

Report of the Meeting of the Dental Board of California May 29-30, 2014

Prepared for the California Society of Pediatric Dentistry

The Dental Board of California met May 29-30, 2014, in Oakland. The following report summarizes actions and issues coming before the Board pertinent to pediatric oral health

LEGISLATIVE AND REGULATORY MATTERS

The Board currently tracks 21 bills being considered in the legislature, the majority of which pertain to the Administrative Procedure Act and government accountability. Several bills which directly impact the Dental Practice Act or the Board's operations include the following:

- **AB 1174 (Bocanegra)** would expand the scope of practice of Registered Dental Assistants in Extended Functions (RDAEF) and Registered Dental Hygienists (RDH) to determine which dental radiographs to perform prior to a dental examination and to place interim therapeutic restorations pursuant to the order and supervision of a licensed dentist. The bill would also authorize asynchronous transmission of information to be reviewed at a later time by a licensed dentist at a distant site as a billable encounter under Medi-Cal regulations. After reviewing the bill as amended May 21, the Board voted to adopt a position of "Support if Amended" with a letter to the author that the bill be modified to authorize the expanded scope of practice under a permit issued by the Board rather than by the establishment of a separate licensing category for RDAEFs and RDHs completing the educational and competency requirements for these procedures.
- **SB 1245 (Lieu)** would extend the operation of the Dental Hygiene Committee of California within the jurisdiction of the Dental Board of California until January 1, 2019. The Board supports the bill.
- **SB 1416 (Block)** would increase the fee for an initial dental license and for the renewal of that license from the current \$450 to \$525. The Board supports the bill.

Comment: Additional information on these bills, including CSPD positions, may be found in each issue of the CSPD Bulletin and on the CSPD website.

PRESCRIPTION DRUG ABUSE

The Board devoted considerable discussion Friday afternoon to the issue of prescription drug abuse and how dental prescribing and dispensing practices may contribute to this public health problem. Specifically, three areas of possible Board action were considered under the Board's mandate to protect the public.

1. **Pain Guidelines for Dental Prescribers** -- The Medical Board of California provides its licensees with written "Guidelines for Prescribing Controlled Substances for Pain." These guidelines provide clear expectations regarding the physician's role in deciding when to prescribe opioids for pain control as well as follow-up procedures after treatment or pain control medication has been provided. The Board may consider adopting these guidelines or establishing similar guidelines of its own.
2. **Establishing Continuing Education (CE) Requirements** – According to information provided by medical experts in the treatment of substance abuse, physicians and dentists receive an average of 11 hours of instruction, at most, in pain control during their medical or dental training.

According to these experts, this initial education may be inadequate to prepare practitioners for appropriate pain management or to recognize drug-seeking patient behaviors. In California, most licensed physicians are required to take, as a one-time requirement, 12 hours of CE on pain management and the appropriate care and treatment of the terminally ill. At present, the dental board has no similar regulation. The Board could consider establishing continuing education requisites in this area for renewal of the dental license, either in the existing mandated courses or as a separate requirement.

3. **In-Office Dispensing Protocols** – According to the same abuse treatment experts and the Medical Board of California, the practice of dispensing opioids by physicians is relatively rare, with most prescribers using pharmacies to fill prescriptions. The Board seemed to feel that it is more common for dentists to dispense such medications in their offices, a practice which, without appropriate security and record-keeping in place, lends itself not only to higher risk of theft and misuse by employees and others, but also to misuse by the prescriber. As suggested with pain management, consideration was given by the Board to developing a policy statement or guidelines on in-office dispensing for licensees to follow.

As a result of these discussions, the Board voted that the President would appoint a task force or committee, on which various stakeholders would be invited to participate, to study the issues and to make recommendations to the Board as to regulatory and statutory action.

Comment: This body will not be limited just to consideration the specific areas discussed by the Board, nor to the specific remedies.

**Respectfully submitted,
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Public Policy Advocate, California Society of Pediatric Dentistry.**