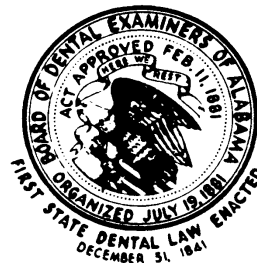


BOARD OF DENTAL EXAMINERS OF ALABAMA

DECEMBER 2019 NEWSLETTER



STAFF AND BOARD

FROM THE PRESIDENT'S CHAIR

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



Emerging practice patterns in which itinerant dental practitioners utilize multiple dental office locations can lead to patients complaining of abandonment. It is not uncommon in Alabama for a dentist to practice in the offices of colleagues or at multiple corporate locations. The practice location owner's or corporation's patients are then scheduled with the itinerant dentist for specialty treatment (Endodontics, Orthodontics, Oral Surgery, Periodontics, etc.). Full disclosure of the practice's itinerant practitioner arrangement should give

patients information about treatment options and choices in order to achieve informed consent prior to care. Pre-operative patient awareness, facilitated by printed post-operative protocols, will help prevent patients from feeling abandoned.

The following are suggested methods to insure an informed, consenting patient:

- ◇ The patient should be given in writing the name, principal office location, and main contact number of the itinerant practitioner.
- ◇ The patient should be informed of the next date and time the itinerant practitioner will be available in the treating office.
- ◇ The patient should be informed of procedures to follow in case of an emergency, and should know which dentist is responsible for post-operative care and emergency care.
- ◇ The itinerant practitioner should provide adequate contact instructions to the patient, including a monitored emergency telephone number.
- ◇ If alternate practitioners are responsible for the aftercare of the patient, then all practitioners' names should be provided along with alternative monitored emergency telephone numbers.

Patient abandonment will not become an issue if the patient is aware of the practice's arrangements and adequate information is provided. The best practice is full disclosure and anticipation of the needs for adequate aftercare and/or emergency care. Thorough written instructions and adequate dialogue are necessities. Patients feel abandoned and complain to the Dental Board when their legitimate concerns go unanswered.

Bradley Edmonds, J.D., M.S., M.B.A.
Executive Director/General Counsel

Donna L. Dixon, D.M.D., M.A., J.D.
Prosecuting Counsel

Blake Strickland
Investigator

Kevin Lane
Compliance Director

Sonya Lankford
Business Manager

Hilda Johnson, R.D.H.
ADHP Coordinator

Gina Latham, R.D.H.
ADHP Coordinator

Cassandra Harlequin
Bookkeeper

Linda Dlugosz
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Golden Knowledge Nuggets

By: Sherry S. Campbell, R.D.H., C.D.H.C.



I am very humbled and honored to have the opportunity to serve as Board Vice President. For a hygienist to have this opportunity is rare and not easily attainable. My primary goal is to strive daily to protect our public if and when the need arises, then to represent with integrity and help to bring equality to our profession.

The dental hygienist plays an integral role in aiding individuals in achieving and maintaining optimal oral health. Therefore, hygienists should be treated as colleagues by our supervising dentists. This comes with responsibilities to be ethical and to present oneself as a professional.

Direct Supervision—Board Rule 270-X-3-.06

The Rule defines direct supervision as: “Supervision by a dentist who authorizes the intraoral procedure to be performed, is physically present in the dental facility and available during performance of the procedure, examines the patient during the procedure and takes full professional responsibility for the completed procedure.”

What exactly does that mean? The dentist must be in the building at all times while a hygienist or a dental assistant performs any treatment or procedure. The hygienist may not even take an x-ray, apply topical agents, assess periodontal health, etc., if the doctor is not present in the building. Doctor, if you are down the street still at lunch, or having to leave early for an obligation, your hygienist cannot continue a prophylaxis or any other type of treatment, even if you complete a thorough exam of that patient first.

Infiltration Anesthesia—Ala. Code (1975), § 34-9-60.1

What you need to know: You must be an RDH and have an Alabama hygiene license that is in active status before you get an infiltration permit. The only anesthesia that you are allowed to administer is local infiltration injections. This means that you cannot perform a block injection, Botox injection, or any other type injection, even if you have been educated and trained to do so.

Verification of a temporary hygienist’s license

It is the responsibility of each dentist who hires a temporary hygienist to have someone check the Board website to ensure that the hygienist has an active license. You cannot rely on the temp agency to verify that for you. Hygienists, it would be best for those of you who work for temp firms to carry a copy of your annual renewal certificate with you.

Renewing your license on time

Your license has to be renewed annually. Renewal is due by October 1 every year. Do not procrastinate past October 1 simply because your current license does not expire until December 31. Do you want your patients to be on time for their appointments, or to “push the envelope” on just how late they can arrive and still be seen? Your license fees are due at the same time every year. If money is the reason that keeps you from renewing on time (by October 1), then begin saving money in advance so that you will have it at registration time.

Continuing Education

Do not procrastinate through the year on earning your CE credits. Use the whole year to learn and develop. You know you must earn 20 hours per year if you are a dentist, and 12 if you are a hygienist. Get these hours earlier in the year rather than later.

It is imperative that you be ethical and adhere to the rules. Always do what is right, not just what

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you can get by with. This will keep you out of trouble and ensure that you never have to be fined. Non-compliance will result in penalties and fines, which not only can be costly but will tarnish your record.

When in doubt about something, call the Board office, and look on our website to read the statutes and rules. Your license is valuable. It is your responsibility and obligation to be compliant. Be an ethical professional, for this is what our profession was founded on from the beginning.

From the Director's Chair

By: Bradley W. Edmonds, J.D., M.S., M.B.A.



I said here last year that I was excited about the future of this agency, and looked forward 2019. My excitement was well-placed!



First, we purchased and moved into our own building. That decision will prove to have been financially prudent because we were paying more than \$100,000 per year to lease office space.

During the 2018 renewal season, our telephones rang off the hook for 3 months. That was our first year with our current licensing software. This year, the renewal season was very quiet, meaning that you, the licensee, had an easier time with the system. Our licensing system is functioning smoothly for your convenience and our efficiency. This is a dream of licensing boards.

To make us even more efficient, one of our primary duties—verifying licensee status for insurers, hospitals, and other organizations—soon will be automated. This will free up our staff even more to attend to daily operations, and to any

changes moving forward.

And as to changes, we are modifying the Continuing Education Rule, Ala. Admin. Code r. 270-X-4-.04, to, among other things, make it easier for you to earn CE credits by doing pro bono charitable work. Our duty to protect the public includes expanding access to care, which this amendment to the CE rule will help accomplish.

Additionally, the Board now is an active member of the Oral Health Coalition of Alabama, giving us a direct voice in the broader state government's efforts to expand access to dental health care. Board Vice President Sherry S. Campbell and I have been participating members of OHCA since early this year.

Finally, we lost, and gained, two Board members rather than the usual one member. Drs. Thomas "Gerry" Walker and Adolphus M. Jackson, both former Board Presidents, rotated off of the Board, and we greeted Drs. Marshall A. Williams and Roberto V. Pischek. We thank the departing members for their exemplary service, and welcome the new members while anticipating their excellent leadership.

I look forward to what 2020 will bring!

Dental Office Drug Log Book Recordkeeping Requirements

Kevin M. Sims, D.M.D., M.S.



In the dental office it is critical to understand the importance of accurate inventory logbooks and dispensing records for controlled substances dispensed or administered in the practice. Poor recordkeeping can create unneeded headaches and potentially cause you to violate not only the Alabama Dental Practice Act (DPA) and our Administrative Code, but also federal law. Before delving into good practices and recommendations, it is important to review the Alabama Uniform Controlled Substance Act and the DPA, as they relate to recordkeeping and dispensing of medications.

As a reminder, any dental practitioner who dispenses or administers controlled substances, Schedule II-V, within their clinic must have a Board-issued permit to do so. Those permits are necessary for Oral Conscious Sedation (OCS), Parenteral Sedation (PA), and General Anesthesia (GA).

STATE STATUTES

Alabama Uniform Controlled Substance Act, Code of Alabama 1975, §20-2-1 et seq.

While all provisions of this Act are important, particular attention should be paid to Ala. Code (1975), § 20-2-74, which makes it unlawful (a felony!) for:

“...any practitioner of dentistry to prescribe, administer or dispense any controlled substance enumerated in Schedules I-V for any person not under his treatment in his regular practice of his profession.”

It's worth pointing out that this law includes prescribing any scheduled controlled substances to someone who is not a patient of record!

Grounds for Disciplinary Action Code of Alabama 1975, § 34-9-18

The board may invoke disciplinary action as outlined in subsection (b) whenever it shall be established to the satisfaction of the board, after a hearing as hereinafter provided, that any dentist or dental hygienist has been guilty of the following:

(13) Pertaining to licensed dentists only, the prescribing, administering or dispensing of any controlled substances enumerated in Schedules I through V contained in the Alabama Uniform Controlled Substances Act, Chapter 2

of Title 20, or any amendment or successor thereto, or any drug not prescribed for any dentally or facially related condition, and/or for any necessary medication during the course of treatment rendered directly by the dentist, for any person not under his or her treatment in the regular practice of his or her profession.

BOARD RULES

Maintenance of Controlled Substances Records and Inventory Rule 270-X-2-.12

(1) Every dentist certified to dispense controlled substances by the Board of Dental Examiners of Alabama shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances in Schedules II through V dispensed in his/her offices. The inventory shall account for all controlled substances obtained or received by the dentist's office or the dentist regardless of whether the said controlled substances were purchased or obtained at no cost. The dispensing record shall contain the following information:

- (a) The date the controlled substance was dispensed;
- (b) The method by which the controlled substance was dispensed (i.e. administered in office or released to patient);
- (c) The name of the controlled substance dispensed (trade name or generic name);
- (d) The name of the patient to whom the controlled substance was dispensed; and
- (e) The quantity of the controlled substance dispensed.

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- (2) The inventory and separate dispensing record required by this rule shall be kept in the office of the dentist for a period of five (5) years from the date the controlled substances are dispensed and shall be made available for inspection by agents of the Board of Dental Examiners of Alabama or any law enforcement agency.
- (3) Failure to maintain and make available the inventory and separate dispensing record required by this rule shall be considered a failure to maintain effective controls against diversion of controlled substances into other than legitimate dental channels.
- (4) Whenever any dentist desires or is required to dispose of any controlled substances located in his/her office, he/she shall do so in accordance with the procedure for the disposing of controlled substances established by the Drug Enforcement Agency (DEA) or pursuant to any rules or regulations promulgated by that agency.

It is helpful to know that the Board of Dental Examiners of Alabama provides examples of both Inventory and Dispensing logs online, free of charge. These examples cover all requirements from both state and federal regulations and are in a printable .pdf format. They are available at <http://www.dentalboard.org/professionals/permit-application-and-order-forms>.

(Examples below)

CONTROLLED SUBSTANCE DISPENSING LOG pg. _____

DRUG _____

DOSAGE FORM _____

Date	Patient Name	Quantity	Method/Route Dispensed	Amount Wasted	Signatures

CONTROLLED SUBSTANCE INVENTORY LOG pg. _____

DRUG _____

DOSAGE FORM _____

Date Received	Total Unopened	Quantity Received	Source	Signature

FEDERAL LAW

Recordkeeping Requirements

The United States Department of Justice, Drug Enforcement Administration (DEA), also provides recordkeeping and inventory requirements specifically for practitioners who will be dispensing or administering controlled substances within their practice.

The following excerpt governs areas applicable to the dental practitioner, as provided by the DEA's Practitioner's Manual, Section IV, available at <https://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>. [Emphasis and formatting added below.]

Each practitioner must maintain inventories and records of controlled substances listed in Schedules I and II separately from all other records maintained by the registrant. Likewise, inventories and records of controlled substances in Schedules III, IV, and V must be maintained separately or in such a form that they are readily retrievable from the ordinary business records of the practitioner. All records related to controlled substances must be maintained and be available for inspection for a minimum of two years.

A registered practitioner is required to keep records of controlled substances that are dispensed to the patient, other than by prescribing or administering,* in the lawful course of professional practice.

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*A registered practitioner is not required to keep records of controlled substances that are administered in the lawful course of professional practice unless the practitioner regularly engages in the dispensing or administering of controlled substances and charges patients, either separately or together with charges for other professional services, for substances so dispensed or administered.

A registered practitioner is not required to keep records [logs] of controlled substances that are prescribed in the lawful course of professional practice, unless such substances are prescribed in the course of maintenance or detoxification treatment.

Inventory Requirements

Each registrant who maintains an inventory of controlled substances must maintain a complete and accurate record of the controlled substances on hand and the date that the inventory was conducted. This record must be in written, typewritten, or printed form and be maintained at the registered location for at least two years from the date that the inventory was conducted. After an initial inventory is taken, the registrant shall take a new inventory of all controlled substances on hand at least every two years.

Each inventory must contain the following information:

1. Whether the inventory was taken at the beginning or close of business
2. Names of controlled substances
3. Each finished form of the substances (e.g., 100 milligram tablet)
4. The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle)
5. The number of commercial containers of each finished form (e.g., four 100^[1]_{SEP} tablet bottles)
6. Disposition of the controlled substances

It is important to note that inventory requirements extend to controlled substance samples provided to practitioners by pharmaceutical companies.

Disposal of Controlled Substances

A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These reg-

istrants are referred to as “Reverse Distributors.” The practitioner should contact the local DEA field office . . . for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III–V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years.

A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, on-site, as well. Per 21 C.F.R. § 1317.95-Methods of Destruction, (d):

(d) **On-site destruction.** If the controlled substances are destroyed at a registrant's registered location utilizing an on-site method of destruction, the following procedures shall be followed:

- (1) Two employees of the registrant shall handle or observe the handling of any controlled substance until the substance is rendered non-retrievable; and
- (2) Two employees of the registrant shall personally witness the destruction of the controlled substance until it is rendered non-retrievable. [Two employees must also sign the dispensing log.]

See also 21 C.F.R. §§ 1304.03, Persons required to keep records and file reports (hint: “every registrant”); and 1304.04, Maintenance of records and inventories, which provides specific detail on the sorts of records DEA is entitled to inspect. 21 C.F.R. Part 1304 is available here: <https://www.deadiversion.usdoj.gov/21cfr/cfr/2104cfr.htm>.

Practical Guidelines to Prevent Dispensing and Logging Errors

1. Whenever possible, utilize unit dosage dispensing packaged formulations rather than multi-dosage dispensing packaging. This will enable you to easily keep your inventory and dispensing logbooks accurate without guessing.
2. Remove from inventory only what you will use for the day and draw up dosages only when the patient is in the operatory.
3. Record additions to inventory when the inventory is received from the wholesaler on the day it is received.
4. Record drug utilization at the time of utilization,

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rather than at a later time.

5. Consider conducting inventory counts daily, thus catching any dispensing errors immediately.

6. ALWAYS have 2 witnesses to any waste or disposal.

If you have any questions regarding inventory or dispensing records, or acceptable methods of disposal, please call **Investigator Blake Strickland** at the Board office.

How The Board's Complaint Process Works

By: L. Douglas Beckham, D.M.D.



I want to take this chance to shed some light on how complaints are handled when they are received by the Board office. Licensees must understand the process and that there are im-

portant due process protections in place for them.

A complaint is first reviewed by the Executive Director, Bradley Edmonds, to ensure that the Board has jurisdiction and that the complaint is properly signed and notarized. After Mr. Edmonds enters the complaint into the Board's electronic database and assigns a number to it, the complaint is reviewed by Dr. Donna Dixon, Prosecuting Attorney; Kevin Lane, Compliance Director; and Blake Strickland, Investigator.

Next, a copy of the complaint is redacted so that any and all personal identifiers—the licensee's name, the complainant's name, any other information such as the practice name and location—are stricken. Board members are not permitted to know the identities of licensees or complainants during an investigation.

The staff then assigns the case to a Board member, to serve as the team leader who is in charge of the investigation. It is the team leader's responsibility to read the redacted complaint, approve a letter requesting an explanation from the licensee, and review the response from the licensee. The response includes a narrative explanation by the licensee along with such records as radiographs, inventory records, and chart notes, and any subsequent treating records if applicable.

At the next scheduled Board meeting, the team leader gives the Board a brief synopsis of the case and makes a recommendation for one of the following:

- ◇ That the case be dismissed due to a lack of evidence, or possibly because it does not fall under the Board's jurisdiction. In such cases, the names of the licensee and complainant are never known to the Board; or,
- ◇ To notice the licensee for a hearing.

The remaining members of the Board then vote on the team leader's recommendation. There must be a consensus on the recommendation of the team leader for the recommended action to go forward.

There are two important reasons that the Board does not know the licensee's name to this juncture in the process: Board members are able to be objective and unbiased; and, Constitutional due pro-

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cess is provided in the instances in which the Board determines there is insufficient evidence to continue. When cases are so disposed, documents and other records associated with the investigation do not become public information.

On the other hand, if there is a consensus vote to notice the licensee for a hearing, then, and only then, is the licensee's name revealed to the Board. The purpose of the disclosure of the name is for a "conflict check" so that individual Board members can determine whether they believe they cannot be unbiased in

future judgment, such as when there is a conflict of interest. Where there is a conflict of interest, the affected Board member recuses him/herself from future votes on the outcome of the case. The team leader is also recused from future votes on the outcome of the case.

This process protects the dentist, or hygienist, and the public, because the anonymous presentation of complaints provides the fairest and most objective evaluation of the complaint.

I would like to wish all a Merry Christmas and to thank all licensees for the trust and privilege of serving on the Board for the last four years.

Saying Goodbye

By: Hilda Johnson, R.D.H.



As ADHP Coordinator, I sat in Volker Hall each weekend through each ADHP year, just as I did as a student in 1976-77.

WOW, where have the years gone!? It is true; time flies when you enjoy what you're doing, and dentistry has been very enjoyable to me.

I have been very blessed with my 44 years in dentistry, but my tenure is coming to an end. I will retire in January. I was fortunate to work at my "first job" for 27 wonderful years. My employer was the same dentist/instructor that introduced me to the ADHP and encouraged me to enroll. He coached me, taught me, and supported me, and I received my license in 1977. I worked in that same private practice until coming to the Board to manage the ADHP.

Working with the ADHP Instructors throughout the last 16 years has been an incredible experience. I encourage any dentist/instructor that has the opportunity to attend an ADHP weekend, to please come and appreciate the didactic instruction your student is receiving. Our state is incredibly fortunate to have had this program since the late 1950s and for it to remain such a strong program for our state. Please understand that it will remain this strong only as long as you, the dentist/instructor, stay involved.

I would like to thank the past and present Board members for giving me this opportunity to be a part of such a great program, and I wish only the best for the ADHP. I fully expect it to continue to grow stronger as the years continue. I have truly been Blessed.

"I don't know what the future may hold, but I know who holds the future."

"This is my command—be strong and courageous! Do not be afraid or discouraged. For the LORD your God is with you wherever you go." Joshua 1:9

All Things Must Pass

By: Thomas “Gerry” Walker, D.M.D.



“All things must pass,” according to the George Harrison song, and so must my service on the Board of Dental Examiners. It is hard to believe it has been 5 years since you, my colleagues, entrusted me with the privilege of representing you to pro-

tect the public. And for this trust I say, Thank You!

I have always tried to live by two axioms in my life—do the right thing, and leave the path behind better than I found it. I applied those commitments to my tenure, and believe I accomplished these things in the past five years of my service on our Board.

There are many support personnel whose hard work allows your Board to function successfully. To the staff, I would like to express my deep and sincere gratitude for their diligent efforts and assistance during the last five years. The staff is the oil that allows the Board engine to run smoothly and efficiently, and I will miss them and their professionalism.

As I look back on the past five years of my service to dentistry via my Board tenure, I believe I left it better than I found it. I started attending Board meetings as an “observer” in the early 2000s, and saw a much different Board operate. Today the Board is complaint driven and operates under a written investigative protocol. There were several

times as a Board member where I saw the temptation to investigate an incident without a complaint, but I rejected that option and adhered to our duty of being a complaint driven Board only.

Our Board is privileged to be composed of dentists and a hygienist who are wholly elected by their peers. Many other state boards are appointed by their governors, and also have lay persons as board members. This puts their boards directly under the control of legislators and politicians. We are fortunate to have much more autonomy than that. The licensing fees that are paid to the Board make our board more independent from politicians, and have allowed us to purchase a building to accommodate the increase in work due to the increased number of licensees in our state. This also helped prevent the Legislature from confiscating monies the licensees have paid. I believe this was a great move for the dentists and hygienists, as there are plans to renovate the building space and make it available for CE courses. From day one as your elected Board member I worked to be proactive and progressive to make sure I left the Board better than I found it. But I could not have accomplished this without the help of my fellow board members. I have been fortunate to have served with some of the most professional and selfless dentists I have ever known. I am proud to call them friends, and to them I say a sincere and heart felt, Thank You!

With their help, we have made the Board more complaint driven and protective of licensees’ due process rights. Importantly, we changed the penalties for late license renewal. My freshman year we changed the rule so that instead of a disciplinary

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charge of practicing dentistry without a license, licensees now have 6 months to renew their licenses and are only charged with a non-disciplinary administrative fine if their licenses are not renewed by January 1. No detention hall or permanent record blemish!

The Board and ALDA have much better rapport now than when I was elected five years ago. The Board is charged by the legislature with protecting the public. ALDA's purpose, however, is to promote dentistry, and it represents the dentists for the advancement of dentistry. Sometimes the objectives of each entity are dichotomized, but with cooperative discussion, common ground can be achieved. I have seen great progress in this area and have been fortunate to have had a part in this improved relationship. I do believe I helped make this Board more "user-friendly."

I have met many wonderful and interesting people in this journey whom I would have never had the opportunity to meet if not for my Board service. For that I am fortunate and thankful.

Serving on the board has been an honor and privilege for which I will be forever grateful. I encourage all the dentists to become involved in dentistry and keep careful vigilance of the Board, and to make sure it stays on its progressive course.

So, as George Harrison said, "... all things must pass . . .," and I bid a fond farewell to my Board service with gratitude to the dentists of this state who elected me and allowed me to experience this great privilege.

Thank you and Godspeed for our profession in the future challenges we will face.

JUST A REMINDER!

DENTISTS:

- ⇒ Make sure you have renewed and paid for your dental license and all permits you hold. If you don't have a printed copy for each of your 2020 annual renewal certificates, log in again to the renewal portal and **PRINT** them from the *PROFILE* page.
- ⇒ Make sure that **all hygienists who are in your employ can produce a license renewal certificate for 2020** before allowing them to practice hygiene after December 31st.

HYGIENISTS:

- ⇒ Make sure you have renewed and paid for your hygiene license (and infiltration permit) before practicing hygiene/infiltration in 2020. If you don't have a printed copy of your 2020 annual renewal certificates, log in again to the renewal portal and **PRINT** them from the *PROFILE* page.

ALL LICENSEES:

- ⇒ Notify us by mail, fax, or email anytime your home, office, or employer contact information changes within 30 days of the change. Email is used for most correspondence, so it is mandatory that we have your correct email address **AND** that you have enabled receipt of emails from BDEAL@DENTALBOARD.ORG and from BDEAL@igovsolution.net.

Things Being on the Board Has Taught Me

By: Bruce E. Cunningham, D.M.D.

Things Being on the Board Has Taught Me



In my first year on the Board, I have had the responsibility and opportunity to review and deliberate over complaints against dentists and dental hygienists, and over other issues that are brought to the Board's attention. This experience is teaching me which things practitioners often might misunderstand in the regular course of their business. In the interest of improving the field and protecting the public, I share a few below.

Sanitization

Dentists must be aware that Board Rule 270-X-2-.15 requires that dentists' offices comply with current recommendations and guidelines of the Centers for Disease Control and Prevention ("CDC"). Among other things, many dentists seem not to know that sterilizers must be biologically monitored weekly rather than monthly. All of the Board Rules are available [here](#).

ADHP Requirements

I did not learn in dental school about an ODU 11/12 calculus explorer. Today, dental students and Alabama Dental Hygiene Program ("ADHP") students must know how to use this explorer for their licensure exam. In order to help prepare my current ADHP student for the exam, we are using it before and after calculus scaling. Moreover, there are other duties the ADHP program requires

instructor-dentists to perform, such as teaching their ADHP students deep cleanings, which are vital to success on the clinical exam.

Patient Records

When the Board receives a patient's complaint, it must obtain a copy of the dental records and must review the records conscientiously for possible violations of the Dental Practice Act ("DPA") and Board rules. I have seen records that are deficient in many respects. Board Rule 270-X-2-.22 lists the things that must be included in dental records. As a reminder, the Rule also states that records may be disposed of in accordance with current American Dental Association guidelines. Those guidelines are available [here](#).

Ask Permission, Not Forgiveness

Once a practitioner has been found guilty of a violation, the Board might have very little latitude in the penalty phase of a disciplinary action. If you have a question about a potential violation, the Board staff are very willing to take your call, because, as far as the DPA and Board Rules, it is far better to ask permission, and perhaps be told "no," than to seek forgiveness for a violation of law!

CBD and Wellness Monitoring

By: Marshall A. Williams, D.D.S.



I really enjoy the practice of dentistry and being able to provide service to my community. Now, by serving on the Board of Dental Examiners, I have the distinct honor of helping to ensure the protection of the health, safety, and welfare of the citizens of the state of Alabama. The prac-

tice of dentistry and dental hygiene are privileges granted by the State of Alabama. I look forward to serving with the Board and staff dedicated to the protection of our state.

Chronic pain is commonplace for many in our society, including health professionals. As a result of many not wanting to take long term medications for fear of addiction, they often turn to alternative therapies to treat their pain.

Hemp oil containing cannabidiol (CBD) has become popular and commonplace for individuals. It has been used as a holistic treatment for relief of chronic conditions such

as pain, anxiety, depression, and insomnia. Cannabis products in which cannabidiol is the primary chemical constituent (CBD dominant) are widely available.

Dr. Michael Garver, Director, Alabama Dental Professionals Wellness Committee, suggests that we should look at the use of Hemp oil containing cannabidiol from a monitoring standpoint. The Alabama Wellness Program was designed as an intervention tool to protect the public and to give care to impaired dental health professionals who are licensed in Alabama. The program was created for the purpose of identification, rehabilitation, and monitoring of dental professionals suffering with the disease of addiction.

The hemp plant and marijuana plant are very similar. The hemp plant contains low levels of THC (0.3 % dry weight), the psychoactive chemical. Marijuana, on the other hand, can contain levels naturally of up to 30% (dry weight) THC. The problem here is that this market is a retail market and not a medical market, and is presently unregulated, allowing manufacturers to make these oils in an uncontrolled environment.

CBD oil from Hemp is supposedly safe and legal. However, if you vape, all bets are off. A little

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Dr. Williams and spouse



Dr. Pischek and spouse



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about vaping: According to Dr. Linda Richter, Director of Policy Research and Analysis who oversees the policy-oriented research projects at Center on Addiction, vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device. The term “vaping” evolved because e-cigarettes do not produce tobacco smoke, but rather an aerosol, often mistaken for water vapor but which actually consists of fine particles.

Vaping has grown in popularity with the rise of e-cigarettes, which were introduced to the mass market in the U.S. in 2007. Vaping devices include not just e-cigarettes, but also vape pens and advanced personal vaporizers. CBD for vaping

has been shown to be contaminated with higher than 3% levels of CBD.

Let’s be clear: A positive THC test result from vaping is positive. It is NOT a FALSE positive! There are testing methods that will analytically and qualitatively tell the levels of THC that one ingests. If you are being monitored, consistent use of vaping with these oils may target you for an evaluation and may cause you to lose valuable time away from your profession. So, watch what you use! Consider not using hemp oil, or vaping at all, especially if you are being monitored.

CHUCKLE TIME

☞ Dentist: I have to pull the aching tooth, but don't worry – it will take just five minutes.

Patient: And how much will it cost?

Dentist: It's \$90.00.

Patient: \$90.00 for just a few minutes' work???

Dentist: I can extract it very slowly if you like.

☞ You don't have to floss all of your teeth – just the ones you want to keep. ~Author Unknown

☞ Every tooth in a man's head is more valuable than a diamond. ~Miguel de Cervantes

☞ A man loses his illusions first, his teeth second, and his follies last. ~Helen Rowland

DID YOU KNOW...

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



...that according to 21 C.F.R. § 1306.04(b), a dentist may not issue a prescription through a pharmacy in order for that dentist to obtain controlled substances to dispense or administer in his/her office?

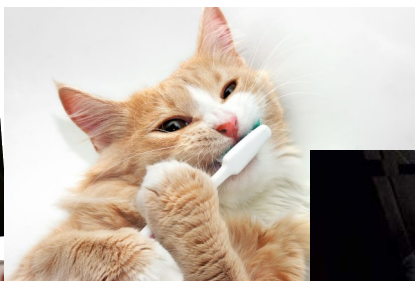
Schedule II controlled substances may be purchased for dispensing only via use of a Form 222 issued through drug supply companies. The only exception that is allowed, through state law, is a drug that is specifically compounded by a compounding pharmacy for use in the dentist's office.

Did you also know that when waste is recorded in a practitioner's dispensing log, it must be initialed by TWO individuals?

Did you know that when controlled substances are shared among several practitioners for dispensing or administering within a clinic, the practitioner who ordered the drugs under his/her DEA number is ultimately responsible for the accuracy of the inventory and dispensing logs for all the practitioners using from the shared stock? The ordering practitioner must ensure that the records are kept in compliance with Federal and State law, and are free of discrepancies.

Finally, did you know that under Board Rule 270-X-2-.12, every dentist who dispenses or administers controlled substances must maintain accurate **inventory and dispensing logs**, AND these inventory and dispensing logs must be made available to the Board, upon request? Should the Board, or the DEA, request the inventory and dispensing logs, this doesn't mean tomorrow, or in a few days. It means NOW! Please keep your records accurate and available at all times. Please do not risk losing your DEA/CS permits due to carelessness!

GOOD KITTENS!



Obtaining a General Anesthesia or Parenteral Sedation Permit

by Michael Koslin, D.M.D., Chair, Anesthesia Committee



Are you thinking about applying for a general anesthesia or parenteral sedation permit?

The ability to control pain and alleviate anxiety in the dental office has been a skill and a talent that dentists have had for many years. One of

the ways we are able to accomplish this is with the administration of medications, including inhalation agents, that alter the mental and physical state of the patient.

In the State of Alabama, with the exception of Nitrous Oxide/Oxygen and certain oral medications, the administration of anesthetic medications and agents requires a general anesthesia or parenteral sedation permit. The Alabama Dental Practice Act (DPA), Ala. Code (1975) §§ 34-9-1 *et seq.*, details in very specific language the requirements for these permits.

When filing an application with the BDEA, the applicant is attesting that they have met the Act's

educational requirements, that their facility is ready for an immediate inspection and evaluation, and that their associated licenses and permits (DEA permit and Alabama Controlled Substance permit) are in hand.

The first evaluation/inspection ensures that the facility's physical layout is safe and that the required equipment is present. The required secure storage of controlled substances, an accurate inventory, and all of the required monitors and emergency drugs must be present. The applicant's team must also be trained and ready. Those that pass are given a temporary permit and a secondary inspection is scheduled.

The secondary evaluation requires the administration of anesthesia to two patients while under the direct observation of the examiners. The emergency protocols listed in Board Rule 270-X-2-.17 are rigorously tested and demonstrated by the applicant's dental team. A re-examination of the initial evaluation requirements also is performed. Those that pass this comprehensive examination are then afforded a permit for that specific location.

Please familiarize yourself with the Dental Practice Act's requirements and feel free to reach out to the BDEA with any questions.