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 - Abhishake Banda, D.M.D.

Hot Topic

Dentist Opioid Prescribing

New opioid prescribing requirements are effective in Washington. The goals are to increase public health and safety by reducing opioid abuse and misuse, while ensuring that practitioners continue to treat patients safely and appropriately for pain.



Toolkits are available to help make practitioners aware of the new requirements. They include:

- [Link to the new rules](#)
- [Provider handouts](#)
- [Educational videos explaining the new requirements](#)

A licensed dentist who prescribes opioids must complete three hours of continuing education (CE) in opioid prescribing best practices and rules of the chapter. The educational video on the department’s website will count toward CE completed for rules of the chapter. CE related to opioid prescribing best practices can be obtained from organizations such as, but not limited to, the Washington State Dental Association, the Bree Collaborative, or the

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Dental Infection Control Committee Proposed Dental Infection Control Rules

Provided by **David Carsten, DDS**

On February 1, 2019, the Dental Infection Control Committee met in the Kent area for our 18th meeting since 2016.

As committee chair, I led a discussion of infection control science, theory, and practice. The committee focused on explaining the reasoning behind the proposed rule changes, primarily regarding water line testing, sterilization of slow speed hand-piece motors, high volume evacuation, exposure of

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Commission Member Recruitment

Provided by Aaron Stevens, DMD

Want to be a full member? Get the [Governor's application](#) here.

Commission members earn \$250 per day for attending meetings and performing commission duties under [RCW 43.03.265](#). Travel to meetings is reimbursed at state per diem rates.

[Jennifer Santiago](#) is available to answer all your questions about being a member.

Serving on the Dental Quality Assurance Commission is a lot like being a parent. It isn't glamorous. It involves a lot of hours, tedious work, lots of meetings, unpaid travel time, time away from work (sometimes at short notice), and being unpopular with the people around you when doing the right thing. No one goes into it for the money.

So why do it?

Much like parenting, it is one of the most important jobs you can ever do. When it doesn't get done and done well, we all suffer the consequences. In having a vantage point that others don't, you can guide and advocate for those who can't do it for themselves. You help keep things honest. You have an effect for good on society and individuals that you can have no other way.

I'm finishing my first four-year term and chose to apply for another. Here is why:

1. The dentist and the patient at times have competing interests that need to be balanced. Dentists have an association that actively lobbies for what would benefit them. Who does that for the people? The governor appoints dental-savvy people to the dental

commission and charges them with the responsibility of advocating for the people.

2. When you choose to serve, you surround yourself with high-caliber people. I have met and interacted with some of the subject matter experts in my field. I've been exposed to topics I knew little of and grown my body of knowledge. I'm a better dentist for having been here.



3. In handling discipline cases, I have been exposed to what patients complain about and where dentists make mistakes. Knowing

the trends in these areas has helped me avoid the same problems. Sharing this information with others who ask has helped them as well. No one wants to be dealing with complaints against their license. This is truly an education that can be had no other way.

4. In Friday meetings, we get Panera for lunch. I get to choose which sandwich I get and sometimes people give me their cookies. This does not happen in parenting.

There are lots of details that you should know before you apply. Time commitment, money, workload, etc., are all important to be aware of to see if it fits with your life. Staff members here are happy to talk with you about the details.

Proposed Dental Infection Control Rules

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sterile instruments and other issues. In the presentation, the intention was to make clear that the focus of infection control is stopping transmission. In that respect, it is similar to vaccination. The sources of contamination, the process of contamination, sterilization, disinfection, and barriers were all discussed, talking about how effective each was, what was appropriate, and under what circumstances.

Handwashing and gloves were discussed. Studies show a 60- to 90-second scrub plus a good quality exam glove will reduce transmission about 75 percent, derived from World Health Organization studies and others. Poor hand washing and or cheap gloves do a poor job. A stakeholder pointed out that exposed open glove boxes must be contaminated by aerosols. I replied that he was correct. All the more reason to protect the gloves and reduce aerosols.

We extensively discussed the periodicity of water line testing. The proposed rule states that waterlines must be tested quarterly. We did explore the reasoning and examples of what some entities do. We also discussed what acceptable remediation would be after a positive waterline test.

Regarding the training required in the proposed rule, there is no reason that would prevent blood-borne pathogen training and infection control training from being back to back. They overlap but are not the same.

The committee members replied that we must rely on the judgment of the dentists to understand the principles of infection control and abide by them for many specifics. The rules would be encyclopedic if every possibility or circumstance had to be covered. Lerner and Lerner, Infectious Diseases in Context, the Centers for Disease Control and Prevention (CDC) dental guidelines, 2003 and 2016, references in the CDC guidelines, and reference articles from medical literature were all used as resources when drafting the proposed rules. The committee recommends all of these resources. Stakeholders have expressed concern that many dental offices are practicing far below acceptable standards of infection control even under current rules.

A strong educational program or a white paper are needed to inform and protect the dental community and patients in an increasingly risky environment.

There will be another in-person meeting of the Dental Infection Control Committee on March 1, 2019. Please attend our meeting and share your knowledge, experience, and comments regarding the proposed rules.



Access all
dentistry laws
here.

[RCW 18.32](#)

[WAC 246-817](#)

[RCW 18.260](#)

[RCW 18.350](#)

[RCW 18.130](#)

[WAC 246-12](#)

[WAC 246-16](#)

[RCW 70.02](#)

You can find the
CDC Summary of
Infection
Prevention
Practices in
Dental Settings
[here.](#)

Find current
infection control
rules at [WAC 246-817-601 through -630](#)

Dentist Opioid Prescribing

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Agency Medical Directors' Group. CE must be completed by the end of the first CE reporting period, for most dentists this will be by birthdate in 2022.

The provider handouts available online include an overview of the new rules and patient handouts. Patient handouts are under the [Public/Patient tab](#).

A licensed dentist who prescribes opioids must register for the Prescription Monitoring Program (PMP).

Steps for PMP online account Registration:

- www.doh.wa.gov/pmp, select "Provider Login." Accept "Terms and Conditions." Will forward to the SAW logon page.
- Logon to your SAW account. No account? Select "Sign up!"
- In SAW "Add a New Service." Find PMP in the "Service Menu" under Department of Health.
- Select "New User" and fill out the PMP registration.

PMP staff members can assist with registration by phone at 360-236-4806 or by email at prescriptionmonitoring@doh.wa.gov.

Should you need additional information about the dentist opioid rules, please email us at dental@doh.wa.gov.

Renew Your Credential Online

Dentists, dental hygienists, dental assistants, expanded function dental auxiliaries, and dental anesthesia assistants who are within 60 days of their license expiration date, are able to renew their active status licenses, registrations or certifications online.

To renew online, you must register with Secure Access Washington and sign-in to the Department of Health Online Services. Go to the [Secure Access Washington \(SAW\) website](#). Here is a link to [online renewal frequently asked questions](#).

If you're having problems with the Department of Health Online Services site, [contact our Customer Service Office by email](#) or phone at 360-236-4700.

Reader Input

The commission is looking for reader input. If you want to read about something specific, [please let us know](#).



New Dentist Opioid Prescribing Frequently Asked Questions

Effective January 26, 2019

Where can a dentist learn about the new opioid prescribing rules?

A provider toolkit is on our website at www.doh.wa.gov/opioidprescribing. It has a practitioner handout, patient notification handouts, a video presentation, and additional frequently asked questions.

Are dentists required to comply with opioid prescribing rules when prescribing procedural pre-medications?

No. Prescribing for patients for procedural pre-medications, treatment of patients with cancer-related pain, provision of palliative or hospice care, or treatment of inpatient hospital patients are exempt from the opioid prescribing rules.

[WAC 246-817-905](#)

Is there a prescribing limit for dentists who treat patients 24 years and under?

Yes. Twelve opioid tablets may be prescribed without justifying in the patient record the need for such a quantity.

[WAC 246-817-970](#)

When should a dentist prescribe naloxone?

When prescribing opioids to a high-risk patient, the dentist must confirm or provide a current prescription of naloxone or refer the patient to a pharmacist for further counseling.

[WAC 246-817-977](#)

How does a dentist provide notification to a patient of risks associated with opioid use?

A dentist may provide a Department of Health patient handout. Handouts are available on our website at www.doh.wa.gov/opioidprescribing. A dentist may provide verbal notification to a patient. A dentist must document the notification in the patient record.

[WAC 246-817-907](#)



When does a dentist document a Prescription Monitoring Program query in the patient record?

Upon the first refill or renewal of an opioid prescription, at each pain transition treatment phase, and periodically for chronic pain patients.

[WAC 246-817-980](#)

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Meet the Educational Outreach Committee

The Educational Outreach Committee is a subcommittee of the Dental Quality Assurance Commission. The committee is made up of members from the Dental Quality Assurance Commission, Board of Denturists, and Dental Hygiene Examining Committee. The committee works to educate dental professionals and the public about what's happening in the dental arena. Below are a couple of the members of this committee.



Lyle McClellan, DDS

I serve as a director of doctor development for Willamette Dental Group. My first career was working in the food industry. I worked for Coca-Cola in Florence, Italy, and became fluent in Italian. I have been in private practice and several group practices before working with Willamette Dental Group. I have published several research papers and have been involved in teaching restorative dentistry in several hygiene schools. Because of my varied experiences I thought I would be a good fit for the dental commission. I have enjoyed learning the rule making process, reviewing discipline, and serving on committees. I have eight children and 13 grandchildren. With my lovely wife I enjoy ballroom dancing.



Tiffany Bass, DDS

I was born and raised in Washington. I attended University of Washington for both my bachelor and DDS degrees. I recently accepted a position in the master's of public health program, so I will return to University of Washington in the fall.

I am the assistant dental director for a non-profit community health center. We provide compassionate health care regardless of patients' ability to pay.

I see my appointment to the dental commission as an opportunity to use my dental and public health expertise to serve and protect people in Washington. In my spare time, I enjoy being in nature, creative projects, new experiences, and traveling.

Answers From November Newsletter Quiz

Below are the answers to the continuing education quiz in the November 2018 newsletter. Look for the answers to this month's quiz in the July 2019 newsletter.

1. B 2. A 3. B 4. C



Opioid Prescribing FAQ's

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May a dentist delegate the performance of a required Prescription Monitoring Program (PMP) query to supportive personnel?

Yes. The supportive employee must be a credentialed health care professional, i.e., registered dental assistant or licensed dental hygienist. PMP queries may not be delegated to unlicensed office staff members.

[WAC 246-817-913](#)

Is there a prescribing limit for dentists who treat patients for acute pain?

Yes. A seven-day supply may be prescribed without justifying in the patient record the need for more.

[WAC 246-817-913](#)

May a dentist prescribe more than seven days of opioids for an acute pain patient?

Yes. The dentist must document clinical justification in the patient record for a quantity greater than seven days.

[WAC 246-817-913](#)

How many continuing education hours must a dentist have to prescribe opioids?

Three hours. Continuing education must contain opioid prescribing best practices and the rules of the chapter. This continuing education requirement must be completed by the dentist's birthdate in 2022.

[WAC 246-817-909](#)

Where can a dentist obtain required opioid prescribing continuing education?

Several organizations may provide education: the Washington State Dental Association, local dental societies, the Bree Collaborative, or the Agency Medical Directors' Group are a few known organizations. Additionally, the Department of Health has published an online video for dentists to obtain "rules of this chapter" education at www.doh.wa.gov/opioidprescribing.

Find current and revised opioid prescribing requirements at [WAC-246-817-901 through -980](#).



You can find more information on the Department of Health Opioid Prescribing [Webpage](#).

New Dentist Continuing Education Requirements

Effective January 26, 2019

The Dental Commission adopted amendments to clarify continuing education (CE) requirements. Major change includes the CE reporting period – 63 hours every three years. Please note, although the CE reporting period is changing from annually to every three years, this does not change the annual renewal of a dentist license. You must still renew your dental license every year on or before your birthdate.



- Sixty-three CE hours every three years; license renewal is still annual on your birthdate.
- Jurisprudence examination required once every three years – counts as one hour of CE (free, online, open book).
- No limit on live webinars.
- Specialty board certification/recertification counts as 62 hours of CE, if earned in CE reporting period.
- Self-study/online CE – 30 minutes counts for every one hour completed; no limit on number of total hours.
- Basic life support counts for one hour per year (three hours total for three-year reporting period).
- Clinical supervision is acceptable CE.
- Publishing a paper is acceptable CE.
- Reading journal articles is acceptable CE, with additional requirements.
- Award of fellow of the Academy of General Dentistry, master of AGD, or lifelong learning and service recognition award counts as 62 hours of CE.
- First CE due date will be with your renewal in 2022.

Example: Your birthdate is June 15, 2019. Begin obtaining 63 hours of CE on January 1, 2019 through June 15, 2022. Additionally, appropriate continuing education completed after a dentist's birthdate in 2018 through December 31, 2018 may be counted for the new three-year reporting period that ends in 2022. CE is not required for renewal in 2019.

Update to New Continuing Education Requirements

You can find the updated continuing education rules [here](#).

In the November 2018 newsletter, information and frequently asked questions were provided for the new continuing education changes. Information provided indicated continuing education obtained after January 1, 2019 will be accepted for the 2022 reporting period. On December 7, 2018, the commission determined it will accept appropriate continuing education completed during the previous reporting period of 2018-2019.

To clarify, appropriate continuing education completed after a dentist's birthdate in 2018 through December 31, 2018 may be counted for the new three-year reporting period that ends in 2022.

You can find the updated FAQs related to the new CE rule [here](#).

Legal Actions November 2018 — February 2019

The following are final actions taken by the commission or Secretary of Health. Notices of decision on applications, modifications to orders, terminations of orders, and stipulations to informal discipline are not listed. The actions below have been edited for clarity and brevity. You can view the actual orders on the [provider credential search webpage](#).

Practitioner and County	Date	Order Type	Cause of Action	Commission Action
Davis, George (dentist) King County	11/2/2018	Final Order of Default	Infection control failures, health and safety concerns, and lack of CPR or BLS certifications.	Five year suspension; \$10,000 fine; 25 hours continuing education in infection control;
Drew, James P (dentist) Kitsap County	1/18/2019	Final Order	Violation of substance abuse monitoring contract.	Indefinite suspension until an assessment is obtained from the Washington Physicians Health Program and any recommendations followed.
Hedstrom, Nicole (dental assistant) Pierce County	12/5/2018	Final Order of Non-Compliance	Failed to comply with requirement to participate in a substance abuse monitoring program.	Indefinite suspension.
Pak, Luke (dentist) King County	1/18/2019	Final Order of Default	Failed to response to investigation regarding insurance billing.	Indefinite suspension.
Rafoth, Christopher (moderate sedation with parenteral agents permit) King County	1/18/2019	Agreed Order	Allowed Advanced Cardiac Life Support certification to lapse.	\$750 fine; \$675.50 cost recovery. Follow-up audit to ensure future compliance with continuing education requirements.
Stonehouse, Jessica (dental assistant) Spokane County	11/20/2018	Agreed Order on Non-Compliance	Violation of substance abuse monitoring contract.	Indefinite suspension.
Webley, William (dentist) Snohomish County	1/18/2019	Agreed Order	Treatment below the standard of care, billing issues, and failure to fully inform patient.	Continuing education in the areas of crown and bridge and diagnosis and treatment planning, to include endodontics; \$4,000 cost recovery; \$2,500 fine; refund fees charged to patients

Earn Continuing Education Credit!

Continuing Education Quiz

The commission allows one hour of continuing education for reading this newsletter! To qualify, please take the quiz below. Keep the completed quiz with your other continuing education certificates of completion.

If you are audited, provide the quiz along with your other proof of continuing education and you will receive one hour of continuing education under WAC 246-817-440(4)(b). You are allowed 30 minutes for every hour of self-study continuing education. Completing this quiz will be counted as 30 minutes toward your continuing education requirements.

1. A licensed dentist who prescribes opioids must complete ___ hours of continuing education (CE) in opioid prescribing best practices and rules of the chapter.
 - A. 3
 - B. 12
 - C. 8
2. A licensed dentist who prescribes opioids must register for the Prescription Monitoring Program (PMP).
 - A. Yes
 - B. No
3. How often must a dentist take the jurisprudence examination.
 - A. Once every year
 - B. Once every two years
 - C. Once every three years
4. For a current dental patient, how long must the patient records be maintained?
 - A. Records older than six years may be destroyed.
 - B. The entire record of the patient must be maintained for six years from the date of the last treatment.
 - C. Records older than five years may be destroyed.

Commission Staff Contact Information

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www.doh.wa.gov

[Commission website](#)

Commission Meeting Dates

April 19, 2019

June 7, 2019

July 26, 2019

September 13, 2019

October 25, 2019

December 6, 2019

**Public Health - Always
Working for a Safer and
Healthier Washington.**