SUMMER 2004

NEWSLETTER

State of Maine Board of Dental Examiners

President's Message

We, at the Board of Dental Examiners, hope you will find this newsletter informative and helpful as you deliver dental services to the citizens of the State of Maine. Much of the content of this newsletter has risen from issues and concerns that have been discussed at the board level. It is our hope that the newsletter will be a continuing resource the Board can use to communicate with its licensees.

In this newsletter you will find articles about re-licensing issues, the Board complaint process, and clarification about statute, rules, policies and Board guidelines. An informative column – "Did you Know that…" capsulizes interesting parts of the dental practice act, as well as some recent changes. It is important to the Board that you are well informed and up-to-date with issues related to your license or permit.

The Board of Dental Examiners continues to meet monthly to deal with proposed rule changes, regulatory issues, interviews with candidates for licensure, and to deal with complaints. It is a difficult and important responsibility, one made easier by dedicated staff and a highly competent Assistant Attorney General. Each of us strives continually to remember that we exist to serve the citizens of the State of Maine and to ensure the dental services they receive are up to acceptable standards.

Early this spring we completed the lengthy process of Sunset Review of the Dental Practice Act. The Legislative Committee of Business, Research and Economic Development conducted public hearings and work sessions that resulted in legislation that has some significant impact on the Board of Dental Examiners.

Once the law goes into effect, the Board will be required to set up two sub-committees. The first is the Sub-committee on Denturist Discipline. This sub-committee will consist of the denturist member of the Board, two dentists from the Board, and two additional denturists to be appointed by the governor. They will meet as needed to deal with denturism complaints and will recommend disciplinary action to the entire Board. It will require a 2/3 majority for the Board to overturn the subcommittee recommendation.

The second is the Sub-committee on Dental Hygiene Licensure Issues. This sub-committee will also be comprised of one dental hygiene member from the Board, two dentists from the Board, and two dental hygienists to be appointed by the governor. This sub-committee will handle licensure, CE and public health service issues as they relate to dental hygienists.

The new law also raises the Continuing Education requirement for hygienists from 20 hours to 30 hours for each subsequent biennium. This requirement will go into effect for the 2005 – 2006 cycle.

The Sunset Review process was a lengthy and difficult one. It brought together all parties of interest and highlighted both the things the Board of Dental Examiners does well and the areas where improvements can be made. It is an important process that allows for input from the public, licensees, legislators and the Board itself. The Board respects the process and is bound by its directives.

Unfortunately, some of the changes required by the law coming out of Sunset Review have a direct effect on all of you as licensees of the Board. The formation of additional sub-committees, the addition of another Board member, and the increased demand on staff and AAG will create an increase in the budget. By statute, our costs must be borne by the individuals we license. We are in the process of forecasting these increased costs and do not have a clear picture of what they will be at this time. However, we do know that the renewal fee for dental hygienists will be raised from $100 to $175 for the upcoming 2005 – 2006 biennium and that the renewal fee for dentists will be raised when they renew the following year. We realize

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STAFF

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this is not the kind of news you like to receive, but when changes are mandated by the legislature, we must comply and ultimately, you as the licensee have to offset the increased cost. Please understand that the Board will look very closely at any increases and hold them as low as reasonably possible. I thank you for your understanding.

On a more positive note, let me tell you how proud we at the Board are of the vast majority of licensees under its control. The tremendous effort of over 2000 dentists, dental hygienists, denturists, and dental radiographers serve the citizens of the State of Maine well. These day to day efforts made by ethical and responsible licensees provide a tremendous benefit to the people of Maine. The impact you have collectively on the oral health of Maine citizens is immeasurable. Thank you all for your professionalism.

Statute, Rules, Policies & Guidelines

Each person who applies for a license to practice dentistry, dental hygiene, or denturism in Maine receives from the Board of Examiners a sixty page booklet entitled the "Laws and Rules Relating to Practice of Dentistry, Dental Hygiene, and Denturism." Most of us leaf through the booklet long enough to pass our jurisprudence exam and think little of it again.

However, the Board of Dental Examiners must function everyday by the written word of this law and the intent of the rules promulgated within the publication. On top of that, the Board has come to set policies and guidelines that have developed over the years to aid the licensee in his or her goal to provide appropriate, quality dental care to the citizens of Maine.

With this brief article, the Board of Dental Examiners would like to clarify the differences between Statute, Rules, Policies and Guidelines. Each of these has a different meaning to the Board and its licensees.

Statute – This is the written law that governs the practice of dentistry, dental hygiene, and denturism in the State of Maine. Specifically it is M.R.S.A. Title 32, Chapter 16. In the written law, such issues as eligibility and make – up of the Board of Dental Examiners are spelled out. The definitions of who is a dentist, dental hygienist, or denturist and how their qualifications, applications, and fees for licensure are determined. The Statute spells out CE requirements, confidentiality, and penalties for infractions of this law. The law also explains the procedure for disciplinary action in the event a licensee breaks the law. In the most recent addition to the statute, language was included to cover permitted dental radiographers. It is not easy to change the law governing the delivery of dentistry, dental hygiene or denturism. It requires action by the state legislature and, of course, the signature of a sitting governor. Like all laws, the statute is periodically reviewed by the legislature. The intention of this "Sunset Review" is to make sure the law is still meeting the needs of the citizens of Maine. The Dental Practice Act has just completed its most recent sunset review.

Rules – The second half of the booklet lists the "Rules of the Board of Dental Examiners". Rules differ somewhat from that which is included in the statute. The Board of Dental Examiners goes into great detail in rules with definitions of direct vs. indirect supervision and what procedures may be performed by dental hygienists and dental assistants under those two types of supervision. Chapters on Public Health Supervision, Advertising, and Rules Related to the Practice of Denturism are also found there.

There is a large chapter devoted to the Complaint Process the public or profession must use whenever one feels the letter and/or the spirit of the law has not been followed. Definitions of unprofessional conduct are spelled out in great detail and are very often referred to by board members in their deliberations. Licensure requirements for dental radiographers, dental hygienists, and dentists can be found here, along with the Boards position on licensure by endorsement. Two major items, Continuing Education and Rules for General Anesthesia/Sedation round out this section.

Consideration of rule-making/review is an ongoing agenda item at the Board level. While changing a rule may be a bit easier than changing a law, it is by no means simple or inexpensive. When the Board decides on a group of rules to change, add or delete, it is required to submit those rule changes for a public hearing. This must be advertised, space rented for the hearing, and staff paid for the amount of extra work generated. The cost can range from a few thousand dollars to as much as 15-20 thousand dollars. For that reason, the Board prefers to schedule as many

of these rule changes as possible for the same public hearing. In that way we can save some of the money that you pay in licensing fees. Following public hearing and a written comment deadline, the Legislative Council, Secretary of State, and the Commissioner of Business and Professional Regulation must be notified. The Rules must be adopted within 120 days of the comment deadline and approved by the Attorney General within 150 days. As you can see, it is a lengthy process.

Policy – From time to time the Board of Dental Examiners adopts policies that help the Board and its staff to carry out the everyday business of the dental practice act. Current policies, for example, clarify acceptable curriculum for denturists, deal with re-instatement procedures, and explain the requirement for such things as distributing amalgam brochures in the office. Policies are meant to recognize an established standard and require no public input. A list of current Board Policies is available through the office of the Board of Dental Examiners.

Guidelines – Nothing in the field of dentistry, dental hygiene or denturism remains unchanged for long. From time to time the Board comes across a situation that requires it provide guidance to its licensees. This guidance may be directed toward new procedures and materials or it may be a new protocol that is important to licensees and patients alike. In those instances, the Board may issue guidelines that are meant to be helpful in addressing certain topics. In the past, guidelines have been issued on suggested protocol for closing an established practice, terminating the doctor/patient relationship, and what constitutes an appropriate patient of record. Guidelines don't carry the weight of rules or statute and there is meant to be some leeway left to the discretion of the practitioner. Clearly, when the Board deems it appropriate, guidelines may be elevated to policy or even make their way into the rule-making process. Simply put, guidelines are intended to clearly state the Board of Dental Examiners position on certain topics and make it easier for licensees and the Board to be "on the same page" when and if those topics need to be addressed.

We hope this article has been helpful to you in understanding the differences between statute, rules, policy and guidelines. It is the Boards responsibility to communicate well with its licensees and we see this as an ongoing commitment to all of you.

Understanding the Complaint Process

While no licensed dentist, dental hygienist or denturist ever expects to be involved in the complaint process before the Board, it is important to know how this process works. Complaints may be generated by patients, other dental health care providers, or the Board may generate a complaint on its own when it feels the statute has been violated.

On average, the Board deals with 40 – 50 complaints per year. The Board of Dental Examiners is required to investigate any and all complaints it receives. The majority of these complaints are dismissed with the finding that no violation of the Dental Practice Act has occurred. But before that can happen there is a set chain of events that takes place.

1. A complaint is submitted to the Board in writing, "setting forth the facts which provide the basis for the complaint, and including all available information concerning the identifications of persons involved and dates."
2. The complaint is issued a number and until a finding has been arrived at, it is identified only by this complaint number.
3. Board staff sends a letter to the complaining party acknowledging receipt of the complaint and sends a "copy to the person against whom the complaint has been registered." A written response to the charges is requested.
4. Each party is then allowed a rebuttal to the first round of complaint and response.
5. The complaint is assigned to a Board member, the complaint officer, who may request copies of complete records involved in the case.
6. The complaint officer, who is at no time allowed to vote in the outcome of the case, presents the case to the entire Board.
7. The Board may either dismiss the case, request more information, request an informal hearing with the person against whom the complaint has been made, go directly to an adjudicatory hearing, or refer the case to the attorney general's office for criminal prosecution, if warranted.

A word about informal conferences and adjudicatory hearings. In an informal conference the licensee against whom the complaint has been made is asked to appear before the Board to answer questions or clarify issues brought up in the complaint. Legal counsel is allowed, but not required. The licensee will be asked if he or she would like the informal conference to occur in public session or in executive session. In executive session, no minutes are taken and the public is excluded from hearing the details of the complaint. For those reasons most licensees choose to have the informal conference in executive session.

Coming out of executive sessions, the informal conference goes back on the public record. The Board can choose to dismiss the case, continue the case, or offer the licensee a consent decree to resolve the issue. Consent decrees are legal agreements that spell out the necessary steps a licensee must follow to resolve any infraction of the statute or rules.

Should the licensee decline to sign an offered consent decree, the Board can schedule an adjudicatory hearing. An adjudicatory hearing is run similar to a trial. An independent hearing officer is hired to conduct the procedure. Testimony is taken from sworn witnesses, and the entire Board, with the exception of the original complaint officer, acts as the jury. The licensee must accept the judgement of the Board or appeal the finding to the proper court of the judicial system.

Fortunately, few cases ever require such involved action. As previously stated, most cases are resolved finding no infraction of the Dental Practice Act. All licensees would be wise to realize that good patient/provider communication, excellent record keeping, and quality dental care are the best tools you can use to avoid a lengthy and troubling experience with the complaint process outlined in the dental practice act.

Re-Licensure Issues

With the biennium ending December 31, 2003, all licensed dentists in the State of Maine were required to submit the proper forms and fees for re-licensure. While most practitioners accomplished this in a timely manner, there were several dozen doctors who did not. The Board feels there may be some misconception about a "grace period" in providing the necessary documentation for re-licensure, whether for doctors, hygienists or denturists. We will use the case of the up-coming licensure for dental hygienists as a clarifying example.

Current licensure of dental hygienists expires on December 31, 2004. Notice of re-licensure and the necessary forms will be mailed to all dental hygienists in November 2004. They may be filled out and submitted at any time thereafter, but no later than December 31, 2004. If your application for re-licensure is complete, your CE log filled out with the appropriate hours, and the appropriate fee accompanies the application, you are in compliance with Maine statute. Your new license will be forwarded to you as soon as it is processed. If you do not have your new license in hand on January 1, 2005, but all your paperwork and fees have been submitted in a timely fashion, you may continue to practice under your previous license until the Board takes final action on your license renewal application. This is not a "grace period". Maine law permits you to continue to practice under your old license until final action by the Board on your renewal application.

Licensees who fail to submit their renewal applications and accompanying required documentation by December 31, 2004, are no longer licensed to practice. Failure to file a timely application for renewal results in the lapse of licensure. Unlike those hygienists who filed timely applications for re-licensure, those who fail to timely apply for renewal cannot continue to practice under their old license and must wait until the Board approves the late renewal (with late fees).

Record Keeping

While not a new area of concern, the matter of appropriate records and record keeping is very important to the practice of dentistry, hygiene and denturism. Perhaps it is more important than ever. Any good risk management program will outline the basics of good record keeping for the dental care provider. Even with such good information readily available, the Board of Dental Examiners finds this an area too often lacking in assessing and, when indicated, taking action on complaints. For the benefit of all dental care providers, the Maine State Board of Dental Examiners offers these basic guidelines:

Medical/Health History – All records should include a complete and accurate patient health history. There are dozens of very good forms that can be purchased or the practitioner may develop his or her own. Some basics should be common to any of them. For example, medications being taken, allergies, prosthetic valves and/or joints, and a general review of systems. Positive responses need to be followed up and notations made (if necessary). A sign-off area for the dentist, dental hygienist or denturist should be present indicating the appropriate person has reviewed the history. When signed and dated, the baseline medical history and review has been recorded. Periodic review and update of the medical history should be common practice and for most patients takes no more than a minute or two at subsequent visits.

Blood Pressure/Vital Signs – This may be the most controversial topic discussed in this newsletter. The Board does not wish to restrict the dental care professional from using the best of his or her professional judgement by writing hard and fast rules regarding vital signs. However, very few of the dental records reviewed by the Board record even the most common of vital signs- even for very difficult procedures or for patients with compromised medical conditions. Common sense would dictate the recording of blood pressure/pulse for all new adult patient exams, procedures requiring local anesthetic to obtain baseline measurements, and as a hypertensive screening mechanism at hygiene recall exam. The Board recommends that each practice set their own guidelines on treatment or referral for patients found to have high blood pressure. Regardless, it is appropriate to have those blood pressure figures recorded in the patient's record.

Restorative Charting – Charting of restored and missing teeth, active decay and establishment of an ongoing treatment plan are very important to complete records system. Whatever system you use, establishing the baseline of your patient's dental history makes it much easier to track previous care and the future care you will be providing. This also can be accomplished by any number of manual or technology-based programs. It doesn't matter how you do this, it's just good practice for it to occur in your office.

Periodontal Charting – No adult patient of record should be without a documented periodontal baseline and on-going evaluation of that patient's periodontal health. Again, developing a system that works well for you is more important that detailing what that system should be.

Case Notes – As a guideline, case notes should be made about each patient contact, This includes visits where actual care is delivered as well as patient communication with front office staff. Very often, miscommunication is the underlying reason why complaints are filed with the Board of Examiners. Those offices that document patient conversations with both clinical and office staff are in the best position to provide information to the Board in the event of a complaint.

Clinical case notes should include: date of service; identification of auxiliary staff involved in the procedure; treatment provided; medications and amounts administered; and any special notes regarding the procedure or its outcome. It is also recommended that they be initialed by the individual recording the case notes.

Radiographic Records – Whether film or digital, the radiographic records in your patient's chart should be of sufficient quality for a sound diagnosis. Failure to produce radiographs of diagnostic quality is another too common problem that the Board sees in the complaint process. A good rule of thumb to follow is that you should never make a definitive diagnosis without proper radiographs, but you should never make the diagnosis from the radiograph alone. Any extraction procedure must be preceded by the proper radiographic documentation. Failure to do so falls below the standard of care. Recent existing periapical or panoramic radiographs of sound diagnostic quality will meet this standard.

Delivering quality dental services to the citizens of the State of Maine is what each of us – dentist, dental hygienist, denturist and dental assistant should continuously strive for. Good record keeping is a huge step in accomplishing that goal. It takes time and hard work, but it is very worthwhile, both for your patient and yourself. The Board hopes this review of guidelines in record keeping will be beneficial to both you and your patients.

Board Guidelines for a Practice Closure

There are several reasons to oversee the closure of a dental or denturism practice in the State of

Maine. Some are pleasant, such as a retirement after many years of hard work. Some are not so pleasant such as a forced retirement due to health reasons, a disciplinary action, or sadly too often, an unexpected death.

The Board of Dental Examiners wants to make sure that the closure of the practice which is not transferring to another practitioner occurs as smoothly as possible. Every effort must be made to inform the public and particularly patients of record. To that end, we are recommending the following guidelines for the closure of a dental practice.

A. Notification in a local newspaper at least weekly starting eight (8) weeks prior to closure with specific times and place listed for patients to obtain copies of their records.
B. Written or oral notification of all patients of record. To be documented in the patients' charts.
C. Written notification of practice closure date to State Board at least four (4) weeks in advance of closure.
D. Notification to employees at least eight (8) weeks prior to closure whenever possible.

The more likely scenario involves transferring the practice from one licensee to another. A dentist or denturist most commonly will sell his or her practice to another individual who assumes ongoing patient care and responsibility. The Maine Board of Dental Examiners recommends the following guidelines in such a scenario.

A. Notification in a local newspaper, at least weekly starting eight (8) weeks prior to transaction.
B. Written or oral notification of all patients of record. Oral notification to be documented in the patients' charts.
C. Written notification of the practice transition to the State Board at least four (4) weeks in advance of the transition.

It is important that all patients as well as the Board of Dental Examiners know who is responsible for the continuity of care when a practice closes or transitions from one provider to another.

The Importance of Written Treatment Plans

Contributed by Richard S. McGuckin, DDS, MSc, MAGD, FACP, Orono

The Board is concerned about the unintended consequences of failing to provide adequate and proper treatment plans to all patients. There is significant factual confusion surrounding the exact definition of a "treatment plan". One definition involves the sequential procedures of treatment, while the other is the presentation of the planned treatment to the patient. In this era of consumerism, the Board is most concerned about the communication of the treatment plan to the patient.

Information Content

Treatment planning is the cornerstone of informed consent. Essential information that should be contained in any treatment plan includes – a description of the proposed treatment, benefits of that treatment, alternative treatments, risks, prognosis, and the associated costs. Any or all of theses six factors may persuade or dissuade a patient from choosing or declining a treatment. Normally, this written information accompanies an open and candid discussion with your patient.

Importance of Information

While the preceding five factors are self explanatory, elaborating the costs of treatment is important because patients may not know the final cost of their care as well as what is, or is not, included in their care. For instance, a patient may not be aware of the need for a post and core and cast coronal restoration following endodontic treatment, or that the fee for an implant may not include the restorative phase. It is important that all dentists understand the importance of each of the six factors of informed consent and they recognize that consent is not complete until there is agreement on all six segments. Note that we are seeking agreement on fees, but not payment arrangements.

In situations involving preventive and/or minor restorative care, an oral presentation of the treatment plan is usually sufficient, and documentation in the progress notes is the decision of the practitioner. However, there are certain situations where written informed consent is crucial. They are, but not limited to, the following:

- Minors and/or other patients who are not responsible
- Treatments likely to take place over an extended period of time
- Irreversible procedures
- Treatments with a questionable prognosis
- Extensive and/or expensive treatment
- Complex treatment involving multiple dental or medical disciplines, or care by multiple practitioners.
- Implant or graft placement
- Removing a body part, i.e. extraction, hard or soft tissue biopsy
- Procedures with significant risk of injury
- Loss of consciousness through sedation or anesthesia
- Changing conditions causing alteration of a previously agreed upon treatment plan

A written treatment plan is not a substitute for effective and efficient oral communication between the patient, the dentist and their staff at each and every opportunity. In fact, written and oral communications complement each other. Effective treatment plans aid communication with the patient about their care, as well as enhance inter-office communication and organization.

Written treatment plans, especially for lengthy and/or complex treatments, can assist the practitioner in many other ways as well. A well organized plan for treatment can help the dentist prioritize treatment, be more efficient in providing care, estimate the time necessary for each step of treatment, help the office staff schedule proper appointments, set-up referrals and other consultations, streamline insurance predeterminations, and keep the entire staff knowledgeable about the patient's treatment.

Failure to provide

Providing a treatment plan is considered to be within the standard of care – i.e. what is ordinarily done by reasonably qualified dentists in similar situations. Providing treatment plans is sound risk management, also. Many dental software programs have treatment planning functions. It is important for individual practitioners to ascertain if the information content of their software's treatment planning function is appropriate.

Providing treatment plans to patients, and securing evidence of receipt, understanding and agreement by way of the patient's signature can reduce your risk exposure to having a complaint of unprofessional conduct filed with the Board, or having litigation initiated.

Animals in the Office

In response to several complaints over the years, the Board of Dental Examiners has adopted a policy prohibiting the presence of dogs, cats, or other dander-bearing animals from all areas of the dental office or clinic. Clearly all of our licensees can appreciate the necessity of eliminating such animals from the clinical areas of practice. It is an impossibility to maintain even the semblance of infection control with animals frequenting reception areas and clinical space.

The Board also believes that animals restricted to private offices or staff areas represents far too great a possibility of a breakdown in infection control and the very real possibility of triggering allergic responses in susceptible patients and staff. Simply put, the office is not a place for your pet regardless of how restricted its movements may be. The Board recommends that pets that can't be left at home have other daytime arrangements made for them.

The Board would like this subject to remain as one of its written policies. Policies, by definition, do not carry the weight of rules or statute. If problems continue to arise, the Board will have to consider moving this position from policy to rule. Your cooperation in this matter will make that change unnecessary.

The only exceptions to this policy would be the use of specially trained animals by their patient/owners, (i.e. seeing eye dogs).

Unlicensed Dentists

The following dentists either failed to renew or withdrew their licenses for the 2004-2005 biennium. Therefore they are not eligible to practice in the State of Maine.

Gerilyn Deveaux, DMD
Steven Alter, DDS
Neal Andren, DDS
Joel Baghdadi, DDS
Nancy Barton, DDS
Roberto Battaglin, DMD
Ronald Berman, DDS
Gerald Berube, DDS
Michael Blank, DDS
Bruce Boretsky, DMD
Lawrence Breault, DMD
Robert Card, DDS
Ardenne Carleton, DMD
Timothy Case, DMD
Robert Christian, DDS
Mark Chrusz, DDS
Ralph Cimon, III, DMD
William Dennis, DMD
Donald Dockstader, DMD
Walter Dornemann, DDS
Donna Eteson, DMD
Thomas Ford, Jr., DDS
Richard Fourment, DDS
Alison Freeman, DDS
Gordon Freeman, DMD
Elisa Fulton, DMD
Neil Gardner, DDS
Lloyd McDonald, DDS
Stuart Merle, DMD
David Moberg, DMD
Andre Montminy, DMD
Michael Morley, DDS
Michael Nealis, DMD
Seishi Oka, DDS
Anthony Oliva, DMD
Maura O'Neill, DMD
Walter Opolski, DDS
Frank Pandolfo, DDS
Charles Pick, DDS
Jeffrey Platt, DDS
Joseph Porter, DMD
Linda Reichler, DMD
Peter Ruocco, DDS
Richard Gelman, DMD
Wayne Gerrish, DMD
James Hamilton, DDS
Curtis Hayden, DDS
Carl Hensel, DDS
Frederick Herrick, DDS
William Hirshom, DMD
James B. Jackson, DDS
David L. Johnson, DDS
Stephen Kahn, DDS
James Keenan, DDS
David Kidd, DDS
Lance Kisby, DMD
John Kishibay, DMD
Stephen Knowlton, DMD
Dennis Kraft, DMD
Janet Lawlor, DDS
Robert Lebold, DMD
Robin Loeschner, DDS
Donald Lohrmann, DDS
Frank Lowrey, DDS
John Lynch, DDS
Yuci Ma, DMD
Stephen Mackiw, DDS
James Maddox, DDS
William Marco, DMD
Paul Mathew, DDS
Paula Scully, DMD
Ray Smith, DMD
Wayne Smith, DDS
Anatoly Smolyansky, DDS
Richard Sobie, DDS
James Swiencicki, DDS
George Sydlar, Jr., DMD
Paul Szlyk, DMD
Abolghassem Tehrani, DMD
Bruce Trivellini, DDS
Gopichand Vallabhaneni, DMD
Brenda Valliere, DDS
Brian Webber, DDS
David Widmer, DMD
Carmela Wise, DMD
Alan Zicherman,, DDS

Unlicensed Hygienists

The following hygienists either failed to renew or withdrew their licenses for the 2003-2004 biennium. Therefore they are not eligible to practice in the State of Maine

Slava Abdelrehim
Verian Aguilar
Kimberly Ayers
Caralee Barrett
Gale Beliah
Nancy Biondi
Trina Borden
Tina Carlson
Roberta Coates
Mary Conley
Anne Crowley
Deane Daly
Jo Ann Darling
Teresa Davenport
Dyan Dennis-Kozikowski
Diane Devost
Jane Dunsky
Nickoline Evans
Dorothy Gabarro
Anne Galgano
Kimerley Gentry
Andrea Girvan
Maryse Grenier
Nancy Guimond
Beth Harvey
Elizabeth Holmes
Barbara Hull
Barbara Keller
Jill Kenney
Priscilla Ketchum
Misty Kileen
Julie Knight
Kathleen Lear
Sandra Leone
Pamela Lord
Robin MacDonald
Donna Marcinuk
Jannifer Marin
Ramona Martin
Barbara McCormack
Sharon McPhee
Nathalie Menard
H. Kathleen Merrill
Diana Nadeau
Cynthia Neuhausser
Ann Petersson
Deborah Piascik
Rhonda Pickrell
Laurie Powell
Susan Pozanac
Julie Regn
Sally-Anne Reichert
Isabelle Rollins
Alice Savage
Heidi Seavey
Kathy Shover-Vattes
Karen Smith
Lisa Smulligan
Lisa Solary
Cheryl Todd
Lauren Travers
Doris Ward
Christine Wentworth
Rachael Williams
Linda Wilwerding
Susan Wood

Did You Know That ……..??

- The Maine State Board of Dental Examiners consists of five dentists, one hygienist, one denturist and one public member.
- Recent legislation will increase the number of Board members from eight to nine with the addition of a second dental hygienist.
- Due to an increasing number of latex allergies, the Bureau of Health has recommended the move away from the use of latex gloves to a non-latex alternative.
- New legislation will result in the formation of a Denturist Discipline Sub-Committee and Hygiene Licensure Sub-Committee. The governor will be appointing two additional qualified individuals to each sub-committee.
- Failure to notify the Board of a change of address within 30 days will result in a fine.
- The Dental Practice Act requires all licensees to notify the Board of any incident that results in the hospitalization of a patient that occurs as a result of or in the course of, the licensee's treatment.
- That if a licensee's practice location water supply is not from a recognized public water source, a yearly water test is required and such water "shall meet all acceptable state standards".
- The Board considers current CDC guidelines on infection control the standard of care in all dental care settings.
- When the Board of Dental Examiners requests records in the review of a complaint, the complete record including radiographs and a transcribed, typed copy of the case notes is required.
- Recent legislation has increased the CE requirement for dental hygienists from 20 hours to 30 hours per biennium. This change would take effect for the 2005 – 2006 biennium.
- That the administration of general anesthesia, deep sedation, or conscious sedation requires the applicant to apply for and practice under a special permit.
- That the use of nitrous oxide in conjunction with anxiolytic drugs is considered conscious sedation.
- All meetings of the Maine State Board of Dental Examiners are open to the public.
- All the Board of Dental Examiners' budget is derived directly from licensing & permit fees??
- The Maine Board of Dental Examiners allows only one CE credit per hour of class – lecture or participation.
- Only 5 credit hours per biennium is allowed for general attendance at a multi-day convention.
- Any dentist who uses mercury or a mercury amalgam in any dental procedure must display in the office public waiting area the poster adopted by DHS, Bureau of Health, and make available to patients a copy of the brochure adopted by the same Bureau.

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