind that education and certified training in the auxiliary will not only benefit the patients as well as the dental team.

Thank you for the opportunity to address these issues.

Respectfully Yours

Beverly L. Stevens, COMSA
Beverly L. Stevens, COMSA

55



Vivian L. French, D.D.S.

139 7th Avenue
South Charleston, WV 25303

Phone: (304) 744-4670
Fax: (304) 744-4697
Email: vfrenchdds@earthlink.net

Fax Transmittal Form

To *N.V. Board of
Dental Examiners* From

Name: *VIVIAN FRENCH, DDS*

Organization Name/Dept:

CC:

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: *2-25-02*

Time sent:

Number of pages including cover page:

Message:

FAY 304-252-2779

*Letter concerning Proposed change to
duties Auxiliaries and do.*

Thanks

Vivian L. French, D.D.S.

139 SEVENTH AVENUE
SOUTH CHARLESTON, WV 25303
TELEPHONE (304) 744-4670

February 8, 2002

Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To whom it may concern:

What is the purpose of expanding the functions of dental auxiliaries? Is it not to allow us to deliver more proficient care in a more cost conservative manner? Through delegation of certain tasks to lower paid but skilled individuals we become more productive which lowers the cost of treatment. In order to do this we must find a way to and train our dental teams so that it does not become more expensive to operate. The requirement that assistants must take board approved courses to perform certain tasks only serves to increase the overall cost of dentistry.

Who is going to bear the cost—for employees attending these courses?. Who helps run the office while the employee is getting this training? Who pays for the courses? After having paid for the course and labored through multiple absences, what happens when another dentist hires that fully trained assistant away after only 2 to 3 months? How do we recoup the loss? What do we have to do as dentists to protect our practices and yet keep pace in today's marketplace?

- We raise our fees!!!**
- (1) The cost of the courses, travel expenses,
 - (2) The hours of decreased production each time one of our employees goes to a course,
 - (3) The constant turnover of staff—do to increased competition between dental colleagues for trained staff members
 - (4) The significant loss of production each time an employee leaves and a new one must be trained.,
 - (5) The increase in overall salaries and wages we all will have to pay these "skilled" employees in an attempt to protect our investment

All of these cost will most definitely be passed on to the consumer. How does this accomplish your goal?

Furthermore, where are these board approved programs? How long does it take to become proficient at each of these task? How many hours of hands-on training will be necessary? What is the likelihood that someone taking a board approved program will return to our offices proficient at the task? Who determines proficiency?

VLF (1)

2

OPPOSE: 8.2 (l),(m),(q),(r), (t), and (w) all rules requiring the taking of a board approved course before a dentist may assign employees these duties. All of these activities are trainable skills- often relying more on the individuals ability to work with his / her hands than on educational poweress. Any intelligent, diligent, interested and willing person who takes pride in his/her accomplishments can be trained by a dentist employer to: apply sealants, cavity liners, record medical histories, or instruct patients concerning nutrition and the prevention of dental disease. They learn because they want to learn, they are interested in this profession, and genuinely want to help the people they serve. This is a character trait and not something a board approved course is likely instill.

Having had a chance to work with two hygienist that had just passed the board, I can tell you that both required constant supervision and further instructions and neither was capable of even accomplishing those task (scaling and root planning, radiographs, etc.) that they were trained to do with any degree of consistency, With patience, constant instruction, and supervision—they became more proficient in time.

Adequate programs just don't exist. Assistants I have interviewed and /or hired to work for me from Putnam and Carver programs could barely mount x-rays, had to be re-instructed in the use of the XCP, couldn't pour a model without it running all over the cabinet, could not mix cement, rarely could they differentiate between restorative instruments (except the basic setup). Some even had trouble answering even the most basic questions about dental disease. This is after a year in a program.

If a dentist must train, retrain, and refine the skills of a person who has passed a board examination, or taking a years worth of courses, is he/she not capable of training the person from the beginning. What did the taking of a course do to benefit the assistant, the dentist or the patient? The dentist can and should be solely responsible for checking dental auxiliary to determine that they are competent to handle assigned duties, and no dentist should assign duties to auxiliary until they are assured that the auxiliary is fully competent and qualified to perform said duties regardless of previous training. **The need for the dentist to exercise caution is assigning duties to dental auxiliaries has been fully addressed on Page 11 part (c).**

OPPOSE: 8.2 (u) and 8.3 (c) which restrict the polishing of coronal surface to only hygienist.

8.2 (u) Use of power driven handpiece with rubber cup only and/or brush only for preparing a tooth for accepting a restoration and/or appliance.

8.3 (c) Only hygienist may polish ~~coronal~~ and/or exposed surfaces of teeth

If a dental assistant can be trusted to use a rotary handpiece with a rubber cup/brush to polish a tooth that needs a sealant, why can they not continue to polish coronal surfaces of teeth? Previous standards allowed dental assistants to polish coronal surfaces and they should continue to be allowed to do so.

VLF(2)

3

OPPOSE 8.3 (d) Nutritional counseling

Constantly there are children and adults that need to be informed that increased sugar exposure can increase risk of caries. Each and everyone working in the dental profession should be able to reiterate and reinforce this to each patient that presents to our offices with caries.

Situation: An emergency patient comes in with an abscess tooth—there is visible plaque on the teeth and multiple caries. The assistant checks the patient, observes the presence of this plaque and questions the patient about use of "soda pop". The patient reports they drink several "cokes" a day. According to this ruling, an assistant cannot discuss the association between sugar and caries with this patient. How does this benefit the patient? In a perfect world, this patient would come back to the hygiene department and have proper nutritional counseling, but in the real world, they may not.

As health care workers, we owe it to everyone that steps into our offices to have every staff member committed to informing our patients of ways to prevent disease.

OPPOSE: 8.3 (f) Examining and recording periodontal findings. Strike recording.

In my office, both my hygienist and I dictate our periodontal findings to another staff member for recording directly into the computer or onto a periodontal chart. **This prevents contamination of the computer keyboard or dental records with the patients saliva and blood, and significantly reduces the time it takes to do the examination.** (while voice programs exist allowing the dictation directly into the computer, these programs are far from perfected and a major expense.)

OPPOSE: 8.3 (k) Only allowing hygienists to prepare medical and dental histories for interpretation by dentist.

Must I fire my receptionist and get a registered hygienist to answer my phones?

When my receptionist questions a patient on the phone :

- (1) about their need for antibiotic coverage before dental treatment,
- (2) medical conditions that might require that I consult with the patients physician before an appointment being scheduled.
- (3) a medical condition which might have developed since their last appointment
- (4) dental treatment received by their previous dentist (radiographs done when, where) (who did the root canal on the tooth they say needs a crown)
- (5) when she reads the medical / dental history form to a patient that is blind, can not read, or has left his glasses at home and checks the appropriate blocks,

VLF(3)

3

OPPOSE 8.3 (d) Nutritional counseling

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- (4) dental treatment received by their previous dentist (radiographs done when, where) (who did the root canal on the tooth they say needs a crown)
- (5) when she reads the medical / dental history form to a patient that is blind, can not read, or has left his glasses at home and checks the appropriate blocks,
- (6) when my assistant ask the patient to look over their previous history form and determine if there has been any changes in medical conditions / or medications and to note this on the form so we have a permanent record,

VLF(3)

4

is she running afoul of the law?

If the dentist is the only one able to interpret the results of the medical/dental history, and if the dentist is ultimately responsible for proper treatment based on that information—he/she should be allowed to determine what information he/she needs how, when and what method is best to collect said information.

Often patients that do not read or that are afraid of looking "stupid" will simply check "no" to every question on the medical history form even if they do not understand the question. However, with the receptionist or dental assistant they will often confide that "they do not understand the question", "they do not know what a word or medical term means, they may want to know 'why' I asked for a particular bit of information. This opens a line of communication—we desperately need.

OPPOSE 8.3 (j) including vitality test here, restricts them to hygienist, however this contradicts rule 8.2 (e)

which allows dental assistants to do pulp vitality test. Strike out vitality test here and leave them under section 8.2.

OPPOSE 8.3 (m) Allowing ~~only~~ hygienist to place, ~~condense~~ and ~~carve~~ amalgams.

I do not feel that a hygienist has enough training in form and function to carve amalgams. However, either hygienist or assistant could easily be trained to place the amalgam. Why would one need a hygienist to do this procedure anyway? A hygienist is supposed to be performing periodontal procedures (that he/she was trained to do) not restorative procedures (for which he/she has had no training.)

Thank you for your consideration in this matter.


Vivian L. French, BDS

VLF 4

Section 8.2

- (a) Placing, exposing developing and mounting dental radiographs
- (b) Charting existing restorations and missing teeth.
- (c) Dental health education
- (d) Inspection of oral cavity to view and report the symptoms/to dentist
- (e) Performing pulp vitality testing
- (f) Placing and removing rubber dams
- (g) Insert and adjust athletic mouth guards and bleaching trays with final check by supervising dentist
- (h) Placing and removing periodontal dressing with final check by supervising dentist.
- (i) Placing and removing matrices
- (j) Applying topical anesthetic agents with prior approval by supervising dentist
- (k) Applying topical anticariogenic agents with prior approval by supervising dentist.
- (H) Applying pit and fissure sealants with final check by supervising dentist ~~with taking of a board approved course.~~
- (m) Applying cavity liners and bases with final check by supervising dentist prior to placement of permanent restoration ~~with the taking of a board approved course.~~ Holding and removing materials, trays strips, sutures, brackets, and bands previously placed in the patient's mouth by the dentist.
- (n) Removing excess cement from coronal surfaces of teeth without the use of power driven instruments.
- (o) Removing soft tissue dressings
- (p) Fabricate and cement temporary crowns and bridges with final check by supervising dentist ~~after taking a board approved course~~
- (q) Placing and removing temporary restorations by a non power driven method with final check by supervising dentist ~~after taking a board approved course.~~
- (r) Taking intra and extra - oral photographs
- (s) Chemical conditioning of the tooth to accept a restorations and / or bracket by topical application ~~with the taking of a board approved course~~
- (T) Use of power driven handpiece with rubber cup only and /or brush only for preparing a tooth for accepting a restoration and / or appliance **OR TO POLISH THE CORONAL PART OF THE TEETH..**
- (u) Placing retraction cord for crown impressions with prior approval by supervising dentist.
- (v) Taking final impressions for fixed or removable prosthesis and or appliance with final check by supervising dentist ~~with the taking of a board approved course.~~
- (w) Taking impressions for study cast and models
- (x) To check for loose orthodontic appliances and take orthodontic measurements
- (y) Fitting band and brackets prior to final cementation and or bonding by the supervising dentist.
- (aa) Bending archwires with final check by supervising dentist at the time of placement
- (bb) Place or remove temporary space maintainers, orthodontic separating devices and or ligature wires with final check by supervising dentist at the time of placement
- (cc) Remove loose or broken bands, brackets or archwires when directed by the supervising dentist
- (dd) Monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide ~~with the taking of a board approved course;~~
- (EE) PLACE AMALGAM FOR CONDENSATION BY DENTIST.**

8.3 those duties that may be assigned to a dental hygienist

- (a) Supra and subgingival scaling of teeth
- (b) Placement of subgingival medicaments, fibers, and chips, etc.,
- (c) Polishing of ~~coronal~~ and or exposed surfaces of teeth
- (d) Nutritional counseling- ADD complete nutritional counseling which results in a fee being charged .**
- (e) Finishing and polishing of restorations with a slow speed hand piece
- (f) Examining and ~~recording~~ periodontal findings
- (g) Debridement and / or root planning of teeth
- (h) Application of bleaching agents.
- (i) Scaling excessive cement from the surfaces of the teeth and restorations
- (j) Performing clinical examinations and diagnostic test of teeth and surrounding tissues and recording findings for interpretation by a dentist (restorative charting, caries activity test, cytology smears, ~~vitality test.~~ Etc.)
- (k) ~~Preparing medical and dental histories for interpretation by a dentist~~**
- (l) Performing salivary analysis and smears
- (m) ~~Placing and condensing and carving amalgam by a non power driven method with final check by supervising dentist with the taking of a board approved course.~~**
- (n) ~~Administration of infiltration and block anesthesia with the taking of a board approved course and passing a board approved test.~~**



WVDA News

January 2002

West Virginia Dental Association

2003 Quarrier Street
Charleston, WV 25311
Tel. (304) 344-5246
FAX (304) 344-5316
E-mail WVRDS@AOL.COM

96th Annual Session
July 18-21, 2002
The Greenbrier Hotel
White Sulphur Springs

Semiannual Session
December 6&7, 2002
Parkersburg

C. Richard Gerber, D.D.S. 2002 President



C. Richard Gerber, D.D.S., of St. Marys, assumed the office of President on January 1, after serving as President Elect in 2001. He is a 1983 graduate of WVU School of Dentistry and a second generation dentist, preceded by the late-Clarence R. Gerber, D.D.S., with whom he shared a general practice. He and his brother, Jay W. Gerber, D.D.S., practice together in the Pleasants County community.

As a student, he was President of the WVU Chapter and represented his Class of '83 to the American Student Dental Association, and served as Student Chapter Delegate to the national student organization for two years, after serving as Alternate Delegate. He is a member and Past President of the Chi Chi Chapter of Delta Sigma Delta Dental Fraternity. He has served on the School's Visiting Committee since 1997.

Dr. Gerber was elected WVDA Delegate to the American Dental Association House of Delegates from 1995 through 2000, and chaired the state delegation four of the six years. He was also elected Alternate Delegate in 1994 and 2001. He served as Sixth District Chair to the ADA in 1998, representing the Kentucky, Missouri, Tennessee and West Virginia Dental Associations. He represented the District on the ADA's Reference Committee on Communications and Membership Services in 2000. He has represented WVDA as Political Action Team Leader to the ADA since 1995.

At the state level, Dr. Gerber served as WVDA Vice President in 1999. He has chaired the Nominations, Young Dentists, and Legislation Committees. He served on WVDA's Political Action Committee Board of Directors, and chaired the Committee in 1999 and 2000. He also chaired the Special Committee on the Evaluation of Independent Practice Associations, and the Task Force on Study of the WV Dental Practice Act and Dental Auxiliary Issues.

Dr. Gerber represented the Blennerhassett Dental Society as Delegate to WVDA's Executive Council from 1985 through 1995. He has held the offices of President, Vice President and Secretary/Treasurer in his component society.

He is a Life Member of Delta Sigma Delta Dental Fraternity, WVU School of Dentistry Alumni Association, and WVU Alumni Association. He is a Fellow in the International College of Dentists, and recipient of the Pierre Fauchard Academy's Citation for Outstanding Contributions to the Art and Science of Dentistry.

Dr. Gerber and his wife, the former Andrea Dye, have three children, Chip, Kathi, and Caroline. They are members of the St. Marys United Methodist Church.

FEB 12 2002

President's Message

I trust everyone had a happy holiday season. Entering this new year the West Virginia Dental Association will hit the ground running as the Legislature begins its regular 60-day session on January 9.

As you know, I have a passion for legislative issues. What the Legislature can do in five minutes will impact your practice more than any marketing you or the Association can do over a ten-year period. Thus, it is of prime importance we educate our legislators about our issues.

An example of this was our input during the medical malpractice special legislative session, which lasted six weeks last year before adjourning on December 1. Although dentistry does not have the problems with malpractice insurance to the extent that physicians do, our profession was caught up in the action with dentists being terminated by insurers who were getting out of the malpractice business.

In an effort to keep an available insurance market for malpractice coverage, we lobbied for civil justice reform, including being a participant in newspaper advertising requesting legislators to pass a law that would reduce the instances of frivolous suits and third party bad faith claims. We weren't successful with everything we sought, but it was a good beginning for reform that we will continue to pursue.

The 2001 Legislature passed major revisions to our Dental Practice Act, the first such revisions since 1967, after extensive lobbying of legislators and participating in a year-long study by a joint committee of Senators and Delegates. WVDA mailed a copy of the new Act to its members when it became effective July 1, 2001.

The Legislature also passed a law to phase out the onerous provider tax over a ten-year period. This year, we will attempt to get the phase out period reduced.

We are responsible for our own destiny. We must all get involved. WVDA members are requested to come to Charleston and visit their Senators and Delegates on either February 21 or February 28. We can accomplish a profound impact with a large number of dentists on either of those days. This grass roots effort along with a contribution/membership in West VADPAC will get us off to a grand start. This is an election year, with all 100 seats in the House of Delegates and 17 of the 34 seats in the Senate up for election. Your contribution to the WVDA Political Action Committee helps our efforts in achieving our legislative goals.

We must continue to build on our membership. Over 80 percent of the dentists in West Virginia are members of WVDA. This year will take full advantage of a grant from the American Dental Association to recruit members from the senior dental class. These new members are the lifeblood of organized dentistry. Our Association will continue its strong relationship with the West Virginia University School of Dentistry. This can

only benefit all of us. A large majority of our members are graduates of WVU School of Dentistry, to which we owe our careers.

Our annual session last year was a success that was improved in attendance and content. We will build on that tradition in 2002 as the scientific program will be presented by the WVU School of Dentistry faculty. I have been assured this will be one of our best program ever as many areas of dentistry will be include.

With this format we are hoping to get a large turnout of alumni. The fourth-year dental students will again be invited as our guests. In addition to the scientific program, they will attend a special program which will address many of the issues young dentists face today, including membership benefits of ADA and WVDA. The WVDA has committed substantial resources to improve the meeting. But for the meeting to be a success, all our members must be encouraged to attend.

Don't forget the semiannual session in Parkersburg, December 6-8. This will include an infection control program on Friday afternoon. Saturday's scientific program will be announced later. Also on Saturday, spouses can take advantage of a special tour of the Fenton Art Glass factory and Holl's Chocolates. It promises to be a great holiday weekend.

Follow up actions by the Board of Dental Examiners will be monitored as they develop rules governing expanded functions. Communication with members will be a priority, particularly with legislative issues. So, please send the WVDA office your E-mail address to wvrd@aol.com so you can receive important messages in a timely manner. I will continue my visits throughout the state and look forward to seeing and meeting all of you.

C. Richard Gerber, D.D.S.
2002 WVDA President

Board reopens expanded duties: all DDSs must respond by Feb. 28

The January issue of WVDA News was delayed because of receiving a notice from the Board of Dental Examiners on January 22, announcing it was reopening its proposed rule on expanded duties dentists may delegate hygienists and assistants. The Board had approved a list of expanded duties at its January 11 meeting, and announced it was sending them to the Legislature's Rule Making Review Committee for its approval.

WVDA mailed dentists a notice of the Board's unexpected action and its list of expanded duties, on January 26, requesting dentists write their comments about the duties to the Board. WVDA identified the Executive Council's position on duties in the notice as a guide for dentists to use in their letters to the Board. The Board **MUST** receive written comments from all dentists by February 28. Its address is PO Drawer 1459, Beckley, WV 25802-1459. FAX number is (304) 252-2779

Join our E-mail service

Many dentists are receiving timely news via WVDA's E-mail service, including Legislature Alerts during the 2002 Legislature. Dentists can sign up for the service by E-mailing their name, telephone and FAX numbers, and E-mail address to WVRDS@AOL.COM. All addresses are kept confidential.

Membership reminder

WVDA mailed 2002 membership statements to dentists in mid-December. Members are reminded dues were due January 1. If you did not receive your renewal statement, please contact WVDA at (304) 344-5246 to be assured of continued membership.

ADA to present student program

"Starting Your Dental Practice" will be presented WVU dental students by the ADA Council on Dental Practice, February 8, in Morgantown. The day-long seminar is designed to discuss the business end of starting a dental practice. The ADA presents the program to various schools around the country every year.

Visits to the Legislature

WVDA members are invited to come to the Capitol on either February 21 or 28 and talk with their Senators and Delegates about legislative issues. Plan to arrive by 9:30 a.m. for a briefing in pending legislation. Call WVDA (304) 344-5246 if you plan to attend.

Classified

Associateship/Sale: Eastern Panhandle. Well established general practice. Excellent facility, staff. Profitable. Outstanding opportunity in a lovely area. Convenient to Baltimore, Washington and Harrisburg. Call (412) 673-3144 or after hours 412-621-2882.

Westmoreland Dental Associates in Charleston is looking for temporary dental hygienist to fill in 7-8 weeks, starting end of March to end of May. Excellent pay. Call Rolena or FAX resume. Tel (304) 342-6162 or FAX (304) 342-8309.

Dental practice for sale in growing area of WV. Building is three years old, with four operatories. Call WVDA (304) 344-5246 for more information.

Interested and considering selling - buying - merging - arranging an associateship? Contact transition specialists. Professional Practice Planners, Inc., 332 Fifth Ave., Suite 213, McKeesport, PA 15132. Call: 412-673-3144 during day or 412-621-2882 after hours; E-mail: ppp@angstrom.net FAX 412-673-0904

Board of Dental Examiners Roster

Dentists serving on the Board are appointed by the Governor from a list of three (3) nominees elected by WVDA dentists each year. The election process begins in April, during which time dentists may vote for nominees either by absentee ballot or at the Annual Session in July. A sixth dentist position and the new certified dental assistant position was created in the law passed in 2001.

Each component society is entitled to submit one candidate for election as one of the three (3) nominees. The names of candidates are to be given WVDA's Nominations Committee, which is scheduled to meet this year on April 13 at the Embassy Suites in Charleston. The list of candidates will be mailed all WVDA dentists.

During last year's election, dentists elected the three (3) following dentists for the Governor's consideration in appointing one (1) to the Board for the five-year term beginning July 1, 2002, and terminating June 30, 2007: Dr. Bernard Grubler of Wheeling; Dr. John Sutton of Martinsburg; and Dr. James Vargo of Beckley.

The Governor appoints the dental hygienist and certified dental assistant from nominees submitted by the Dental Hygienists and Dental Assistants Associations, respectively. The Governor selects the citizen member of the Board.

Bernard J. Grubler, D.D.S., President
21 Damian Road, Wheeling, WV 26003
June 30, 2001 (Eligible for second five-year term)

Thomas S. Wilkerson, D.D.S., Secretary
1400 Kanawha Blvd., East, Charleston, WV 25301
June 30, 2003 (Eligible for second five-year term)

H. Richard Marshall, Jr., D.D.S.
120 Maplewood Avenue, Ronceverte, WV 24970
June 30, 2004 (Eligible for second five-year term)

George D. Conard, Jr., D.D.S.
6353 East Pea Ridge Road, Huntington, WV 25705
June 30, 2005 (Not eligible for second five-year term)

John C. Dixon, D.D.S.
1961 Parkwood Road, Charleston, WV 25314
June 30, 2006 (Not eligible for second five-year term)

Richard D. Smith, D.D.S.
1501 Seventh Avenue, Charleston, WV 25312
June 30, 2006 (Eligible for second five-year term)

Dina Agnone Vaughan, BSDH, MS
151 May Apple Trail, Lewisburg, WV 24901
June 30, 2002 (Eligible for second five-year term)

Debra Dent, CDA
PO Box 618, Union, WV 24983
June 30, 2006 (Eligible for second five-year term)

Mrs. Dolores L. Gribble, Citizen Member
11 Davis Place, Clarksburg, WV 26301
June 30, 2002 (Eligible for second five-year term)

WEST VIRGINIA DENTAL ASSOCIATION

2003 Quarrier Street • Charleston, WV 25311

TEL: (304) 344-5246

FAX: (304) 344-5316

February 4, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

This is in response to your January 21 notice that your proposed rule on expanded duties dentists may delegate dental hygienists and assistants is open for written comments up to and including February 28, 2002. This Association submits the comments below after unanimous approval by its Executive Council in March 2000 and again in December 2001. The Council is composed of WVDA elected officers and delegates elected by their respective component societies, of which there are 11 throughout the State, for a total of 28 dentists.

#1 This Association opposes "8.2 (dd)" which would allow both hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a Board-approved course. This Association is not aware of any stand-alone program for this function which the Board may approve. Neither hygienists nor assistants should monitor administration of nitrous oxide analgesia in the interests of protecting patients' health, safety and welfare. Therefore, it should be deleted from the proposed rule.

#2 This Association opposes "8.3 (k)" because it would allow ONLY dental hygienists to prepare medical and dental histories for interpretation by a dentist. As written, this proposal adversely impacts general practitioners and specialists who do not employ dental hygienists because the dentist would be the only person in the office to prepare or update histories. According to an August 1999 American Dental Association of 600 West Virginia dentists, 66.5 percent do not employ a full-time hygienist. It would also adversely impact dentists who employ dental hygienists on a part time basis. The same survey shows only 48.2 percent of West Virginia dentists employ a part-time hygienist. This proposed rule should be amended to also allow dental assistants, as well as hygienists, to prepare and update medical and dental histories for interpretation by a dentist. It should also be amended by substituting the letter "a" after word "interpretation" with the words "the supervising", so the conclusion of proposed duty will read "...for interpretation by the supervising dentist." The proposed duty should then be included in section "8.2", which includes duties for both hygienists and assistants.

#3 This Association opposes "8.3 (m)" because: (1) it would allow only dental hygienists to place amalgams; (2) it would allow hygienists to condense and carve amalgams; and (3) it calls for the taking of a Board-approved course. This proposed duty should be amended to allow both hygienists and assistants to place amalgams with training by the dentist in the manner preferred; and it should be amended by not allowing neither a hygienist nor assistant to condense and/or carve amalgams.

continued on Page 2

#4 This Association opposes "8.3 (n)" which allows hygienists to administer infiltration and block anesthesia after taking a Board-approved course because it is not in the interests of patients' health, safety and welfare. These functions are not taught in any of the three dental hygiene programs in our State, therefore, graduates of our State's programs are not educated or trained to preform these procedures. This Association is not aware of any "stand alone" training program for these procedures in the immediate area of our State.

#5 This Association supports dentists electing to delegate both hygienists and assistants the following duties:

- "8.2 (l)" applying pit and fissure sealants with final check by evaluation by supervising dentist;
- "8.2 (m)" applying cavity liners and bases with final check by supervising dentist;
- "8.2 (q)" fabricate and cement temporary crowns and bridges with final check by supervising dentist;
- "8.2 (r)" placing and removing temporary restoration by a non-power driven method with final check by supervising dentist;
- "8.2 (t)" chemical conditioning of the tooth to accept a restoration and/or bracket by topical application;
- and
- "8.2 (w)" taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist.

However, this Association opposes the requirement that hygienists and assistants take Board-approved courses to perform these duties. This Association is not aware of any stand-alone training programs for any of the above duties. These are duties dentists can train hygienists and assistants to perform in the supervising dentist's prefer manner, if the dentist elects to do so. This Association supports the current Board rule "8.1 (c)" wherein the dentist is solely responsible for checking the dental auxiliary to determine he or she is competent to handle assigned duties, and that dentists shall not assign additional duties to a hygienist or assistant until they are assured that the hygienist or assistant is fully competent and completely qualified to perform the assigned duties.

This Association submits the above comments in the spirit of protecting the public's health, safety and welfare, while improving upon efficiencies in the delivery of dental care in a cost effective manner.

Very truly yours,



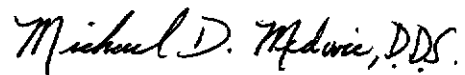
C. Richard Gerber, D.D.S.
President

Very truly yours,



Charles L. Smith, D.D.S.
President Elect

Very truly yours,



Michael D. Medovic, D.D.S.
Immediate Past President

WVDA responds to Board request for input on expanded duties

The expanded duties issue has been "work in progress" since early 2000, and its final outcome will not be realized until 2003 - making it over three years before dentists can start delegating new expanded duties to dental hygienists and assistants. Below is a brief history of WVDA's involvement in this issue.

Board requests input...

WVDA was requested by the Board in December 1999 to meet with the dental hygienists and assistants organizations, and present changes they recommend for expanded duties to the Board.

Task force studies expanded duties...

A task force of three dentists, dental hygienists and dental assistants, appointed by their respective organizations, met twice in February 2000 to study new duties that may be delegated hygienists and assistants. Of the 54 duties reviewed, the three task force dentists did not recommend, nor did the Executive Council subsequently approve the following five (5) expanded duties as recommendations to the Board:

- ▶ administration of nitrous oxide analgesia by dental hygienists, as requested by hygienists;
- ▶ administration of infiltration and block anesthesia by dental hygienists, as requested by hygienists;
- ▶ general supervision for dental hygienists, as requested by hygienists;
- ▶ monitoring nitrous oxide analgesia by dental hygienists and assistants, as request by hygienists and assistants; and
- ▶ placement of extraoral electronic anesthesia device by dental hygienists and assistants, as requested by hygienists and assistants.

Council approves duties...

The remaining 49 duties were unanimously approved by 28 dentists on the Executive Council in March 2000. Those duties were published in the March WVDA News. The Council again gave its approval of the 49 duties by an unanimous vote by 28 dentists on December 2, 2001.

WVDA goes to Board meetings...

The Board held a public hearing on expanded duties, September 21, 2001. WVDA officers presented the Executive Council's recommendations at that hearing. Various officers attended Board meetings on November 30 and December 1, 2001, and January 11, 2002. The Board approved the proposed duties contained on Pages 11, 12, 13, 14 and 15 of this WVDA News at its January 11 meeting, during which time one Board member said, "We must protect dental hygienists."

Dentists and assistants requested to write their comments to the Board

WVDA mailed dentists the current draft of the Board of Dental Examiners' proposed expanded duties on January 26, accompanied by a request for dentists to write the Board in support of WVDA's position on the proposed duties. Dentists are also encouraged to request their dental assistants to write the Board.

The Board's reopening of its proposed rule for written comments starts a new legal administrative process for the ultimate approval of expanded duties. The Board is to consider only those written comments it receives between January 21, the date of its notice to reopen its proposed rule, up to and including February 28, 2002.

Therefore, dentists who wrote the Board prior to its September 21, 2001, public hearing must write the Board again. Previous letters will not be considered during this new process.

The Board must consider all written comments it receives, and prepare responses to them before presenting its final approved rule containing expanded duties to the Legislature's Rule Making Review Committee. The Committee can either approve, disapprove or amend the Board's rule. The Committee will meet sometime after the 2002 Legislature adjourns.

The Board's proposed duties are published in this issue of WVDA News on pages numbered at the bottom as 11, 12, 13, 14 and 15, as received from the Board. Proposed new expanded duties are underlined. Current duties are not underlined. Stricken words identifies language to be deleted.

Also published is WVDA's February 4, 2002, letter to the Board, which dentists and assistants may use as a guide in writing the Board. This letter identifies those duties that WVDA either opposes or recommends be amended. Dentists and assistants may find other duties they may wish to comment on in their letters to the Board. Letters should be addressed to: WV Board of Dental Examiners, PO Drawer 1459, Beckley, WV 25802. Or, FAX your letter to (304) 252-2779

Governor Wise appoints Dr. Smith and CDA Dent to Board

Richard D. Smith, D.D.S., of Charleston, was appointed to the Board of Dental Examiners by Governor Bob Wise on January 8, for a five-year term ending June 30, 2006. He is a second generation dentist, whose father, the late-Dr. Ralph Smith, also served on the Board.

The first certified dental assistant to be appointed to the Board is Debra Dent, CDA, of Union. Governor Wise appointed her to a five-year term ending June 30, 2006.

The sixth dentist and certified dental assistant are new positions, created by the revised Dental Practice Act, which became effective July 1, 2001.

(b). None of the following procedures may be assigned to a dental hygienist or assistant or to any other person not licensed to practice dentistry:

(1). Diagnosis, treatment planning and prescription (including prescriptions for drugs and medicaments or authorizations for restorative, prosthodontic or orthodontic appliances); or

(2). Surgical procedures on hard and soft tissue within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy; and

(c). The licensed dentist assigning expanded duties to a dental hygienist and/or assistant is solely responsible for checking the dental hygienist and/or assistant to determine that he or she is competent to handle assigned duties. Further, no licensed dentist shall assign additional duties to a dental hygienist and/or assistant until he or she is assured that the dental hygienist and/or assistant is fully competent and completely qualified to perform the assigned expanded duty and/or duties.

8.2. The following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist and/or assistant in the licensed dentist's employment provided that under no circumstances can an assistant use a power driven instrument of any type intraorally except as specifically setforth hereinafter:

(a). Placing, exposing, developing, and mounting dental radiographs;

~~(e)~~ (b). Charting existing restorations and missing teeth;

(c). Dental health education;

(d). Inspection of the oral cavity to view and report the symptoms/problems to supervising dentist;

(e). Performing pulp vitality testing (thermal or electrical);

(b) (f). Placing and removing rubber dams;

(g). Insert and adjust athletic mouth guard and bleaching tray with final check by supervising dentist;

(h). Placing and removing periodontal dressing with final check by supervising dentist;

(i). Placing and removing matrices;

(j). Applying topical anesthetic agents with prior approval by supervising dentist;

(k). Applying topical anticariogenic agents with prior approval by supervising dentist;

(l). Applying pit and fissure sealants with final check by supervising dentist with the taking of a board approved course;

(m). Applying cavity liners and bases with final check by supervising dentist prior to placement of permanent restoration with the taking of a board approved course;

(n). Holding and removing materials, trays, strips, sutures, brackets and bands previously placed in the patient's mouth by the dentist;

(o). Removing excess cement from coronal surfaces of teeth without the use of rotating or power-driven instruments; and

(p). Removing soft tissue dressings;

(q). Fabricate and cement temporary crowns and bridges with final check by supervising dentist with the taking of a board approved course;

(r). Placing and removing temporary restoration by a non power driven method with final check by supervising dentist with the taking of a board approved course;

(s). Taking intra and extra-oral photographs;

(t). Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application with the taking of a board approved course;

(u). Use of power driven handpiece with rubber cup only and/or brush only for preparing a tooth for accepting a restoration and/or appliance;

(v). Placing retraction cord for crown impressions with prior approval by supervising dentist;

(w). Taking final impressions for fixed or removable prosthesis and/or appliance with final check by supervising dentist with the taking of a board approved course;

(x). Taking impressions for study cast and pouring models;

(y). To check for loose orthodontic appliances and take orthodontic measurements;

(z). Fitting bands and brackets prior to final cementation and or bonding by the supervising dentist;

(aa). Bending archwires with final check by supervising dentist at time of placement;

(bb). Place or remove temporary space maintainers, orthodontic separating devices and/or ligature wires with final check by supervising dentist at time of placement;

(cc). Remove loose or broken bands, brackets or archwires when directed by the supervising dentist;

(dd). Monitoring nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course;

8.3. In addition to those duties set forth in 8.2, the following duties and/or intraoral tasks may be assigned by a licensed dentist to a dental hygienist in the licensed dentist's employment:

(a). Supra and Subgingival scaling of teeth;

(b). Placement of subgingival medicaments, fibers, chips, etc.;

- (b) ~~(c)~~. Polishing of coronal and/or exposed surfaces of teeth;
- (c). ~~Dental Health Education;~~
- (d). Nutritional Counseling;
- (e). ~~Application of caries preventive agents and other topical medicaments to the surfaces of teeth and surrounding tissues (including topical anesthesia);~~
- (f). ~~Placing, exposing, developing, and mounting dental radiographs.~~
- (e). Finishing and polishing of restorations with a slow speed hand piece;
- (g). ~~Finishing and polishing amalgams, resin, composite, and silicate restorations;~~
- ~~(h)~~ (f). Examining and recording periodontal findings;
- (g). Debridement and/or root planning of teeth;
- (h). Application of bleaching agents;
- (i). Scaling excessive cement from the surfaces of teeth and restorations;
- (j). Performing clinical examinations and diagnostic tests of teeth and surrounding tissues and recording findings for interpretation by a dentist (includes such procedures as restorative chartings, caries activity test, cytology smears, ~~endodontic cultures~~, vitality test, etc.);
- (k). ~~Removing soft tissue dressings;~~
- (l). ~~Removing ligature wires;~~
- ~~(m)~~ (k). Preparing medical and dental histories for interpretation by a dentist;
- (n). ~~Placing and removing rubber dams;~~
- (o). ~~Taking intra and extra-oral photographs; and~~
- (p). ~~Removing oral sutures.~~
- (l). Performing salivary analysis and smears;

(m). Placing, condensing and carving amalgams by a non power driven method with final check by supervising dentist with the taking of a board approved course;

(n). Administration of infiltration and block anesthesia with the taking of a board approved course and passing a board approved test.

~~Section 9. ADMINISTRATION OF GENERAL ANESTHESIA AND PARENTERAL CONSCIOUS SEDATION BY DENTISTS.~~

~~9.1. Legislative findings and declaration of purpose. The Legislature hereby finds and declares that dentists are increasingly administering general anesthesia and parenteral conscious sedation in their offices on an out-patient basis; that the administration of general anesthesia and parenteral conscious sedation carries with it an inherent risk and danger to the patient; that, however, the administration of general anesthesia and parenteral conscious sedation on an out-patient basis by dentists is necessary and for the good of the public; but that because of the inherent dangers in the administration of general anesthesia and parenteral conscious sedation, it is necessary to insure that the persons administering and supervising the general anesthesia or parenteral conscious sedation are competent and trained in the techniques; that it is in the best interests of the public and the dentists of West Virginia to prohibit dentists from administering or supervising the administration of general anesthesia or parenteral conscious sedation unless those dentists meet certain minimal training and competency standards in the administration and supervision of general anesthesia or parenteral conscious sedation; and that requiring a dentist to obtain a special permit before he or she can administer or supervise general anesthesia or parenteral conscious sedation is the best method to preserve the use of general anesthesia and parenteral conscious sedation by~~

United by excellence...
linked by pride



Dental assistants greatly increase the efficiency of the dentist in the delivery of quality oral health care and are valuable members of the dental care team. Even though dental assistants deserve continual recognition for their numerous contributions, a special week has been designated to commend this member of the dental team.

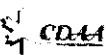
March 3-9, 2002

has been designated by the American Dental Assistants Association, along with the American Dental Association, the Canadian Dental Association and the Canadian Dental Assistants' Association, as the perfect time to acknowledge and recognize the versatile, multitasked member of your dental team — your Dental Assistant.

ADA

ADA

This message is promoted by the American Dental Association's Council on Dental Practice in cooperation with the American Dental Assistants Association, Chicago, IL, the Canadian Dental Association and the Canadian Dental Assistants' Association, Ottawa, Ontario.



Assistants host CE program

The WV Dental Assistants Association invites all dental assistants to the continuing education program "Assisting the Dentist with Medical/Dental Health Histories." The program begins at 6:00 p.m., February 19, at the Skeen and Skeen Law Office, 1400 Kanawha Blvd., East, Suite 200, in Charleston. There is no fee for the CE program. To register call Debra Sampson, CDA, at (304) 539-1426 or E-mail desampso@access.k12.wv.us

WVDAA elects new officers

The WV Dental Assistants Association has elected the following officers for 2002: Debra B. Sampson, CDA, President; Kimberly Fallecker, CDA, Vice President; Debra Monday, CDA, Secretary/Treasurer; and Beverly L. Stevens, COMSA, Membership Chair.

Assistants interesting in joining WVDAA or becoming a Certified Dental Assistant can call President Debra Sampson at (304) 539-1426 or E-mail at desampso@access.k12.wv.us or Membership Chair Beverly Stevens at (304) 925-6190.

West Virginia Dental Association
2003 Quarrier Street, Charleston, WV 25311

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James G. Anderson, III, Esq.
WV Board of Dental Examiners
P.O. Box 1459
Beckley, WV 25801



Carver Career and Technical Education Center

West Virginia School of Excellence

FAX TRANSMITTAL SHEET

To: WV Dental Board of Examiners

Company: _____

Phone # _____ Fax # _____ Date _____

From: Debra B Sampson, CDA

Number of Pages (including this page): 3

Message: _____

WV Dental Assistants Association

Becky

304 252-2779

Debra B. Sampson, CDA
President
1071 Woodward Drive
Charleston, WV 25312
348-1965 744-4132
Fax: 348-1938
desampso@access.k12.wv.us

Kimberly Fallecker, CDA
Vice President
2320 Laurel Drive
St. Albans, WV 25177
722-2211 727-7103
kimCDA@aol.com

West Virginia Dental Assistant Association

Debra L. Monday, CDA
Secretary / Treasurer
P.O. Box 120
Winfield, WV 25213
586-3494 x 209 586-3151
dmonday09@aol.com

Beverly L. Stevens, COMSA
Membership
853 Chappell Road
Charleston, WV 25304
343-5161 925-6190

February 26, 2002

**WV Board of Dental Examiners
P.O. Box 1459
Beckley, WV 25802-1459**

Dear Board of Examiners,

Hello and thank you for the opportunity to give written comments on behalf of the West Virginia Dental Assistants Association and we are in favor of expanded duties for the dental assistants in West Virginia.

I am Debra B. Sampson, CDA, President of the West Virginia Dental Assistants Association, and a Dental Assistant Instructor at Carver Career and Technical Education Center, located east of Charleston.

I have been an assistant for 28 years, Certified 14 years, and an educator for 13. I have worked with the finest dentist in the state of West Virginia and I thank them all for without their training and support, I would not be where I am today.

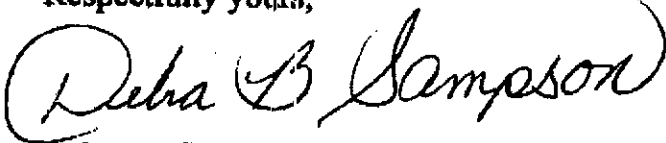
We as an association are not speaking for the dentists and/or the hygienist; this statement is directed solely from the West Virginia Dental Assistants.

We all know that assistants have been professionally trained and educated by dentist in their offices for hundreds of years, due to dentists needing assistance at chairside while performing optimum patient care. If assistants are no longer to perform duties to assist, there will be no future for the dental assistant in dentistry:

- The Dental Assistant National Board extends information requirements needed per state to it's members; expanded duties, CDA, RDA, etc. If West Virginia Dental Assistants are limited in duties, it may cause an excellent employee to rethink coming to our state for employment.**

- 3043481938 P. 03
- The productivity within the dental office will fall greatly due to a shortage of hygienists; the hygienist will be the only ones qualified to fill the position of a chairside assistant.
 - The hygienists will be assisting and less time doing what they are trained to do.
 - Orthodontists will be sorely hit, due to losing their entire staff, finding hygienists to replace assistants, on an assistants pay.

Respectfully yours,



Debra B. Sampson, CDA
WVDAA President



Carver Career and Technical Education Center
West Virginia School of Excellence

FAX TRANSMITTAL SHEET

To: WV Dental Board of Examiners

Company: _____

Phone # _____ Fax # _____ Date _____

From: Debra B Sampson

Number of Pages (including this page): 33

Message: _____

Kanawha Co. Schools
Educator.



Carver Career and Technical Education Center

West Virginia School of Excellence

WV Dental Board of Examiners
P.O. Box 1459
Beckley, WV 25802-1459

February 26, 2002

Dear Board Members,

I am replying in written form as an educator for Kanawha County Schools/Carver Career and Technical Education Center/Dental Assistant Program.

I have been a chairside dental assistant for 28 years, of those years 14 as a Certified Dental Assistant and 13 as an educator, all within Kanawha County.

A few concerns;

- How will this affect the West Virginia State Department of Education curriculum for the Dental Assistant Programs? As of now there are four in the state, perhaps there's a need for additional programs.
- Where will future dental assistants get basic training in assisting?
- Dental assisting will no longer be a career option for young people seeking a career out of high school and not college bound. (Please note, there a students that complete the dental assistant course to confirm their career goal before obtaining high education in hygiene, dental school and/or military)
- Adults seeking a career change within the dental profession.
- Persons entering the world of work due to a life-style change and opting for a career in a dental office.

I am proud of the career I've chosen and willing to work with the West Virginia Dental Board of Examiners to strengthen the profession and education for West Virginia Dental Assistants.

I am forwarding the West Virginia Instruction Goals and Objectives for the Dental Assistant Programs for your review. If questions arise, I would gladly answer.

Respectfully yours,

A handwritten signature in cursive script that reads "Debra B. Sampson". The signature is written in black ink and is positioned above the typed name.

Ms. Debra B. Sampson, CDA
Dental Assistant Instructor

WEST VIRGINIA INSTRUCTIONAL GOALS AND OBJECTIVES

COURSE CODE: 0701 (DA-I) 0702 (DA-II)

COURSE 1.0 ORIENTATION & COMMUNICATION

GOAL 1.1 Demonstrate awareness of the role and responsibility of the dental assistant

Objectives

- 1.1.1 List the primary responsibilities of a dental assistant
- 1.1.2 Explain the role of the dental assistant as a member of the dental team
- 1.1.3 Explain the relevant safety practices and procedures for dental assisting
- 1.1.4 Discuss the various dental specialty areas that employ dental assistants
- 1.1.5 Discuss educational and career benefits available for dental assistants
- 1.1.6 Identify the importance of ethical practices in the dental office environment
- 1.1.7 Compare the philosophy of dental care in the past to the present

GOAL 1.2 Identify factors necessary for effective communication with auxiliary personnel and patients

Objectives

- 1.2.1 Define, pronounce, and spell terminology associated with an effective communication process
- 1.2.2 Demonstrate the ability to recognize nonverbal communication signals
- 1.2.3 Describe techniques in skillful listening and its importance in the communication process
- 1.2.4 Explain how courtesy, tact, poise, discretion, and integrity are utilized in good communication skills
- 1.2.5 Demonstrate the ability to effectively communicate through the use of professional nomenclature

THE COLLEGE OF THE SOUTHERN PLAINS UNIVERSITY OF HEALTH SCIENCES
DENTAL ASSISTANT PROGRAM
3043481938 P. 06

GOAL 1.3 Identify factors that influence the health and appearance of the dental Assistant

Objectives

- 1.3.1 Explain the importance of good physical well being for employment
- 1.3.2 Discuss the importance of good nutrition
- 1.3.3 Explain how the dental assistant is judged by appearance

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GOAL 1.4 Identify patient behavior in order to provide optimum dental care

Objectives

- 1.4.1 Define, spell, and pronounce terms associated with psychology
- 1.4.2 Describe behavior traits of dental patients
- 1.4.3 Identify methods of dealing with fears and anxieties of patients

COURSE 2.0 ANATOMY

GOAL 2.1 Locate various landmarks of the skull directly related with dental procedures

Objectives

- 2.1.1 Define, pronounce, and spell terminology associated with bones of the oral cavity**
- 2.1.2 List the landmarks of the mandible and maxilla**
- 2.1.3 State the purpose of each landmark**
- 2.1.4 Locate the landmark on an unlabeled drawing**
- 2.1.5 State the function of the mandible and maxilla**
- 2.1.6 List parts and characteristic actions of the temporomandibular joint**

GOAL 2.2 Recognize and identify muscles of mastication**Objectives**

- 2.2.1 Define, pronounce, and spell terminology associated with the muscles of mastication**
- 2.2.2 Identify the origin, insertion, and action of each muscle of mastication**
- 2.2.3 Align mastication muscles to check occlusion**
- 2.2.4 Locate each muscle of mastication of an unlabeled drawing**

GOAL 2.3 Recognize and identify paranasal sinuses

Objectives

- 2.3.1 Define, pronounce, and spell terminology associated with paranasal sinuses**
- 2.3.2 Label paranasal sinuses on a diagram**

GOAL 2.4 Recognize and identify major salivary glands and ducts**Objectives**

- 2.4.1 Define, pronounce, and spell terminology associated with salivary glands and Ducts
- 2.4.2 List the three major salivary glands and their associated ducts
- 2.4.3 Describe the difference between a gland and a duct
- 2.4.4 Label the glands and ducts of a diagram

GOAL 2.5 Identify nerves of the head and neck and their association with nerves and anesthesia

Objectives

- 2.5.1 Define, pronounce, and spell terminology associated with nerves and anesthesia
- 2.5.2 Describe functions and locations of nerves of the head and neck as associated with anesthesia
- 2.5.3 State the purpose for using local anesthesia
- 2.5.4 Describe the properties of local anesthesia
- 2.5.5 List common types of local anesthesia
- 2.5.6 Demonstrate and explain charting and treatment of an allergic reaction to anesthesia
- 2.5.7 State the objectives of block anesthesia
- 2.5.8 State the objectives of infiltration anesthesia
- 2.5.9 Identify parts of an aspirating syringe
- 2.5.10 Discuss types of needles
- 2.5.11 Demonstrate how to assemble an aspirating syringe, including needle and carpule
- 2.5.12 Disassemble an aspirating syringe for sterilization

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GOAL 2.6 Identify structures and landmarks of the main parts of the oral cavity

Objectives

- 2.6.1 Define, spell, and pronounce terminology associated with the oral cavity
- 2.6.2 State the structures and landmarks of the oral cavity
- 2.6.3 Describe the functions of the parts of the oral cavity
- 2.6.4 Label a drawing of all the landmarks of the oral cavity

GOAL 2.7 Identify the parts of a tooth and supporting structures

Objectives

- 2.7.1 Define, spell, and pronounce terminology associated with histology**
 - 2.7.2 List the parts of the tooth**
 - 2.7.3 Describe identifying parts of each tooth**
 - 2.7.4 List the supporting structures of a tooth**
 - 2.7.5 Describe the functions of the supporting structures of the tooth**
 - 2.7.6 Name the primary and permanent teeth**
 - 2.7.7 List the function of each tooth in relationship to grinding, tearing, and cutting of food**
 - 2.7.8 List the approximate age of eruption of primary and permanent teeth**
-

GOAL 2.8 Identify numbering systems and chart surfaces of teeth**Objectives**

- 2.8.1 Demonstrate knowledge of terminology as related to surfaces of the teeth**
- 2.8.2 List the five surfaces of an anterior tooth**
- 2.8.3 List the five surfaces of a posterior tooth**
- 2.8.4 Write abbreviations used for tooth surfaces**
- 2.8.5 Label deciduous and permanent teeth using the universal numbering system**
- 2.8.6 Label a clinical chart using the universal methods of marking**
- 2.8.7 Define classifications of caries**
- 2.8.8 Demonstrate an awareness of different charting techniques**

COURSE 3.0

GOAL 3.1 Apply knowledge of microorganism to guard against disease transmission

Objective

- 3.1.1 Define, pronounce, and spell terminology as related to microbiology, bacteriology, and sterilization**
- 3.1.2 List conditions necessary for microorganisms to grow**
- 3.1.3 Identify common pathogenic microorganisms**
- 3.1.4 Recognize the cycle of microorganism transmission**
- 3.1.5 State various condition in the mouth that produce bacteria leading to tooth decay**
- 3.1.6 Identify causes and symptoms of acute inflammatory reaction**
- 3.1.7 Identify causes, symptoms, and prevention of Hepatitis B**
- 3.1.8 Identify causes, symptoms, and prevention of AIDS**

GOAL 3.2 Demonstrate ability to provide and maintain asepsis standards for sterilization and infection control

Objectives

- 3.2.1 Define, pronounce, and spell terminology as related to infection control
- 3.2.2 Compare the effectiveness of methods used to destroy bacteria
- 3.2.3 Demonstrate proper handwashing techniques
- 3.2.4 Select appropriate personal protective equipment and clothing for specific tasks
- 3.2.5 Don and remove barrier mask/face shield
- 3.2.6 Don and remove barrier gloves
- 3.2.7 Don and remove barrier gown
- 3.2.8 Recognize CDC's guidelines for universal precautions
- 3.2.9 Apply OSHA standards as established for clinical situations
- 3.2.10 Provide chemical asepsis for treatment area
- 3.2.11 Operate ultrasonic
- 3.2.12 Operate autoclave
- 3.2.13 Describe how to handle and store sterile instruments
- 3.2.14 Recognize symbols for biohazards and universal precautions
- 3.2.15 Describe methods for handling biohazard equipment, supplies, specimens, and waste
- 3.2.16 Describe the components of an exposure incident

- 3.2.17 Demonstrate the ability to complete an incident report**
- 3.2.18 Identify the procedures for post exposure follow-up**

COURSE 4.0 VITAL SIGNS AND EMERGENCIES

GOAL 4.1 Demonstrate knowledge and skills in measuring and recording vital signs

Objectives

- 4.1.1 Define, pronounce and spell terminology as related to measuring and recording vital signs
- 4.1.2 Locate the carotid, radial, brachial, femoral, and temporal arteries
- 4.1.3 Count and record pulse
- 4.1.4 Describe importance of monitoring blood pressure
- 4.1.5 Explain the function of a sphygmomanometer
- 4.1.6 Demonstrate how to fasten a blood pressure cuff
- 4.1.7 Measure and record blood pressure
- 4.1.8 List the various types of clinical thermometers
- 4.1.9 Take and record oral temperature
- 4.1.10 Take and record respirations
- 4.1.11 Recognize general characteristics of temperature, pulse, and respirations

GOAL 4.2 Recognize and assist with emergency situation**Objectives**

- 4.2.1 Define, pronounce and spell terminology related to emergency situations
- 4.2.2 Identify the causes for respiratory failure (cardiac arrest)
- 4.2.3 Identify the specific symptoms or signs of respiratory and cardiac failure
- 4.2.4 Perform one rescuer CPR
- 4.2.5 Perform two rescuer CPR
- 4.2.6 Assess victim's recovery and need for continued procedure
- 4.2.7 Identify causes for airway obstruction
- 4.2.8 Identify specific symptoms and signs of airway obstruction
- 4.2.9 Identify specific symptoms or signs of obstruction in an infant, child, and adult
- 4.2.10 Identify causes, symptoms, treatment of anaphylactic shock, fainting, and heart attack
- 4.2.11 Describe the treatment for syncope
- 4.2.12 Identify causes, symptoms and treatment of bleeding
- 4.2.13 Identify causes, symptoms and treatment of convulsions
- 4.2.14 State the role of the assistant when administering oxygen

COURSE 5.0 CHAIRSIDE FUNDAMENTALS

GOAL 5.1 Identify dental instruments and explain their purpose in various procedures

Objectives

- 5.1.1 Define, pronounce and spell terminology associated with dental instruments**
- 5.1.2 Identify type of materials used in making dental instruments**
- 5.1.3 Identify classifications of handpieces, component parts and uses**
- 5.1.4 Identify types of hand cutting instruments and characteristics and uses of each**
- 5.1.5 Identify instruments and describe the function of instruments used in dental specialty**
- 5.1.6 Identify types, characteristics and purposes of dental burs**
- 5.1.7 Describe which burs are placed on each handpiece**
- 5.1.8 List types and function of dental matrices**
- 5.1.9 Discuss process of preparing and placing matrices**
- 5.1.10 List instruments and supplies on operative trays**
- 5.1.11 Set up instrument trays for various operative procedures**

GOAL 5.2 Recognize and manipulate dental and laboratory materials**Objectives**

- 5.2.1 Define, spell and pronounce terminology associated with dental materials
- 5.2.2 Describe types of cements and their principle and secondary use
- 5.2.3 Measure, prepare and mix zinc-oxide eugenol cement
- 5.2.4 Measure, prepare and mix zinc phosphate cement
- 5.2.5 Measure, prepare and mix carboxylate cement
- 5.2.6 Measure, prepare and mix glass ionomer cement
- 5.2.7 Describe types of bases and liners to their principle and secondary use
- 5.2.8 Measure, prepare and mix calcium hydroxide base
- 5.2.9 Measure, prepare and mix varnish liner
- 5.2.10 Measure, prepare and mix zinc-oxide eugenol base
- 5.2.11 Measure, prepare and mix glass ionomer base
- 5.2.12 Measure, prepare and mix zinc phosphate base
- 5.2.13 Describe amalgam composition
- 5.2.14 Explain the safety principles of mercury hygiene
- 5.2.15 Triturate amalgam
- 5.2.16 Describe composite composition
- 5.2.17 Prepare composite

- 5.2.18 List types of topical fluoride agents
- 5.2.19 Describe process of applying fluoride agent
- 5.2.20 Describe properties of each topical fluoride agent
- 5.2.21 Discuss when each type of fluoride agent is used
- 5.2.22 Apply topical fluoride
- 5.2.23 State the purpose of using pit and fissure sealant
- 5.2.24 Describe the process of applying pit and fissure sealant

GOAL 5.3 Recognize and manipulate dental laboratory materials**Objectives**

- 5.3.1 Define, spell and pronounce terminology associated with dental laboratory materials
- 5.3.2 Discuss the major components and physical/chemical properties of alginate
- 5.3.3 Demonstrate preparation of tray try-in on patient for impressions
- 5.3.4 Measure and prepare alginate material
- 5.3.5 Take alginate impression
- 5.3.6 Prepare impression for pouring
- 5.3.7 Discuss properties of gypsum materials and their uses
- 5.3.8 Measure, mix and pour plaster models
- 5.3.9 Measure, mix and pour stone models
- 5.3.10 Trim models according to specifications

GOAL 5.4 Demonstrate comprehensive knowledge of chairside fundamentals**Objectives**

- 5.4.1 Define, spell and pronounce terminology associated with chairside assisting
- 5.4.2 Position patient, dentist, and assistant for four-handed operative dentistry
- 5.4.3 Exchange and retrieve instrument using proper technique according to particular instrument
- 5.4.4 Use evacuator, water and air during dental procedures
- 5.4.5 Explain how to use an amalgamator
- 5.4.6 List steps in amalgam procedure
- 5.4.7 Describe functions of stainless steel crowns
- 5.4.8 List steps used in applying stainless steel crowns
- 5.4.9 Explain functions and safe use of the ultra-violet light
- 5.4.10 List steps in composite procedure
- 5.4.11 List steps in dental exam procedure
- 5.4.12 Describe the process of applying a rubber dam

3043481938 P. 26

COURSE 6.0 RADIOLOGY

GOAL 6.1 Provide radiation safety for the patient and auxiliary personnel

Objective

- 6.1.1 Define, pronounce and spell terminology associated with radiation safety**
- 6.1.2 List the purposes and methods of radiation safety**
- 6.1.3 List dangers involved in overexposure to radiation**
- 6.1.4 List characteristics of basic types of roentgen rays (x-rays)**
- 6.1.5 Match basic parts of an x-ray unit to their functions**
- 6.1.6 Demonstrate radiation safety**

GOAL 6.2 Expose, process, and mount radiographs

Objectives

- 6.2.1 Define, pronounce and spell terminology associated with exposing, processing and mounting of radiographs
- 6.2.2 Distinguish between intraoral and extraoral film
- 6.2.3 Distinguish between film requirements for full mouth x-rays of adults and children
- 6.2.4 Describe proper film storage
- 6.2.5 Arrange in order the steps to take during x-ray exposure
- 6.2.6 Match facial landmarks associated with roentgenology to correct definitions
- 6.2.7 Identify periapical x-ray landmarks
- 6.2.8 Label and file dental x-rays
- 6.2.9 Assemble XCP for bitewing x-ray
- 6.2.10 Take bitewing x-ray using XCP instrument
- 6.2.11 Differentiate between periapical x-rays and bitewing x-rays
- 6.2.12 Assemble a XCP instrument for periapical x-ray
- 6.2.13 Take periapical x-ray using XCP instrument
- 6.2.14 Discuss methods and materials used in developing x-rays
- 6.2.15 Develop and mount x-rays
- 6.2.16 Evaluate dental radiographs for diagnostic quality

UNIVERSITY CAREER & TECH CTR. 3043481938 P. 28

COURSE 7.0 OFFICE PROCEDURES

GOAL 7.1 Perform fundamental secretarial procedures

Objectives

- 7.1.1 Define, spell and pronounce terminology associated with secretarial procedures
- 7.1.2 List qualities of good telephone manner and describe factors that contribute to the success of a professional call
- 7.1.3 Utilize correct telephone techniques
- 7.1.4 List types of filing systems used in the dental office and state rules for filing alphabetically by indexing
- 7.1.5 File records
- 7.1.6 List the requirements for appointment book entries in proper sequence and fill out appointment cards
- 7.1.7 Schedule appointments
- 7.1.8 Care for incoming mail
- 7.1.9 Explain the importance of a properly complete form
- 7.1.10 Complete registration and health history records

GOAL 7.2 Perform fundamental accounting procedures

Objectives

- 7.2.1 Define, spell and pronounce terminology associated with account procedures
- 7.2.2 Explain the purpose of petty cash fund
- 7.2.3 Describe handling of petty cash
- 7.2.4 State points to remember when handling insurance forms and list basic information found on an insurance claim
- 7.2.5 Complete insurance form
- 7.2.6 Discuss pegboard accounting system
- 7.2.7 Practice the pegboard system, complete ledger card, receipts, and balance daily journal page
- 7.2.8 Discuss preparing bank deposit
- 7.2.9 Prepare a bank deposit
- 7.2.10 Discuss methods of maintaining checking account
- 7.2.11 Write a check and complete a check stub
- 7.2.12 Discuss basic dental computer applications

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COURSE 8.0 CLINICAL PRACTICES

GOAL 8.1 Demonstrate the ability to work as an effective member of a dental health team

Objectives

- 8.1.1 Display proper communication techniques while serving as a member of a dental health team**
- 8.1.2 Display proper grooming techniques while serving as a member of the dental health team**
- 8.1.3 Perform various roles of a dental health team member**
- 8.1.4 Given different situations, use brainstorming techniques to solve dental health team problems**
- 8.1.4 Given different situations, show proper ethical and other decisions related to dental health team**

GOAL 8.2 Assist in basic four-handed dental procedures

Objectives

- 8.2.1 Assist with amalgam procedures
- 8.2.2 Assist with placement of stainless steel crown
- 8.2.3 Assist with composite procedure
- 8.2.4 Assist with dental exam
- 8.2.5 Assist with prophylaxis
- 8.2.6 Assist with pit and fissure sealants
- 8.2.7 Assist with extraction(s)
- 8.2.8 Assist with placement of rubber dam

59

Dr. W. C. Wilcox, D.D.S., F.A.G.D.
7 Point View Terrace
Wheeling, WV 26003



Dear West Virginia Board of Dental Examiners,

To begin with, I want to thank the Board for undertaking the formidable task of modernizing the expanded duties of our auxiliary. I feel all of these expanded duties are progressive but will have marginal impact on the daily life of the general dentist. General dentists in West Virginia need a true dental hygienist assistant: one that is trained to increase the efficiency and productivity of the hygienist. This is an issue concerning *Item 8.2 (U)*.

I propose the following ideal use of a hygienist's assistant: the hygienist's assistant would seat the patient, a thorough medical and dental history would be reviewed with the patient, any needed X-rays would be taken, and the hygienist would enter and review the dental and medical history. She would then complete an oral and perio exam, and would complete the required scaling. The hygienist's assistant would then complete the supra-gingival polishing with a rubber cup and paste. The dentist would enter and review the medical and dental history and would examine the patient. The hygienist's assistant would then proceed to dismiss the patient while the hygienist scales another patient.

My question regarding *8.2 (U)* is this: if a properly trained assistant can polish a facial or lingual area to place a bonded bracket and if he or she can polish an occlusal or multi-surface area prior to placing a restoration, why can't a trained assistant perform supra-gingival polishing?

I strongly recommend that supra-gingival polishing be included in the dental assistant's existing list of duties, with a board-approved training.

Sincerely,

Dr. W. C. Wilcox, D.D.S., F.A.G.D



60

John M. Mallow, Jr., D.D.S.

818 13th Avenue
Martinton, WV 24954
(304) 799-4783

February 26, 2002

West Virginia Board of Dental Examiners
P O Drawer 1459
Beckley, WV 25802-1459

RE: Proposed Rules on Expanded Duties
Of Dental Hygienists

Dear Sir/Madame:

I oppose the following rules:

8.3 (m) I believe that only the dentist should condense and carve
amalgams.

8.3 (n) I strongly oppose this rule. A dentist should only do this.

8.3 (g) If finishing would be allowed with a high-speed handpiece.

8.3 (o) I believe both assistant and hygienist should be able to take intra
and extra-oral photographs.

I oppose the requirement that hygienists and assistants must take a board-approved course
before performing duties in 8.2 (l), (m), (q), (r), (t), and (w). I believe the dentist is
capable of training the personnel.

I support the following rules:

8.3(K) Support this rule if amended to allow dentists to delegate this duty
to dental assistants as well as dental hygienists.

Sincerely,

John M. Mallow, Jr., D.D.S.

JMM/lm

61

Hollie Hughes
3510 1/2 Staunton Ave.
Charleston, WV 25304

February 26, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

I am writing this letter in regards to a proposal of changing the responsibilities of our chosen profession. In my year and a half of schooling and working as an assistant in the state of West Virginia, I have performed the tasks and duties that dentists have required of their assistants.

Dental Assisting is a career consisting of formal training, not unlike a hygienist. All careers are costly, involving money and time. Neither should infringe upon the duties of the other. Why should one career be absolved in the favor of the other?

It is the opinion of the most assistants that hygienists should leave the running of the office to the dentists. If they are dissatisfied with this condition, maybe they should find some where else to work. It is unreasonable to expect a dental assistant to leave the state in order to ply their craft.

Thank you for your time and consideration in this matter. I hope that the board does not take this matter lightly. It is said that there are limited jobs in West Virginia and this is why the people move to other states. If this proposal is the action in which you feel that you must take it will add to this problem, not only for the assistants themselves, but also for the dentists and all families involved (including patients). Further more, hygienists may be forced to perform duties they are not accustomed to or trained to do.

Sincerely,

Hollie Hughes

Hollie Hughes
Orthodontic Assistant

304-925-4259
K.02
62
Lisa Belmont-York
PO Box 465
Glasgow, WV 25086

February 25, 2002

West Virginia Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

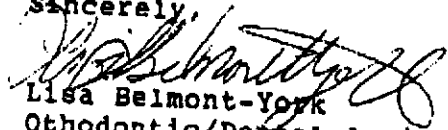
I am writing this letter in regards to a proposal of changing the responsibilities of our chosen profession. In my twelve years of assisting in the states of West Virginia and Ohio, I have performed the tasks and duties that dentists have required of their assistants.

Dental Assisting is a career consisting of formal training, not unlike a hygienist. All careers are costly, involving money and time. Neither should infringe upon the duties of the other. Why should one career be absolved in favor of the other?

It is the opinion of most assistants that hygienists should leave the running of the office to the dentists. If they are dissatisfied with this condition, maybe they should find somewhere else to work. It is unreasonable to expect a dental assistant to leave the state in order to ply their craft.

Thank you for your time and consideration in this matter. I hope that the board does not take this matter lightly. It is said that there are limited jobs in West Virginia and this is why the people move to other states. If this proposal is the action in which you feel that you must take it will add to this problem, not only for the assistants themselves, but also for dentists & all families involved (including patients). Further more, hygienists may be forced to perform duties they are not accustomed to or trained to do.

Sincerely,


Lisa Belmont-York
Orthodontic/Dental Assistant

63

Danielle White
3011 30th St.
Nitro, WV 25143

February 25, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

I, Danielle White, have been an assistant for the past twelve (12) years, not only in the State of West Virginia but also in Ohio, Virginia, and Alabama. I am writing this letter in regards to a proposal of changing the responsibilities of our chosen profession. In my twelve years I have performed the tasks and duties that dentists have required of their assistants.

Dental Assisting is a career consisting of formal training not unlike a hygienist. All careers are costly involving money and time, neither should infringe upon the duties of the other. Why should one career be absolved in favor of the other? Assistants are not receptionists or bookkeepers.

It is the opinion of most assistants that hygienists should leave the running of the office to the dentists. If they are dissatisfied with this condition, maybe they should find somewhere else to work. It is unreasonable to expect a dental assistant to leave the state in order to ply their craft.

I thank you for your time and consideration in this matter and hope that the board does not take this matter lightly. It is said that there are no jobs in West Virginia and this is why the people move to other states. If this proposal is the action in which you feel that you must take then it is going to add to this problem, not only for the assistants themselves, but also will affect the dentist, all families involved including patients. Also, hygienists may be forced to perform duties, which they are not accustomed or trained.

Sincerely
Danielle A. White
Danielle A. White
Dental/Orthodontic Assistant

64
MARY ANN YANDRICH, RDH

(304) 242-2707

February 23, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Members of the Board:

After reviewing the revised proposed rules and regulations changes to the Dental Practice Act, I felt compelled to write and put forth my thoughts. I am a Registered Dental Hygienist holding licenses in the states of West Virginia, Ohio and Pennsylvania since 1981. Most of my Dental Hygiene career has been spent within West Virginia since 1982. I am proud of my profession and the service we provide to the public. The educational background of the Dentist and Dental Hygienist is both diverse and extensive. This needs to be taken into consideration when you consider the proposed changes.

I feel that the delegation of additional duties to dental auxiliary personnel without a structured and uniform curriculum is not in the best interest of the public we serve as dental professionals. A method of providing designated formal educational standards must be established. Guidelines along with standardized and competency testing should be monitored by a designated accreditation agency prior to an individual proceeding.

Without proper education, who is liable? Will the public be deceived? What will happen to the term "patient care"? With open arms I welcome change in the profession of Dental Hygiene. Just look at our bordering states of Ohio and Pennsylvania as well as others nationwide. Their doors have been opened, their minds have been opened and I believe their methods of additional education have been established. This should not be an issue of office productivity and inexpensive labor costs, but one of how we can best serve the public in a safe and trusting environment.

In closing, I ask that prior to making any change in the Dental Practice act, you first evaluate and establish educational testing and standards. Let's not "DE-VALUE" the respected professions of Dentistry and Dental Hygiene.

Sincerely,

Mary Ann Yandrich, RDH

Mary Ann Yandrich, RDH

65

February 25, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

Re: January 21, 2002 notice of proposed rules and expanded duties that dentists may delegate to dental hygienists and assistants.

Given that a dentist must complete four years of intense college study and pass stringent written and clinical examinations in order to provide competent health care treatment for the general population, definite limitations must be placed on what procedures can be done by "second level" personnel. Otherwise, why insist on high standards for the dentist? While the public certainly has an interest in ways to minimize cost, the board is obliged to ensure standards for competency and quality; if not, this function will probably be assumed by plaintiff attorneys. Dentistry has a good and long history of using various auxiliaries (assistants, hygienists, lab technicians, etc.) in many true assisting functions with great efficiency; not much needs to or should be changed if quality is to be maintained..

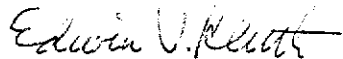
Therefore, I feel that no one other than a licensed dentist should perform any type of procedure that is of an irreversible nature or has a fundamental or material affect on the outcome of treatment. For instance, in restorative procedures, attention to detail is required for success. Skill, training, and integration of related anatomy, physiology, materials, and techniques is required, so I don't support auxiliaries placing, condensing, and carving restorations. I also don't see the value of an assistant inspecting the oral cavity or performing pulp tests and reporting to the dentist since the dentist would obviously have to repeat all of this as part of the necessary "hands on" examination. Plus, pulp testing can be tricky; it would be bad to have too many pulps devitalized because of faulty readings.

In light of all of the above and as the only specialist in the private practice of removable and maxillofacial prosthodontics, I don't support having anyone other than a qualified dentist making final impressions for definitive prostheses—even with a board approved course. I've taught in three dental schools, and I can't think of any type of short course that would train a non-dentist to accomplish this demanding procedure. There are two requirements for a successful removable partial or complete denture: good fit and good occlusion. A properly developed impression is crucial to the fit. This requires careful evaluation of the patient's anatomy and physiology to develop the design and configuration of the denture base. Then, using the training that only a dentist has, an impression is literally crafted using an appropriate method that allows customizing for the patient's situation. A lot of what is important (vital) here is the "feel" for the mouth that the dentist only gets by working in that mouth. Checking an assistant's impression doesn't measure up. I've been told that a lot of the complaints that the board receives pertain to denture

service. Letting lesser trained individuals provide treatment will probably make the situation worse and give rise to the denturist problem. Education is an issue here, and the board might want to consider the problems caused by the significant reductions in curriculum time in dental schools for removable prosthodontics.

Otherwise, I support positions #s 1, 2, and 4 of the West Virginia Dental Association as expressed in the letter of February 4, 2002. If you have any questions regarding my comments, please feel free to contact me at any time.

Sincerely,



Edwin V. Kluth, DDS, MS

Prosthodontist

21 12th St. #305

Wheeling, WV 26003

(304) 233-4246

ev-rckluth@juno.com

February 25, 2002

In reply to: Expanded Duties

WV Board of Dental Examiners
P.O. Box 1459
Beckley, WV 25802-1459

Dear Board Members,

Listed are my comments for just a few, are not limited to, that are on the list:

8.2 c: Dental Health Education

How feasible is it to limit patient dental health education to one or two persons in a dental office of 15. And of the 15, four assistants are Certified and been an assistant for 15 years. In my option, there are not enough professionals to inform the public of dental health education and we can use all we can get. The public needs us.

8.2. d: Inspection of the oral cavity to view and report the symptoms/problems to supervising dentist

How will this affect your dental office having an assistant seat your patient and telling your patient "I am sorry, you can't tell me what is wrong due to not I am not qualified, let me have someone else in and you can inform them of your symptoms/problems"? Now if I were the patient, I wouldn't want someone assisting the doctor if treatment is needed and not qualified. But in reality we all know assistants that have been in the profession for many years (myself, 15) are qualified to inspect and report symptoms/problems concerning oral cavity to the supervising dentist because this is an everyday, all day task.

8.2 g: Insert and adjust athletic mouth guard and bleaching tray with final check by supervising dentist:

If assistants are not allowed to perform this task, who takes the impression for the guard/tray for this also requires: a) inspection of the tray in the oral cavity b) this also requires communicating with the patient, adjusting material portion to tray size, and c) the alginate may need adjustment prior to pour.

8.2. p: Removing soft tissue dressings:

Does this mean sutures too?

Respectfully,

Mrs. Reba McCallister, CDA, COMSA

FEB 27 2002

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February 22, 2002

Dear Board of Dental Examiners,

My name is Kimberly Fallecker. I am a Certified Dental Assistant from St. Albans, WV. I was one of three assistants who sat on the task force regarding the expanded duties for dental hygienists and assistants. I have been a general chairside assistant for 17 years, and have been certified for 14 years. I am currently Vice-President of the WV Dental Assistants Association and the Tri-County Dental Study Club. I have been an active participant over the past 17 years with many local dental associations.

I would like to address a few of the proposed functions.

1. 8.3 (c) Polishing of coronal surfaces of teeth by dental assistants was approved by the dentists and assistants on the task force. This was based on the need to be able to place sealants, cement crowns permanently, and certain orthodontic procedures.
2. Polishing of amalgams by assistants was also approved by the task force.
3. Preparing medical histories should be allowed for assistants and hygienists. It is generally the duty of the front desk, but the assistant and hygienist need to be aware of any medicines or medical conditions that would possibly hinder or affect dental treatment. i.e. If an assistant is getting anesthetic ready for the dentist to administer, there needs to be a general knowledge of which anesthetics could possibly react with medications being taken by the patient.

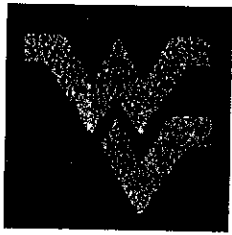
I believe that well-trained, well-educated auxiliary can benefit not only the patient but the dental team as a whole. I would ask that the board revisit the expanded duty functions and make their decisions with the knowledge that theirs is a very difficult job, and no matter what the outcome, they will be fully supported by the Dental Assistants organization.

Sincerely,



Kimberly G. Fallecker, CDA

FEB 27 2002



Academy
of General Dentistry

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February 25, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

In response to your January 21 notice concerning expanded duties, the West Virginia Academy of General Dentistry endorses the West Virginia Dental Association's published position.

If there are any questions please feel free to contact me or any member listed. Thank you for your time and dedication.

Sincerely yours for better dental health,

Bruce L. Cassis, DDS, FAGD
President, West Virginia Academy of General Dentistry

OFFICERS

President:
Bruce Cassis, DDS, FAGD
Post Office Box 926
138 Lively Street
Fayetteville, WV 25840
304-574-0524 Fax: 304-574-2102
doc@cassisdentalcenter.com

Vice President:
William Oscanyon, DDS
3110 MacCorkle Ave., S.E.
Charleston, WV 25304
304-348-9335

Secretary:
David Walker, DDS
3110 MacCorkle Ave., S.E.
Charleston, WV 25304
304-348-9335

Treasurer:
Sami Ghareeb, DDS, FAGD
Post Office Box 566
Poca, WV 25159
304-755-3931 Fax: 304-755-5070

BOARD MEMBERS

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Editor, Mountain Ear
304-348-0361

Ron Croteau, DDS, FAGD
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304-623-5186



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Cassis Dental Center

138 Lively Street Fayetteville WV 25840 • Phone 304-574-0424 • Fax 304-574-2102
www.cassisdentalcenter.com • e-mail: doc@cassisdentalcenter.com

February 25, 2002

West Virginia Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

To Whom It May Concern:

As a practicing dentist in WV for 21 years, I feel compelled to write to the Board to express my personal feelings concerning the proposed rule on expanded duties.

First of all, I commend the Board for their hard work and forward thinking. It is imperative that the new rule encourages dentists to locate in WV and at the same time protect the public's health and safety. A review of national and regional auxiliary utilization clearly reveals that the proposed rule will keep WV on the same forward moving pathway. In contrast, the WVDA's position limits the use of auxiliaries effectively to nearly the same as before the proposed rule.

Specifically, I am in favor of the entire proposed rule changes as published by the West Virginia Board Of Dental Examiners, including 8.2(dd), 8.3(k), 8.3(m), 8.3(n), 8.2(l), 8.2(m), 8.2(q), 8.2(r), 8.2(t), and 8.2(w).

Although I am a strong supporter of my Association, I feel they have been misinformed concerning the availability of continuing education courses and how cooperative our three institutions of higher education will be to provide instruction in Board mandated learning abilities.

In consideration of the final rule, we should all be mindful that it is a privilege to care for our patients. We should all be obligated and driven to improve the quality of our service, not be restricted by rules that limit our team members' capabilities. Each day we treat patients we as professionals are all bound by the common fact of being responsible for every act or omission in our offices. Please pass the proposed rule as written by the Board in everyone's best interest.

Sincerely yours for better dental health,

Bruce L. Cassis, DDS, FAGD

70

January 30, 2002

WV Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

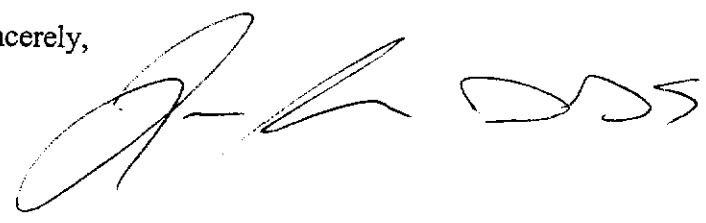
Dear members of the board:

Please be advised the Blennerhassett Dental Society fully supports the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

That includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m), and opposition to 8.3 (n).

The Blennerhassett Dental Society along with the WVDA opposes requiring hygienists and assistants to take a board-approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w). We support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,



LANCE L. SHEARS
3015 Audley Ave
Parkersburg, WV 26101



CHARLES L. SEITA, D.D.S., M.S., LTD.
Orthodontics
1-800-847-3482

PMC BUILDING
417 GRAND PARK DRIVE, SUITE 107
PARKERSBURG, WEST VIRGINIA 26101

Telephone 304-422-6477

71
716 W. MAIN STREET
RIPLEY, WEST VIRGINIA 25271

Telephone 304-372-3936

February 24, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear Members of the Board,

Thank you for your many long hours of work in preparing the Dental Practice Act.

I wish to go on record as supporting the WVDA's position and policy in regards to the new Dental Practice Act. I am especially in favor of the following:

- Amending section 8.3 (k) to allow dental assistants as well as hygienists to take medical and dental histories. Most oral surgeons and orthodontists do not employ hygienists and many dentists in rural areas can't find a hygienist to employ.
- Amending section 8.2 (bb) by deleting the word, wires. Not all ligatures are wires. Most orthodontists use individual elastomeric modules or a chain of elastomeric modules. A final check of this procedure would not appear to be necessary. They are either in position or they are not.
- Amending section 8.2 (z) to allow assistants to not only fit bands but to also cement bands and to bond brackets with a final positioning check by the supervising dentist.

I also strongly agree that it is the dentist's responsibility to see that his employees are properly trained for the duties they are assigned and thus oppose those sections that require board - approved courses.

Sincerely,

Charles L. Seita, D.D.S.

cc. Dr. Bernard Grubler
Dr. Thomas Wilkerson
Dr. H. Richard Marshall
Dr. George Conard
Dr. John Dixon
Dr. Richard Smith

Dina Agnone Vaughn, BSDH, MS
Debra Dent, CDA
Mrs. Delores L. Gribble

72

Julie M. Rose
Rt. 3 Box 889
Bluefield, WV 24701

February 24, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

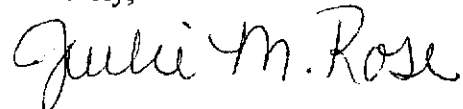
To Whom It May Concern:

My name is Julie Rose and I am currently a Dental Assistant student at Mercer County Technical Education Center in Princeton, WV. As a student I am being taught skills that will prepare me for my career. These skills I am learning are being questioned as to whether or not Dental Assistant's should be able to perform such skills.

These new proposed rules will affect the dentist office as a whole. Dental Assistants are the right hand to the dentist. This in turn helps to maximize time efficiency. Dental Assistants are trained to be able to make this "time" work. Taking away the ability to perform these skills that we have been taught will affect the dental office, Dental Assistants, who have carried out these functions, and up coming students.

I am putting ten months into this program learning "hands-on" skills, which I may not be able to perform. I am concerned of what else might be questioned for Dental Assistants in the future. I want to go into an office and know that I am putting forth skills that I have learned as a capable Dental Assistant. Please take into consideration of how these changes could affect dental offices.

Sincerely,



Julie M. Rose

FEB 27 2002

Charles L. Smith, DDS
1501 Seventh Avenue
Charleston, West Virginia 25312
February 20, 2002

West Virginia State Board of Dental Examiners
P.O. Drawer 1459
Beckley, West Virginia 25802-1459

Dear Sirs,

I am writing this letter out of my personal concerns for the proposed rules and regulations that have been developed by the board, that address delegation of duties to dental assistants and hygienists.

8.3K- This rule deals with allowing dental hygienists to prepare medical and dental histories. The American Dental Association's 1999 workforce assessment survey concluded that 66.5% of the dental practices in West Virginia do not employ a full time hygienist and 48.2% do not employ a part time hygienist. This proposed rule would place a hardship on these dental offices. There are not enough hygienists in the state to perform this rule in general dental practices and specialty practices that presently do not employ a hygienist. I feel that this proposed rule should be moved into section 8.2 to allow dental assistants to also perform this task. The dentist still has to review the history after it has been taken so I do not think that who takes down the information is that critical.

8.3M- The placing, condensing and carving amalgams by a hygienist. My concerns deal with the manpower issue that I discussed in 8.3K; there are not enough hygienists in our state to help the dentist with amalgam restorations. The ADA survey concluded that 73.1% of West Virginia offices employ a full time dental assistant. If any dental auxiliary is going to help a dentist with a restorative procedure, it should be a dental assistant. I feel that this rule would be better if it were delegated to assistants and hygienists in section 8.2, and only the placing of amalgam should be allowed, not the condensing and carving of amalgam.

8.3N- Administration of local anesthesia by a hygienist. This rule has the most potential to cause harm to the citizens of West Virginia. Many of the dental hygiene graduates in West Virginia have only two-year associate degrees, compared to the eight years of college and dental school for the average dentist in West Virginia. There is simply not enough time in two years to teach the technique, pharmacology, and evaluation of medical histories, drug interactions and emergency management of anesthetic complications. The thought process of "it will be taught if it is in the law" still does not address the safety issue.

I have had discussions with a member of the West Virginia House of Delegates and her concerns are also an educational and training issue. Registered nurses with a four-year Bachelor of Science degree can not give local anesthetic. They are required to complete a Certified Nurse Anesthesia program to be allowed to administer local anesthetics.

I think that the board needs to remove 8.3N from the proposed rules, because it's inclusion could cause the whole bill to be defeated or altered by groups from within dentistry or by groups not associated with dentistry. The West Virginia Dental Association will be forced to lobby against the bill if this is included in the final draft. If the desire of the board is to have the new rules and regulation in place for the 2003 Legislative session and have it supported by the majority of dentists in the state, the board should remove the controversial issues and send the legislature a bill that is supported by the dentists, hygienist, and assistants of the state.

I also think that the addition of the "taking of a board approved class" on many of the rules has the potential to be an additional cost to the dentist. Many offices in the state are experiencing an economic slow down and adding additional cost to already high overheads is unacceptable. I also have concerns about the "board approved courses" creating another level of certification or licensure of dental assistants and hygienist as it has in surrounding states like Maryland and its Radiological Licensure for dental assistants. This additional level would also create an increased cost to dentist, which in turn would be passed on to the public.

I would hope that the board would attempt to remove or amend the three or four issues that seem to be "sticking points" and send a bill to the legislature that can be supported by the West Virginia Dental Association, West Virginia Dental Assistants Association, and the West Virginia Dental Hygiene Association.

Sincerely,


Charles L. Smith, DDS

2/25/02

To: Board of Dental Examiners -

After reviewing the duties proposed & determining their effect on my practice & the practice of dentistry, I support the following -

- 1.) 8.2(dd) I oppose this proposed rule.
- 2.) 8.3(k) I support this rule being amended to allow dentist to delegate this duty to dental assistants as well as hygienists.
- 3.) 8.3(m) allow both hygienists & assistants to place amalgams but neither to condense or carve
- 4.) 8.3(n) oppose -
- 5.) 8.2(l) ; 8.2(m) ; 8.2(q) ; 8.2(r) ; 8.2(t) & 8.2(w)

I support these duties being assigned to both hygienists & assistants ; however, I do not recommend they take Board approved courses for these duties.

Sincerely
Julian M. Meadows, Jr. D.D.S.

75

WEST VIRGINIA BOARD OF DENTAL EXAMINERS
P.O. DRAWER 1459
BECKLEY, WVA 25802-1459

Monday, February 25, 2002

To Whom it may concern:

This letter is in response to the proposed rule regarding duties Dentists have delegated to assistants. Not being able to perform the tasks and duties Dentists have been delegating to assistants for years and qualified to do will diffenitly decrease the productivity within the dental office if the proposed laws do not change.

The dental assistant is a vital member of a dental pratice, especially involving dental health education. Many patients feel more comfortable talking with assistants and therefore assistants should be able to discuss procedures and give qualified information to these patients concerning proper dental health education.

Assistants have been performing these duties for many years and it is necessary for the growth of the dental profession in the state of West Virginia, for qualified assistants to continue to perform these taks.

Brenda J. Remises CDA

Lynndale Willey

Sherr Brewer Dental Assistant

FEB 27 2002

76

February 24, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear Board Members,

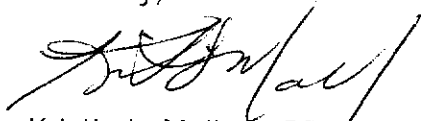
I have again reviewed the proposed rule changes concerning expanded duties for dental hygienists and dental assistants. I strongly support administration of local anesthesia and monitoring of nitrous oxide analgesia as intraoral tasks that may be assigned to licensed dental hygienists. I agree with the Board's recommendation that dental hygienists must complete a board approved course to administer local anesthesia and monitor nitrous oxide analgesia. I believe that expansion of functions of a dental hygienist must be predicated on formal educational preparation.

Additionally, I request that the list of duties be separated between dental assistants and dental hygienists. This separation would allow for a more accurate document with less chance of misinterpretation by the public and the dental team.

My concern remains with many of the additional duties that may be assigned to the dental assistant that do not require that the assistant has had any education, training or experience. The state statute defines a dental assistant as a person qualified by education, training and experience. Therefore, a more comprehensive list of detailed training and educational requirements for dental assistants would be in order to comply with the current statute. In office training, on the job training and direct supervision have not been validated to assure competency in the dental office. Additionally, I do not support the use of a power driven instrument by the dental assistant for any delegated procedure.

Thank you for the time and effort of updating the current rules regarding dental hygienists and dental assistants. Patient care can be greatly enhanced by responsible delegation of duties to licensed dental hygienists and properly educated and trained dental assistants.

Sincerely,



Kristin L. Mallory, RDH, M.Ed.
976 Ridgemont Road
Charleston, WV 25314

FEB 27 2002

97

GARRETT I. LONG, JR., DDS
290 SIOUX LANE
POB 251
ROMNEY WV 26757

PHONE 304.822.3119

FAX 304.822.3363

To: The WV Board of Dental Examiners

I am OPPOSED to MOST of the changes in the Dental
Practice Act.

I can support ONLY the following:

- (1) 8.2 l applying pit and fissure sealants with
final check by evaluation by supervising
dentist.
- (2) 8.2 r placing and removing temporary restoration
and/or appliance with final check by
supervising dentist.
- (3) 8.2 t chemical conditioning of the tooth to accept
a restoration and/or bracket by topical
application

Sincerely.



Garrett Long, Jr.

FEB 27 2002

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Facsimile Transmission Form

TO:	FROM:
NAME: <u>WV Board of Dental Examiners</u>	NAME: <u>Dr. Robert M. Howell</u>
LOCATION: <u>Beckley, WV</u>	LOCATION: <u>Morgantown, WV</u>
VOICE #: <u>(304) 252-8266</u>	VOICE #: <u>(304) 293-2149</u>
FAX #: <u>252-2779</u>	FAX #: <u>(304) 293-7446</u>
	Internet E-mail: <u>rhowell@wvu.edu</u>

Date: February 26, 2002

Message:

The following is my letter of response to a call for comments regarding the proposed changes to the dental practice act.

Thank you.

2 Page(s) including this cover.

West Virginia Board of Dental Examiners:

February 25, 2002

I am writing to respond to the call for additional comments regarding the proposed changes of the practice act. I specifically wish to address parts in sections 8.2 and 8.3 which are opposed by the West Virginia Dental Association (of which I am a member). I do not believe the WVDA speaks on my behalf in its oppositions to the following changes.

8.2 (l, m, q, r, t, & w)

The WVDA's argument that stand-alone programs are not currently in place is misleading. Dental hygiene programs, as part of their CODA requirements include some of these topics in their didactic, laboratory and clinical curriculum. Additional topics can easily be plugged in as necessary. Just because there may not be Board specific training programs currently in place does not preclude this proposed change. It's like the line from the movie *Field of Dreams*, "build it and they will come." Open new opportunities and training programs will grow. This training is especially important for dental assistants as there are very few certified dental assistants in this state.

The WVDA states that this training should be within the purview of the local dentist. Such a decision would create a highly variable and non-uniform "standard" which I believe would not be in the best interests of our patients' health, safety and welfare.

8.2 (dd)

The argument that there are no current stand-alone programs for monitoring nitrous oxide analgesia is a hollow argument. What the Board is proposing is that such programs be included in the dental hygiene curricula and other courses be developed and successfully completed before an assistant or hygienist be allowed to monitor nitrous oxide administration. (see 8.2 above)

8.3 (k)

The taking of a medical and dental history is more than asking questions and filling in check boxes. The typical dental hygiene training program includes at least one course in general and oral pathology and several months of supervised health history taking. There is no comparable educational component for dental assistants. The arguments that 66.5 percent of WV dentists do not hire a full-time hygienist and only 48 percent hire a part-time hygienist are meaningless. Those are practice decisions made by dentists. If they desire others to take health histories then they should hire qualified hygienist (trained by standards laid out by the ADA Commission on Dental Accreditation) to do so. To allow others not trained to perform this important aspect of the dental examination is certainly not in our patients' best interests.

8.3 (m)

Placement of amalgam is a technique sensitive procedure and a permanent restoration. Placing and carving should only be done by trained personal. Again, hygienists are trained in expanded functions courses on the placement and carving of amalgams. A Board approved course would assure uniformity of training and meeting required standards. As noted above in my response to 8.2 (l, m, q, r, t, & w), not currently having such programs is a meaningless argument. If this is something desirable, then appropriate course will be developed to fulfill the Board's requirements.

8.3 (n)

Local anesthesia has been a hotly contested issue for years. Other states have found allowing hygienists to administer local anesthesia feasible and far more desirable than submitting patients to the discomfort of instrumentation without adequate pain control. The WVDA standard argument of no current training programs is no more valid here than noted before. No one has proposed allowing anyone to administer local anesthesia without appropriate training. If the option were allowed, I believe there will be proposals before the Board for such a course within weeks of issuing it requirements by all three hygiene programs within this state.

In conclusion, I wish to state that I support the proposed changes of the Board and hope to see them implemented.

Sincerely,

Robert M. Howell, DDS
Morgantown, WV



WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802-1459

February 25, 2002

To: WV Board of Dental Examiners

Regarding: Proposed changes in assistant duties delegation

My name is Donna Panucci and I served the past 5 years as secretary/treasurer of the West Virginia Association of Orthodontists and Dentofacial Orthopedists. I am a practicing orthodontist that takes great pride in the quality of care and treatment results provided by my staff and myself. I represent the West Virginia Association of Orthodontists and Dentofacial Orthopedists and am writing to you to express our concerns about the proposed rule changes relating to duties dentists may delegate to dental hygienists and assistants.

As you may well know, many orthodontists do not employ hygienists in their offices. We practice the specialty of orthodontics exclusively and leave necessary oral prophylaxis and general dental care to the patient's general dentist. It is imperative, therefore, to our specialty that we be represented properly in the proposed rules.

I researched this issue in 10 neighboring states with the assistance of the Southern Association of Orthodontists. There is a definite problem with semantics to establish one set of regulations to govern both general and specialty practices and yet eliminate those unqualified to provide quality dental services. All of these states have modified their prospective state laws to include the interests of the orthodontic specialists. Many of these states modified their laws 10-15 years ago. I thank you for taking the time to finally bring our rules up to date. Please do not exclude the orthodontic specialty from this critical agenda in the state of West Virginia.

The proposed rules should be amended as follows to assure that orthodontic assistants are represented:

8.2 (m, q, r, t and w) All of these proposed duties call for assistants to take Board approved courses before a dentist can assign them these duties

We agree with the Board's recommendation that it is the dentist's responsibility to determine the competency of the staff member to handle these assigned duties regardless of any course or training the auxiliary personnel has taken.

8.2o Removing excess cement from coronal surfaces of teeth without the use of rotating or power-driven instruments

As specialists in orthodontics we are not providing an oral prophylaxis. We are simply removing bonding material from a very small area (approximately 2mm in diameter) on the coronal portion of the crown. With recent changes in orthodontic techniques, the vast majority of us are practicing the "straightwire technique" that involves bracket repositioning rather than bending archwires to obtain optimum

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tooth movement. This means that we are removing and replacing brackets routinely throughout the day rather than replacing archwires like we once did. Cement removal is now a frequent and common occurrence to allow for quality patient care. Certainly assistants should not be allowed to cut enamel in preparation for restoration, however, they should be allowed to polish and pumice the area in preparation for orthodontic bonding. This procedure is safely and efficiently done with a rotary instrument utilizing burs that do not cut enamel. The ancient technique of utilizing an orthodontic plier to remove cement is much more dangerous to the tooth with possible crown fracture and gouging of enamel. A rotary instrument is much safer and the modern way of safely cleaning off orthodontic cement. Why should we revert to the antiquated tools of the past with modern advancements in tools and techniques? The use of a rotary instrument to smooth a rough wire or sharp edge of an orthodontic attachment should also be permitted. This is also an everyday necessity and obviously is in the patients' best interest.

THE FOLLOWING STATES ALLOW FOR CORONAL POLISHING OF TEETH OR REMOVAL OF EXCESS CEMENT WITH A HANDPIECE:

North Carolina
Alabama
Florida
Georgia
Kentucky
Mississippi
South Carolina
Tennessee
Virginia

Georgia handles the assistant's duties semantics problem to differentiate between general dentists and specialists with the following wording:

"POLISH THE ENAMEL AND RESTORATIONS OF THE ANATOMICAL CROWN; HOWEVER, THIS PROCEDURE MAY ONLY BE EXECUTED THROUGH THE USE OF A SLOW SPEED HANDPIECE, RUBBER CUP, AND POLISHING AGENT. THIS PROCEDURE SHALL IN NO WAY BE REPRESENTED TO PATIENT AS A PROPHYLAXIS. THIS PROCEDURE SHALL BE USED ONLY FOR THE PURPOSE OF ENAMEL PREPARATION FOR: 1) BLEACHING, 2) CEMENTATION OF FIXED RESTORATIONS, AND 3) BONDING PROCEDURES INCLUDING SUPRAMARGINAL ENAMEL RESTORATION AFTER REMOVAL OF ORTHODONTIC APPLIANCES. NO DIRECT CHARGE SHALL BE MADE TO THE PATIENT FOR SUCH PROCEDURE.

Alabama states that assistants may do the following:

"REMOVE EXCESS CEMENT WITH HANDPIECE FROM AROUND ORTHODONTIC APPLIANCES"

We plead to you that you do not leave out West Virginia orthodontists in this long overdue rule change. I understand the concern to prevent coronal polishing for prophylaxis purposes. Simply wording this issue to prevent abuse like Georgia or Alabama has done above will enable orthodontists to continue to provide up-to-date quality care with modern techniques. Our proposed changes to 8.2u below will allow for safe and efficient cement removal.

8.2s Taking intra and extra-oral photographs

We agree with this duty being assigned to an assistant. This is an absolute necessity for a conscientious orthodontist in a quality practice.

8.2t Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application

We agree that this duty be assigned to a qualified assistant by the orthodontist without any necessary courses. This is a simple and reversible procedure. It has been shown that enamel changes are microscopic and that normal tooth brushing will return the tooth to its original luster.

8.2u Use of power driven handpiece with rubber cup only and/or brush only for preparing a tooth for accepting a restoration and/or appliance

We obviously agree with the content of this recommendation, however, this is a great place to insert the orthodontic assistants daily duties mentioned above. Article 8.2u should read like this:

“Use of power driven handpiece with rubber cup or brush only and/or polishing tool only for preparing a tooth for accepting a restoration and/or appliance including supramarginal enamel restoration after removal of orthodontic appliances.”

8.2y To check for loose orthodontic appliances and take orthodontic measures

We must urge that we include as many long practiced orthodontic assisting duties in the few places available to do so. Article 8.2y should read like this:

“To check for loose orthodontic appliances and ~~recement~~ or ~~replace~~ after check by supervising dentist as well as take orthodontic measures.”

8.2z Fitting bands and brackets prior to final cementation and/or bonding by the supervising dentist

We agree with fitting bands and brackets by the assistant, however, with the advancements and use of light-cure materials the dentist positions the band /bracket and the assistant actually cements with a visible light gun. Article 8.2z should read like this:

Fitting bands and brackets prior to final check by the supervising dentist

8.2aa Bending archwires with final check by supervising dentist at time of placement

It is much more important that we include removal and placement of archwires in this rule. Article 8.2aa should read like this:

Removal and placement of archwires with bends if indicated with final check by supervising dentist at time of placement.

8.2bb Place or remove temporary space maintainers, orthodontic separating devices and/or ligature wires with final check by supervising dentist at time of placement

Two changes need to occur with this article: We need to include elastic ties and the final check is not necessary. The opposite is mandatory—the orthodontist must do a preliminary check and provide treatment guidance to the assistant.

Article 8.2bb should read like this:

Place or remove temporary space maintainers, orthodontic separating devices and/or ligature or elastomeric ties with a preliminary check by the supervising dentist

8.2cc Remove loose or broken bands, brackets or archwires when directed by the supervising dentist

Orthodontic assistants have long been removing bands, brackets and archwires loose or not loose in many states. Georgia, Kentucky, Mississippi, Tennessee and Virginia have changed their rules to allow for bracket removal by assistants due to the advancements in plier design and safety of this procedure. We must follow their research and institute these changes for the betterment of our specialty.

Article 8.2cc should read like this:

Remove bands, brackets or archwires when directed by the supervising dentist
(Remove loose from this text)

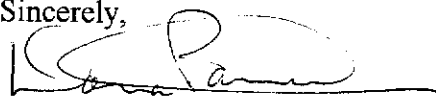
8.3k Preparing medical and dental histories for interpretation by a dentist

This information gathering can most certainly be done by a qualified assistant especially in the orthodontic setting where hygienists are seldom present.

This duty needs to be included in assistant delegation.

Finally, thank you for your time and consideration in reviewing the issues that affect the orthodontic specialists in this state. As I mentioned previously, ten neighboring states are years ahead of us in rule adaptation for the specialist. Please carefully inspect the articles with highlighted recommendations to include the practice of quality orthodontics in your law changes.

Sincerely,



Donna Panucci

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JAMES W. COURRIER, D.D.S.
1215 LYNMAR STREET
KEYSER, WEST VIRGINIA 26726
—
TELEPHONE 788-2782

**West Virginia Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459**

To: The WV Board of Dental Examiners

I am opposed to the following changes in the Dental Practice Act,

8.2 (w) Taking of final impression for fixed or removable prosthesis. This will promote denture mills in West Virginia.

8.2 (dd) "Allowing dental hygienists and assistants to monitor nitrous oxide analgesia which only includes increasing oxygen and decreasing nitrous oxide with the taking of a board approved course." The Executive Council did not recommend allowing either a dental hygienist or assistant to monitor administration of nitrous oxide analgesia. WVDA opposes this proposed rule.

8.3 (k) Allowing only dental hygienists to prepare medical and dental histories for interpretation by a dentist. This adversely impacts general practitioners and specialists who do not employ dental hygienists. WVDA supports this rule being amended to allow dentists to delegate this duty to dental assistants as well as dental hygienists.

8.3 (m) Allowing only dental hygienists to place, condense and carve amalgams by a non-power driven method with final check by supervising dentist with the taking of a board approved course. WVDA supports both hygienists and assistants "placing amalgams for condensation, but does not support either a hygienist or assistant "condensing" and "carving" amalgams. This duty should be amended by deleting "condensing" and "carving."

8.3 (n) Allowing dental hygienists to administer infiltration and block anesthesia after taking a board-approved course. None of the State's three hygiene programs teach this procedure. WVDA does not believe this is in the interest of protecting the health, safety and welfare of the public, thus it should be deleted.

8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2(t) and 8.2 (w) All of these proposed duties call for hygienists and assistants to take Board approved courses before a dentist may assign them these duties.” WVDA supports these duties being assigned to both hygienists and assistants, however, WVDA does not recommend they take Board approved courses for these duties. The current long-standing rule- identified as “©” on Page 11 of the enclosed – calls for the dentist to be solely responsible for checking dental auxiliary to determine they are competent to handle assigned duties, and no dentist shall assign duties to auxiliary until they are assured that the auxiliary person is fully competent and qualified to perform the assigned duties. WVDA supports this as the dentist’s responsibility, regardless of any course or training any auxiliary personnel has taken.

I will also **point out** that if you do approve the Dental Practice Act as proposed, you **have not limited the number** of Assistants and Dental Hygienists **which one dentist may be permitted to supervise.**

James W. Courrin

81

TONA S.
~~JAMES W.~~ COURRIER, D.D.S.
1215 LYNMAR STREET
KEYSER, WEST VIRGINIA 26726
—
TELEPHONE 788-2782

West Virginia Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

To: The WV Board of Dental Examiners

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8.2 (w) Taking of final impression for fixed or removable prosthesis. This will promote denture mills in West Virginia.

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I will also **point out** that if you do approve the Dental Practice Act as proposed, you **have not limited the number** of Assistants and Dental Hygienists **which one dentist may be permitted to supervise.**

Sona Courier DDS.

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February 26, 2002

Dear Board Members:

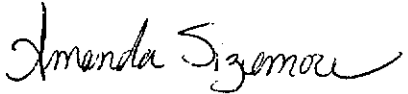
My name is Amanda Sizemore. I am currently enrolled at Putnam Career and Technical Center in the adult dental assisting program. I am learning to place, develop and mount dental radiographs; chart existing restorations and missing teeth; and practice dental health education. I understand that you have a proposal before you concerning duties of dental assistants. Most of the duties proposed are the duties in which dental assistants have been doing for years. As a student, I feel that this bill should be passed.

By not passing this proposal, practicing dental assistants and students jobs are at risk. We would not be allowed to utilize our education and knowledge about dentistry. I understand that not everyone gets' their way. By not passing the expanded duties proposal, you are telling us as dental assistants that we are not qualified, educated or experienced. If that is the case then I have invested time, effort and money into something I can't use.

If education and training is not important, then you could just hire someone off the street. If I were a dentist, I would hire someone trained, experienced, and educated. I encourage you to think about how valuable a dental assistant is. We do not take classes on how to sit at chairside and look pretty but yes; we are trained to assist the dentist.

Everyone practicing a form of dentistry is a team. We work together to help not only each other, but to help and maintain awareness to the public about dental health. By taking away some of the jobs we are trained for, the dental health team cannot function properly and efficiently. I hope that you consider passing this bill. Thank you for allowing me to voice my opinion in a very serious proposal.

Sincerely,



Amanda Sizemore
208 Cross Lanes Dr.
Nitro, WV 25143

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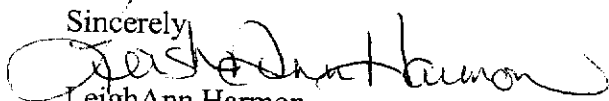
February 26, 2002

Dear Board Members,

My name is LeighAnn Harmon. I will soon be graduating from the dental assisting program at Putnam Career and Technical Center. I am very concerned about the expanded functions proposal in regards to the dental assistants of this state.

As a future member of the dental health team I can not help but wonder what my role will be. As part of my required 1080 hours of education I receive hands on training through the clinic, our program operates two days a week for low income children in our area. Working under the supervision of dentists and certified dental assistants I am able to practice skills that will allow me to have a successful career as a dental assistant. I am very confident in my abilities because of the training I am receiving. I have been able to perform many different tasks in our clinic as part of my education. I feel as though dental assistants in this state are constantly being trained on the latest techniques available through the twelve continued education hours required each year to remain certified by the Dental Assistants National Board. I am very concerned about what kind of a future (if any) there will be for dental assistants in this state if we are not allowed to utilize the training we receive. Please consider my position as well as the positions of all dental assistants in this state when discussing the proposal for expanded functions. Thank you for your time and hard work on this very important issue.

Sincerely



LeighAnn Harmon
P.O. Box 1188
Eleanor, WV, 25070

FEB 28 2002

W.V. Board of Dental Examiners
P.O. Drawer 1459
Beckley, W.V. 25802

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Dear Board Examiners,

My name is Brenda Casto, I have been training for the past six months to become a qualified dental assistant. I was quite shocked to hear of the chance that the pending proposals allowing dental assistants to perform expanded duties may not pass. I feel I need to voice my opinion on what I have been trained to do.

My school has a dental clinic in it where we learn first hand how to communicate with, and properly treat patients. These past few months I have learned many of the duties that may not be allowed. Our class is not only trained in the clinic but also in the classroom where we learn lifesaving measures in case of an emergency. Our teacher has committed herself to teaching us things that we may not now be able to do whenever we go out in the world of work, and I'm sure that this makes her unhappy! I fear I have wasted six months of my time attending school to only be allowed to suck spit from the mouth and set up trays. I believe I have been trained to do more than that.

I hope you will consider your options on all the items before you. Because I feel like dentists are not going to have such an efficient running office unless these proposals pass. With proper training dental assistants are capable of doing some expanded duties in the dental office. I chose to attend the dental assisting program because I feel training in several procedures and techniques are important. I encourage you to pass the proposal 8.2 with dental assistants allowed to perform duties delegated by their dentist.

Thank you for your time on this matter.

Sincerely,

Brenda Casto

Brenda Casto
P.O. Box 103
Eleanor, W.V. 25070

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W.V. Board of Dental Examiners
P.O. Drawer 1459
Beckley, W.V. 25802

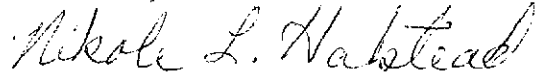
Dear Dental Board Members:

I would like to speak to you regarding the new expanded duties proposed for dental assistants. Dentists have been delegating these duties to the dental assistants for years. As a dental assisting student I have been trained to perform many of these duties. I believe having the assistants perform these duties enables the dentist to concentrate his time on more crucial matters, it increases productivity therefore allowing the treatment of more patients. Quality of patient care is also a great factor, that is why the training to become a dental assistant is so extensive. We must complete 1080 hours of training including working two days per week in a dental clinic with two very competent dentists from the local area.

I believe that after my training I will have the education needed to become an important and necessary member of any dental team. If this bill does not pass my training will be of no use and I will have wasted my time and money being trained to do a job I will not be allowed to do. Dentists will have no choice but to take on these responsibilities themselves, leaving many patients waiting for care. I urge you to please consider the consequences of not passing this bill.

The future of dentistry and my career depends upon your consideration in this very important matter. I would appreciate your utmost attention on this decision.

Thank You,



Nikole Halstead
P.O. Box 594
Nitro, W.V. 25143

FEB 25 2002

86

Dear Board Members,

As a dental assisting student I feel that not being able to perform the tasks and duties dentist have been delegating to qualified assistants for years will decrease the productivity within the dental office.

I ask that you take into consideration the fact that we as students have been trained in the procedures that have been proposed.

I believe the dentists will not compromise patients health by delegating duties to assistants who are not qualified.

Your time and consideration is greatly appreciated.

Sincerely,

Kim Watterson

Kim Watterson

87

W.V Board of Examiners
P.O. Drawer 1459
Beckley, W.V 25802

Dear Board Members,

As a dental assistant student I would like to voice my opinion on the task's that may be taken away from us. I have been studying to perform these duties for the last six months, not only bookwork but also hands on. I feel by the time I finish this course I will be well trained to perform the procedures that dental assistants have been assigned by dentists for years.

If these tasks are taken from us I feel that it will not only decrease the productivity in the office, but also compromise patient health care as the dentist will not be able to spend as much time with the patient. Thank you for your time.

Mrs. Debra Childers
Mrs. Debra Childers
Dental Assisting Student

88

Dr. Stephen W. Finch
1100 West Neville Street
Beckley, WV 25801

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25801

February 25, 2002

Dear Sirs,

I am writing to express my support of, or opposition to the West Virginia Board of Dental Examiners proposed rules regarding duties dentists may delegate to dental hygienists, and or dental assistants.

I oppose the proposed rule 8.2 (dd). Only dentists should monitor Nitrous oxide analgesia – This rule should be deleted.

I support the rule 8.3 (k), providing it is amended to allow both dental assistants and dental hygienists to do this duty of preparing medical and dental histories for the dentists interpretation.

I oppose rule 8.3 (m). I support allowing only a licensed dentist to place, condense and carve amalgams by any kind of method. This rule should be deleted .

I oppose rule 8.3 (n). I do not think that allowing dental hygienists to give injections for anesthesia is in anyones best interest. This proposed rule should be deleted.

I support 8.2 (L), 8.2 (m), 8.2 (g), 8.2(t)and 8.2 (w), ~~ix~~, 8.2(q) in allowing these duties to be assigned to both hygienists and assistants by the dentist; however, I oppose that they be required to take board approved courses for the duties. I believe that it is the dentists responsibility to insure that the assistant and hygienists are competent to handle the above proposed duties or any other

duties for that matter performed in a dental office.

I oppose 8.2 (e). I do not think that thermal or electric pulp testing should be assigned to an assistant or hygienist.

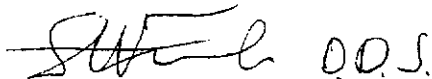
I oppose rule 8.2 (b) ^(r). I believe the dentist should do this duty.

I oppose rule 8.2 (bb). I believe only a dentist should do these duties.

I oppose 8.3 (e) & 8.3 (g). A dentist should be the only person allowed to perform the procedure.

Thank you for allowing me to express my views concerning the proposed rules regarding duties that dentists may delegate to dental hygienists and assistants as currently proposed by the West Virginia Board of Dental Examiners.

Sincerely,

A handwritten signature in black ink, appearing to read "S.W. Finch" followed by "D.D.S." in a cursive style.

Dr. Stephen W. Finch

Dr. W. C. Wilcox, D.D.S., F.A.G.D.
7 Point View Terrace
Wheeling, WV 26003



Dear West Virginia Board of Dental Examiners,

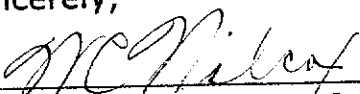
To begin with, I want to thank the Board for undertaking the formidable task of modernizing the expanded duties of our auxiliary. I feel all of these expanded duties are progressive but will have marginal impact on the daily life of the general dentist. General dentists in West Virginia need a true dental hygienist assistant: one that is trained to increase the efficiency and productivity of the hygienist. This is an issue concerning *Item 8.2 (U)*.

I propose the following ideal use of a hygienist's assistant: the hygienist's assistant would seat the patient, a thorough medical and dental history would be reviewed with the patient, any needed X-rays would be taken, and the hygienist would enter and review the dental and medical history. She would then complete an oral and perio exam, and would complete the required scaling. The hygienist's assistant would then complete the supra-gingival polishing with a rubber cup and paste. The dentist would enter and review the medical and dental history and would examine the patient. The hygienist's assistant would then proceed to dismiss the patient while the hygienist scales another patient.

My question regarding *8.2 (U)* is this: if a properly trained assistant can polish a facial or lingual area to place a bonded bracket and if he or she can polish an occlusal or multi-surface area prior to placing a restoration, why can't a trained assistant perform supra-gingival polishing?

I strongly recommend that supra-gingival polishing be included in the dental assistant's existing list of duties, with a board-approved training.

Sincerely,



Dr. W. C. Wilcox, D.D.S., F.A.G.D

90
SUSAN FORRESTER R.D.H.
1 MAPLE LANE
WHEELING, WV 26003

DEAR BOARD MEMBERS,

I AM A LICENSED DENTAL HYGIENIST IN THE STATES OF WEST VIRGINIA AND OHIO. I HAVE BEEN PRACTICING AS A DENTAL HYGIENIST FOR THE PAST 25 YEARS IN PRIVATE PRACTICE AND ALSO FOR THE PAST 5 YEARS IN CLINICAL DENTAL HYGIENE EDUCATION.

I AM WRITING TO THE BOARD ABOUT MY CONCERNS FOR THE PROPOSED LAW CHANGES SET BEFORE THE BOARD. MY MAIN CONCERN IS FOR PROPOSED RULE 8.2 (l), (m), (q), (r), (t). I FEEL THAT THE DELEGATION OF THESE DUTIES TO DENTAL ASSISTANTS IS NOT IN THE BEST INTEREST OF THE PUBLIC THAT WE SERVE SINCE THE AUXILIARY DO NOT HAVE FORMAL EDUCATION IN THESE AREAS. IF THE BOARD DOES FEEL THAT THESE DUTIES SHOULD BE ASSIGNED THEN THE LAW MUST STATE THAT THESE AUXILIARY HAVE FORMAL EDUCATION IN ORDER TO PERFORM THESE DUTIES.

I WOULD LIKE TO LET THE BOARD KNOW THAT I SUPPORT PROPOSED LAW CHANGE 8.3 (n), TO ALLOW DENTAL HYGIENISTS TO ADMINISTER ANESTHESIA.. HYGIENIST HAVE THE BACKGROUND IN HEAD AND NECK ANATOMY ALONG WITH A BOARD APPROVED COURSE THAT WOULD GIVE THEM SUFFICIENT TRAINING . THIS WOULD ALLOW HYGIENIST TO MAKE THEIR PATIENTS MORE COMFORTABLE DURING CERTAIN PROCEDURES

THANK YOU FOR YOUR CONSIDERATION OF THESE ISSUES.

Susan Forrester R.D.H.

SUSAN FORRESTER R.D.H.

FEB 28 2002

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January 30, 2002

WV Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

Dear members of the board:

Please be advised the Blennerhassett Dental Society fully supports the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

That includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m), and opposition to 8.3 (n).

The Blennerhassett Dental Society along with the WVDA opposes requiring hygienists and assistants to take a board-approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w). We support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,

Stephen M. Damm MMS

92

Phone 304-295-8282
Fax 304-295-8331

February 26, 2002

WV Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear members of the board:

Please be advised the Blennerhassett Dental Society fully supports the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

That includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m) and opposition to 8.3 (n).

The Blennerhassett Dental Society along with the WVDA opposes requiring hygienists and assistants to take a board-approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t) and 8.2 (w). We support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,

Douglas A. Florence

Douglas A. Florence, D.D.S.

DAF/cjb

93

January 30, 2002

WV Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

Dear members of the board:

Please be advised the Blennerhassett Dental Society fully supports the position and policy of the WVDA as it relates to the new dental practice act, its rules and regulations.

That includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m), and opposition to 8.3 (n).

The Blennerhassett Dental Society along with the WVDA opposes requiring hygienists and assistants to take a board-approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w). We support this as the dentist's responsibility, regardless of any course or training any auxiliary personnel has taken.

Sincerely,

David M. Manfred DDS

FEB 1 2002

94
C. Richard Gerber, D.D.S.

314 BARKWILL STREET

ST. MARYS, WEST VIRGINIA 26170

TELEPHONE (304) 684-2204

Feb. 26, 2002

WV Board of Dental Examiners
P. O. Drawer 1459
Beckley, WV 25802-1459

Dear Members of the Board:


I fully support the position and policy of the West Virginia Dental Association as it relates to the new dental practice act, its rules and regulations.

This includes opposition to rule 8.2 (dd), amending 8.3 (k) to allow dentists to delegate this duty to dental assistants as well as hygienists, delete condensing and carving from 8.3 (m), and opposition to 8.3 (n).

This also includes opposition to requiring hygienists and assistants to take a board approved course for 8.2 (l), 8.2 (m), 8.2 (q), 8.2 (r), 8.2 (t), and 8.2 (w). The supervising dentist is qualified to teach his auxiliary personnel these duties.

The above ultimately protects the health and welfare of the public.

Respectfully,


C. Richard Gerber, D.D.S.

FEB 28 2002

95

WV Board of Dental Examiners
PO Drawer 1459
Beckley, WV 25802

Dear Board Members:

I am taking the opportunity to comment on the proposed rule changes before you. I ask that you review these changes carefully, and approve them. Most of these duties have been delegated to the dental assistants for years.

I commend your efforts to clearly define the job duties. I wish to thank you for your time and effort in considering these important changes. This law can drastically change the dental assistance's duties and job description.

Again, thank you for your time in this important issue.

Sincerely,

Mrs. Robin Thomas

Mrs. Robin Thomas
Dental Assistant Student

FEB 28 2002

FAX

from

Richard Stevens
Executive Director

West
Virginia
Dental
Association

2003 Quarrier Street
Charleston, WV
25311

Tel 304.344.5246

FAX 304.344.5316

E-mail:
wvrds@aol.com

Date: February 25, 2002

To: Dr. Mark Simpson

FAX: 342-8309

Enclosed is copy of letter I received Saturday. I am not sure if it is a copy for WVDA, or, you intended to send it to the Board of Dental Examiners.

If it was intended for the Board, your letter needs to be addressed to the WV Board of Dental Examiners, PO Drawer 1459, Beckley, WV 25802-1459.

You are reminded the Board must receive letters by February 28.

The Board's FAX number is (304) 252-2779 in the event you wish to FAX your letter.

9/6

FEB 28 2002

**Westmoreland
Dental
Associates**

Westmoreland Place
400 Allen Drive
Charleston, WV 25302
Telephone: 342-6162

John N. Simpson, D.D.S.
Robert R. Simpson, D.D.S.

Mark W. Simpson, D.D.S.
Stephen H. Guest, D.D.S.

**Family
& Cosmetic
Dentistry**

255 Washington Street
Ravenswood, WV 26164
Telephone: 273-5301

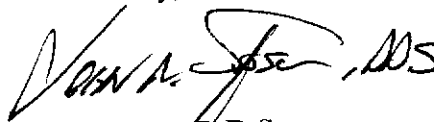
February 15, 2002

West Virginia Dental Association
2003 Quarrier Street
Charleston, WV 25311

Dear Board of Dental Examiners,

As members of the West Virginia Dental Association we are in support of the position of the West Virginia Dental Association executive council in regards to expanded duties of hygienists and assistants.

Sincerely,



John N. Simpson, D.D.S.



Mark W. Simpson, D.D.S.

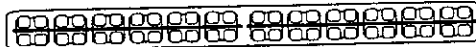


Stephen H. Guest, D.D.S.

Daniel I. Joseph, D.D.S., M.S.

Specialist in Orthodontics and Dentofacial Orthopedics

1136 National Road
Wheeling, WV 26003



Phone 304-242-7222
FAX 304-242-1389

February 27, 2002

West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802-1459

Dear Members of the Board,

I am responding to your proposed rules on expanded duties that may be delegated by a dentist to dental hygienists and assistants. I support the position of the West Virginia dental Association on the proposals. I have been present twice when the WVDA executive council voted unanimously to support these positions. This is the equivalent of the U.S. Senate voting 100 - 0 on an issue. The executive council delegates are our elected representatives and speak for the WVDA.

There are some other areas that concern me, that would affect the practice of orthodontics.

- 8.2 (bb) "Ligature wires" needs to be changed to "ligatures", because in today's modern practice elastomeric ligatures are used more frequently than wires. Also, the final check by the supervising dentist is not necessary. Often, the only reason for changing ligatures is because the patients want them to reflect the change in seasons (example: orange and green for Halloween and red and green for Christmas). The Board's intent is answered by 8.2 (aa) in which it requires final check by the supervising dentist at time of placement of archwires.
- 8.2 (u) The sentence should continue to add: "or for educational purposes". Today there are a plethora of power driven home care devices. Without this addition orthodontic assistants will be unable to show the patient how to use his powered brush to clean his teeth and braces.
- 8.3 (k) Allowing only dental hygienists to prepare medical and dental histories appears to mean that the only person who can be involved with these histories must be a hygienist or a dentist. It appears to mean that no one else can be involved in dealing with any questions involving these histories.

FEB 28 2002

Member
American Association of
Orthodontists



Most orthodontic practices do not employ hygienists. I am not sure how they are supposed to handle history taking. I have a licensed practical nurse who works in my office. Apparently, neither she nor other even more highly trained health care practioners will be able to do these histories.

I would like to commend the Board for the time and effort it has taken to update these rules and regulations. We must always remember that these rules and regulations are not made to protect the professions of dentistry, dental hygiene, or dental assisting. They are made so that the public is protected while allowing them the finest, most efficient form of dentistry to be performed.

Sincerely,

A handwritten signature in cursive script that reads "Dan Joseph". The signature is written in dark ink and is positioned above the typed name.

Daniel I. Joseph, D.D.S., M.S.
DIJ/rab

98

Charles J. Bright D.D.S., F.A.G.D.
PO Box 2016
Martinsburg WV 25402
304-267-7815
Feb. 25, 2002

WV Board of Dental Examiners
PO Drawer 1459
Beckley WV 25802

Re: Assistant / Hygienist Duties

I am writing this letter to express my views about new duties that the Board is considering. I graduated in 1975 from the Baltimore College of Dental Surgery, Dental School University of Maryland, where we were trained in "Expanded Duty Auxiliary Utilization". I completed a one-year General Practice residency at the Baker VA Hospital, Martinsburg and have practiced in Martinsburg since then.

I support the changes enumerated in section 8.2 paragraphs c,d,e,g,h,j,k,o,p,q,r,s,dd, and 8.3 paragraphs g, h, l.

I do not think the rules should allow the procedures in 8.2 paragraphs i,m,v,w,t, or 8.3 paragraphs m, n. I feel that the dentist must do these procedures to assure the outcome for the patient.

I suggest that 8.2 paragraph L, be changed to allow sealants to be done by a hygienist only, without the need to take an approved course.

8.3 paragraph b needs to have the condition added "with the prior approval of the supervising dentist."

8.3 paragraph e should allow only polishing of an existing restoration.

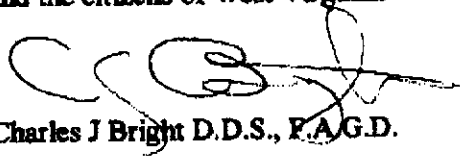
8.3 paragraph k should be moved into section 8.2 so as to allow both assistants and hygienist to prepare histories for the dentist to interpret.

I have no opinion on the changes suggested in 8.2 paragraphs y, z, aa, bb, cc, as these procedures are not done in my office.

I noticed that the changes would allow restorative procedures for amalgam but not for composite. Why Not? One restorative material is as complicated and technique sensitive as another. How about an allergic reaction to retraction cord medicaments or temporary materials, as I am dealing with bleeding from an extraction in another patient? I believe that if auxiliaries are to perform these complicated and in some cases life threatening

procedures then the auxiliaries must be trained, licensed, and be independently liable for the outcomes.

Please consider my letter in your deliberations. Thank you for your efforts for dentistry and the citizens of West Virginia.

A handwritten signature in black ink, appearing to read 'C. J. Bright', with a long horizontal stroke extending to the right.

Charles J Bright D.D.S., F.A.G.D.