

## Board Bulletin 4/08

In the normal course of its business, the Board of Dental Examiners encounters issues that, although addressed in the Dental Practice Act, are frequently misunderstood by its licensees. There are also questions that arise from time to time that the Board answers by setting policy for Board staff to provide consistent responses to its licensees. The Board has gathered some of its most recent concerns and addresses them in this article. If any additional questions arise as a result of this notification, please contact Board staff who will direct the questions to the appropriate source.

**Change of Name or Address:** In the past there have been numerous instances where licensees in all categories have had their license lapse for failing to renew in the appropriate time frame. This can result in discipline, fines and late fees for renewal. Licensees have often explained to the Board that they never received their renewal notices due to a change of name or address. The Practice Act clearly states that it is the responsibility of the licensee or permittee to notify the Board of any change of name or address. This needs to be done within 30 days of such a change to allow the Board to make the necessary changes in its database. Doing so in a timely manner will prevent most, if not all, of these licensing problems.

**Practice Signage/Licensee Identification:** In the past, almost all dental practices were individual or very small groups that almost always identified themselves in the simplest way – “hanging a shingle” with the doctor’s name on it. Times, of course, have changed this tradition as well as so many other things in dentistry. Today we are seeing more and more incorporated entities that have tax or business advantages. It is becoming very common for practices to market themselves by naming the practice and not the practitioner. Corporate practices are making significant inroads in our state as well. As a result, it is becoming more difficult for patients to know with whom they are dealing with; who their dentist, specialist, or denturist is. The Dental Practice Act requires that all presentations of the practice to the public include the name or names of the Dental, Denturist and Independent Practice Dental Hygienist licensees who serve the public in that entity. This requirement includes having the licensee’s or licensees’ names appear properly on signage, stationary, and advertising. This provision of the Practice Act has existed for some time. Should it come to the attention of the Board that your practice is not in compliance, you will be asked to comply fully. Failing to do so may result in additional Board action.

**Licensees Supervising Licensees:** Over the years, changes in the Practice Act have added several categories of licensees, certifications or permittees. The Board now licenses, certifies or permits dentists, denturists, expanded function dental assistants, independent practice dental hygienists, radiographers, and registered dental hygienists. Additional permits are available for nitrous oxide administration, local anesthesia, sedation, and general anesthesia. The Board wishes to remind dentists, denturists, and hygienists that if they supervise employees who hold any license, certification or permit that the Board issues, they are responsible for seeing that those employee’s licenses, certifications or permits are current and valid. Failure to do so could result in Board action against both the licensee and the supervising employer.

**Prescription Pads:** While not addressed specifically in the Dental Practice Act, the security of prescription pads in dental practices has received some attention of late. In more than one instance prescription pads left in operatories have been stolen with the intention of unlawfully obtaining medications. The Board wishes to remind licensees that it is appropriate practice to build security precautions and practices into your offices in regard to prescription pads. Practitioners should avoid leaving pads where patients or unauthorized personnel could take them. It is poor practice to pre-sign prescriptions or to have auxiliaries fill them out. If you are using practice management software, the Board recommends that you learn how to enter your prescriptions through that system. This not only is more secure, it maintains an indelible accurate record of your prescribing practices.

**In-Office Drug Inventories:** Some dental practices have found it convenient to maintain an in-office inventory of certain medications. Many times these medications include pain medications or antibiotics that are very loosely supervised. Many times these medications are ordered by staff members with no appropriate oversight of the dentist/employer. The Board has dealt with complaints against dentists and licensed auxiliaries where these medications have been diverted for personal use. Please be aware that if you maintain an inventory of medications in you office, particularly narcotics, the Board expects these medications will be kept secure with an accurate accounting for the disposition of these medications at all times. Again, failure to do so will most likely result in adverse Board action.

**Physician's Health Program:** The Board of Dental Examiners wishes to inform its licensees that it works both directly and indirectly with the Physician's Health Program of the Maine Medical Association. When questions arise in regard to the health issues, particularly substance abuse, of one of its licensees, the Board may make a referral for evaluation to the Physician's Health Program.

The Board also encourages licenses who are concerned about substance abuse/addiction issues to contact the Physician's Health Program through the Maine Medical Association on their own. The Physician's Health Program will maintain confidentiality as long as patient health and safety are not jeopardized. The Board looks favorably on licensees who self-refer and will work with licensees to maintain licensure whenever possible. Licensees are reminded, however, that the primary responsibility of the Board is the protection of the public.

### **Recently Asked Questions:**

**Q:** In the case of one-time emergency patients who never return for comprehensive care, does the Board of Dental Examiners consider them "patients of record" of the practice?

**A:** No. The Board also wishes to inform the licensees that they may agree to see patients for a specific reason i.e. referral for restorations from a PHS hygienist, without taking those patients on as patients of record. In such a case it is wise to include in the patient record documentation that the responsible parties are informed of the one-time care agreement.

**Q:** If patients are terminated from a practice for non-payment of services, is the licensee still responsible for providing 30 days of emergency care to the terminated patient?

**A:** Yes; however the licensee may not stipulate that the outstanding balance be settled before being seen as an emergency. The licensee may require that the emergency visit be paid for in full at the time of the service.

**Q:** Does a dentist need to keep study models, lab case models, and lab prescriptions for a period of seven years following active on-going treatment?

**A:** Study models and lab prescriptions should be retained during the seven-year period following cessation of active treatment. In this regard they are part of the patient record and the same rules apply to them. Laboratory models by virtue of being working models are often damaged or altered in the laboratory process. The Board feels these can be disposed of at the completion of a case.

**Q:** Does a dentist need to keep explanations of benefits for the seven-year period following active treatment?

**A:** No

The Maine Board of Dental Examiners hopes this Board Bulletin has been helpful to it licensees and encourages questions that may arise in the course of your practice of dentistry, denturism, and hygiene. Periodically we will post additional bulletins on our Board Website which may be found at [www.mainedental.org/](http://www.mainedental.org/).