



E-Forum

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Election Results

Thanks to all who voted in the recent Dental Board election and run-off election. When all votes were counted, the winners were:

Dr. Catherine Watkins, Winston-Salem
Dr. Merlin Young, Wendell

Nancy St. Onge, RDH, of Apex, NC ran unopposed for the vacant dental hygiene seat and was declared the winner by acclamation.

Board Members and Officers

At its July 2017 meeting, the Dental Board selected Dr. Merlin Young as Board President and Dr. Millard "Buddy" Wester as Board Secretary/Treasurer for the 2017-2018 term.

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Message from the President



I would like to extend greetings from your NC State Board of Dental Examiners and my thanks to you for electing me to serve a second term. This Board performs many very important tasks as it seeks to protect the public, but for me part of the Board's chief responsibility involves making sure our professionals understand the laws and rules that regulate the practice of dentistry and hygiene. I have been in practice for 37 years and during that time the practice of dentistry has changed tremendously. A lot of new procedures, dental products, and techniques that we might now take for granted, in reality, are not specifically covered in the Dental Practice Act. Over the years the Board has issued decisions in cases and responded to general inquiries that involve these new developments and the standard of care that applies to procedures that were not even conceivable when I first started practicing. I want to make it easier for you and the interested public to keep up with these changes and the Board's decisions. That's why I've instructed the

Upcoming Board Meetings

Unless otherwise noted, all meetings begin at 8:30 a.m. and occur at the Board's Office, 2000 Perimeter Park Dr., Suite 160, Morrisville, NC 27560. All meetings are open to the public. However, certain portions of the meetings may be closed when necessary and in compliance with North Carolina's Open Meetings law.

September 8-9	Morrisville, NC Board Office
October 13-14	Morrisville, NC Board Office
November 10-11	Morrisville, NC Board Office
December 8-9	Morrisville, NC Board Office
January 19-20	Morrisville, NC Board Office
February 16-17	Morrisville, NC Board Office
March 9-10	Morrisville, NC Board Office
April 13-14	Morrisville, NC Board Office

Message from the President (cont'd.)

staff to begin the process of updating our website and to become more proactive in sending important information to all of our licensees. We all have a responsibility to meet or exceed the standard of care in our daily practices. I want to make it easier to be up-to-date on the latest Board decisions and recommendations that improve public protection by letting you know what the Board decides and how we reach our conclusions. Your insights on improving the website and how to improve communications along these lines are most welcome and should be directed to: bwhite@ncdentalboard.org.

I would also like to play what part I can in dispelling the myth that the Board's chief function is to investigate complaints and is otherwise unapproachable. It has been my experience that Board staff is very willing and able to answer questions from licensees, and would prefer to do so, **before** the issue comes in the form of a complaint from the public. I have talked with the staff to make sure that if they cannot answer your questions, they will contact someone who can. I would encourage you to call Board staff and discuss any areas of concern. If you believe the Board's only goal is to prosecute cases, I think you will be pleasantly surprised.

Once again, thank you. Your trust and confidence in electing me to a second term allows me the opportunity to serve as President of the NC State Board of Dental Examiners. For this great honor I am truly grateful.

Please feel free to contact me personally at the following email : merlinyoung@mindspring.com.

Take care,

Merlin W. Young, DDS, President, NC State Board of Dental Examiners



Notice: Moderate Sedation Permit Limited to Oral Routes being eliminated!

The new general anesthesia and sedation rules that became effective in June eliminate the moderate sedation permit limited to oral routes. Those currently holding this permit may continue to use it until the "natural expiration" date which will occur on March 31, 2018. Before this date, those who wish to transition from the moderate oral permit to a minimal sedation permit may do so without additional training. You must simply notify the Board's sedation coordinator, Ms. Cheri Ramos [cramos@ncdentalboard.org or 919- 459-1781] to make this change. Apply early to avoid any delay in receiving the minimal sedation permit.

Any person applying for a Moderate IV Sedation permit must complete the training as outlined in the newly adopted rules. [21 NCAC 16Q .0301(c)]

New Rules Proposed for Delegable Duties for Hygienists and DA's

At first glance it may appear that delegable duties for hygienists have been decreased while being increased for dental assistants. However, this is due to a change in format and not substance. Rather than list all duties delegable to hygienists in both the hygiene and DA rules, the proposed rule spells out all functions delegable to DA's [21 NCAC 16H .0203]. The revised rule 21 NCAC 16G .0101 then states that a dental hygienist may perform all the duties delegable to DA's **plus** those other duties listed in 16G .0101

The same format is reversed and followed in listing what functions may not be delegated. 21 NCAC 16G .0103 lists those functions that may not be delegated to a dental hygienist. 21 NCAC 16H .0205 then goes on to say that a dental assistant **may not** perform any procedure listed in 16G. 0103 plus the additional non-delegable duties listed in 16H. 0205.

A public hearing on these rules is schedule at the Board's office: 2000 Perimeter Park Dr., Suite 160, Morrisville, NC 27560 at 6:30 p.m. on Sept. 7, 2017.

Strengthen Opioid Misuse Prevention (STOP) Act becomes Law

The STOP Act was signed into law by the Governor on June 29, 2017. The many provisions of this law apply to any who prescribe, dispense, or deliver targeted drugs and are designed to lessen the risks of opioid abuse in North Carolina. Staff Attorney Anna Stein with the Department of Health and Human Services has created an overview of this law [see below] which will have a direct impact on all dentists in North Carolina who prescribe opioids for their patients. It will also have a big impact on the amount of information the Dental Board must collect on dentists who have an active DEA license. Here's an overview:

- If you have a DEA license you must register with the Controlled Substance Reporting System (CSRS). This is required even if you do not prescribe controlled substances. The Board's position is that if you have a DEA license you are allowed to prescribe so you must register.
- You must check with the CSRS for each new opioid prescription written and check back with the CSRS every 90 days if the prescription continues. This must be documented in the patient record.
- The amount of opioids you can prescribe is limited by the type of pain being addressed (see below).
- The CSRS will conduct audits and report to the Dental Board any licensee whose prescribing of opioid appears to violate CSRS standards.
- Requires electronic prescribing for opioids.

The following is an overview of the STOP Act and a link to the statute itself.

Summary of the Strengthen Opioid Misuse Prevention (STOP) Act

(House Bill 243/Senate Bill 175)

<http://www.ncleg.net/Sessions/2017/Bills/House/PDF/H243v6.pdf>

- “Targeted controlled substances” under the Act = **Schedule II and Schedule III Opioids**
Targeted controlled substances are those listed in G.S. [90-90\(1\) & \(2\)](#) and G.S. [90-91\(d\)](#)

Provisions for Prescribers

- Limits first-time prescriptions of targeted controlled substances for acute pain to ≤5 days
Exception: prescriptions following a surgical procedure limited to ≤7 days
- “Acute pain” is defined as pain expected to last for 3 months or less
- “Chronic pain” is defined as pain that lasts for longer than 3 months or beyond the time of normal tissue healing
- “Surgical procedure” is defined as a procedure that is performed for the purpose of structurally altering the human body by incision or the destruction of tissues
- Upon subsequent consultation for same pain, practitioner can issue any appropriate renewal, refill, or new prescription of a targeted control substance
- Limit does not apply to prescriptions for controlled substances that are to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility
- Dispensers are not liable for dispensing a prescription written by a prescriber in violation of this limit
Effective date: January 1, 2018
- Requires prescribers to check the CSRS prior to prescribing targeted controlled substances for the first time and then every 90 days thereafter if prescription continues
- Prescriber must review patient information in CSRS for past 12 months
- Prescriber must document CSRS check in medical record
- CSRS check not required for controlled substances administered in a health care setting, hospital, nursing home, outpatient dialysis facility, or residential care facility, or prescribed for hospice or palliative care or for the treatment of cancer pain
- DHHS shall conduct periodic audits of the review of CSRS by prescribers and shall report to the appropriate licensing board any prescriber found to be in violation of requirement to check CSRS; violation may constitute cause for licensing board to suspend or revoke prescriber’s license
Effective date: only after CSRS achieves certain improvements, TBD
Effective date: July 1, 2017
- Requires physician assistants and nurse practitioners who treat patients in a facility “that primarily engages in the treatment of pain by prescribing narcotic medications or advertises in any medium for any type of pain management services” to “personally consult” with their supervising physician prior to prescribing a targeted controlled substance if use of the substance will exceed/is expected to exceed a period of 30 days

Summary of the Strengthen Opioid Misuse Prevention (STOP) Act (cont'd.)

- Must verify with supervising physician that prescription is medically appropriate

- Must re-consult with physician every 90 days if prescription continues

Effective date: July 1, 2017

- Requires electronic prescribing of targeted controlled substances

Exceptions:

- Practitioners who dispense to an ultimate user
- Practitioners who order a controlled substance to be administered in a hospital, nursing home, hospice facility, outpatient dialysis facility, or residential care facility
- Practitioners who experience temporary technological or electrical failure, if this reason is documented in medical record
- Prescriptions to be dispensed by a pharmacy on federal property, if this reason is documented in medical record
- Prescriptions written by veterinarians
- Dispensers are not required to verify that practitioners properly fall into one of the exceptions above before dispensing from valid written, oral, or facsimile prescriptions

Effective date: January 1, 2020

- Requires DHHS to conduct a study in consultation with the Office of the Attorney General and the NC Veterinary Medical Board on how to implement the provisions of the STOP Act pertaining to electronic prescriptions and the submission of data to the CSRS as they relate to the practice of veterinary medicine; report to be submitted to legislature by February 1, 2018

Provisions for Dispensers

- Requires dispensers licensed in NC and employed in a pharmacy practice setting where Schedule II, III, or IV controlled substances are dispensed to register for access to CSRS (current law requires prescribers to register with CSRS, with same effective date as for dispensers)

Effective date: only after CSRS achieves certain improvements, TBD

- Requires dispensers of targeted controlled substances to check CSRS and document this review if they have reason to believe patient is seeking drugs for reasons other than treatment or if there are other red flags

Examples of red flags listed in statute:

- Prescriber or patient from outside dispenser's geographic area
- Patient pays in cash when he/she has insurance
- Requests for early refills
- Multiple prescribers

Summary of the Strengthen Opioid Misuse Prevention (STOP) Act (cont'd.)

- Patient requests drug by specific name or color
- If concerned about fraudulent or duplicative prescriptions, dispenser required to contact prescriber and verify that prescription is medically appropriate before dispensing
- Failure to conduct CSRS review does not constitute negligence
- Effective date: only after CSRS achieves certain improvements, TBD
- Requires pharmacies to report prescriptions to CSRS by the close of business the day after a prescription is delivered (law previously required reporting within 3 days after the day a prescription was delivered)

Effective date: September 1, 2017

- Allows DHHS to assess monetary penalties against pharmacies that do not supply correct data to CSRS after being informed that information is missing or incomplete

Effective date: September 1, 2017

Other Provisions

- Allows community distribution of naloxone by organizations that have a standing order to do so
- Standing order may be written to “any governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors”
- Standing order may allow the organization, through its “agents,” to distribute naloxone to persons at risk for an overdose or to persons in a position to help someone at risk for an overdose
- Required to include “basic instruction and information on how to administer” naloxone
- Provides immunity to organizations distributing naloxone pursuant to such a standing order

Effective date: July 1, 2017

- Allows the use of local funds to purchase needles, syringes, or injection supplies for syringe exchange programs

Now bans the use of “State” funds for this purpose, whereas law formerly banned the use of “public” funds

Effective date: July 1, 2017

- Requires in-home hospice providers to educate families about proper disposal of medications

Effective date: July 1, 2017

Opioid Prescribing Course

While we are on the subject of opioids, remember that a state law passed in 2015 requires all who prescribe opioids to take a one-hour CE course on abuse of controlled substances. This does not add to the overall number of CE hours that prescribers must take, it simply mandates that at least one of the hours be devoted to an opioid prescribing course. Any dentist who also holds a DEA license is considered a "prescriber." Therefore, beginning this fall, any dentist with a DEA license will be required to certify that he or she has taken a one-hour opioid prescribing course as a condition of license renewal. Here's the text of the statute: (House Bill 97, 2015-2016 Legislative Session, Session Law 2015-241, p. 170)

STATEWIDE OPIOID PRESCRIBING GUIDELINES

SECTION 12F.16.(a) By July 1, 2016, the following State health officials and health care provider licensing boards shall adopt the North Carolina Medical Board's Policy for the Use of Opiates for the Treatment of Pain:

- (1) The Director of the Division of Public Health of the Department of Health and Human Services (DHHS).
- (2) The Director of the Division of Medical Assistance, DHHS.
- (3) The Director of the Division of Mental Health, Developmental Disabilities, and Substance abuse Services, DHHS.
- (4) The directors of medical, dental, and mental health services within the Department of Public Safety.
- (5) North Carolina State Board of Dental Examiners.
- (6) North Carolina Board of Nursing.
- (7) North Carolina Board of Podiatry Examiners.

CONTINUING EDUCATION REQUIREMENTS

SECTION 12F.16.(b) The following health care provider occupational licensing boards shall require continuing education on the abuse of controlled substances as a condition of license renewal for health care providers who prescribe controlled substances:

- (1) North Carolina Board of Dental Examiners.
- (2) North Carolina Board of Nursing.
- (3) North Carolina Board of Podiatry Examiners.
- (4) North Carolina Medical Board.

SECTION 12F.16.(c) In establishing the continuing education standards, the boards listed in subsection (b) of this section shall require that at least one hour of the total required continuing education hours consists of a course designed specifically to address prescribing practices. The course shall include, but not be limited to, instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management.

A Pain Management Guideline

Dr. Raymond Dionne with ECU School of Dental Medicine is currently offering a course on opioid prescribing that meets the requirements established by the statute as outlined above. Others offer the course as well, but Dr. Dionne has published a table titled: "Prescribing Options for Acute Pain to Minimize Opioid Misuse or Abuse." He has graciously agreed to share these prescribing options in this newsletter for the benefit of the public and the dental profession. Our thanks to Dr. Dionne for providing this guideline. See next page.

A Pain Management Guideline

Prescribing Option for Acute Pain to Minimize Opioid Misuse or Abuse

Mild Pain

OTC ibuprofen, naproxen or ketoprofen as needed

Mild to Moderate Pain

Ibuprofen 400-600mg every 4-6 hours by the clock for first 48-72 hours, not to exceed maximum recommended daily dose. As needed until pain subsides

Moderately Severe Pain

Prescription dose of NSAID administered prior to the procedure or immediately afterwards

Administration of long-acting local anesthetic 0.5% bupivacaine with epinephrine for procedural anesthesia and postoperative analgesia

Postoperative administration of prescription dose of NSAID administered by the clock for 48-72 hours combined with administration of acetaminophen 600/650mg by the clock; the medication can be given concurrently or alternated to maintain blood level of both medications

Severe Pain

Provide a prescription of an opioid drug in combination with acetaminophen to be filled and administered on if need for pain not relieved by regimen for Moderately Severe pain.

Example: 2 tablets of 325 mg acetaminophen plus 37.5 mg tramadol (Ultracet) every 4-6 hours for pain, not to exceed 8 tablets every 24 hours.

NB: Separate dosing of 600/650 mg acetaminophen need to be discontinued.

Comparison of Conventional Approach to Targeted Strategies

	<u>Opioid Combinations</u>	<u>Preventative/Additive/Adaptive</u>
Analgesia	++	+++
Adverse Effects	+++	+
Abuse Potential	+++	0(without opioid) +(with tramadol) ++(with oxycodone or hydrocodone)

Relative effects based on well-established pharmacology of drug classes and specific agents in Table 1 ranked on a 0 to ++++ ranking

Dionne, Gordon, Moore: Compendium 2016; 37:372-378

Disciplinary Actions

Recent disciplinary actions are reported on the Board's website under the "Disciplinary Action" tab. Actions involving revoked or suspended licenses remain posted until the revocation or suspension is lifted. **All** past disciplinary actions can be accessed by searching by name or license number under the "License Verification" tab.

<http://www.ncdentalboard.org/index.htm>

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Examiners**

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The purpose of the North Carolina State Board of Dental Examiners is to ensure that the dental profession merit and receive the confidence of the public and that only qualified persons be permitted to practice dentistry and dental hygiene in the state of North Carolina.

The Latest Numbers

Dentists:

Licensed by NC	6,077
Licensed and Living in NC	5,390
Licensed and Active in NC	5,059

Registered Dental Hygienists

Licensed by NC	7,924
Licensed and Living in NC	6,970
Licensed and Active in NC	6,141

Sedation/General Anesthesia Permits

General Anesthesia	177
Moderate IV	221
Moderate Limited to Oral	82
Pediatric	96
Minimal	83

Current Board Members (as of August 1, 2017)

<u>Current Board Members</u>	<u>Term Expires</u>	<u>Hometown</u>
Merlin W. Young, DDS (President)	2020	Wendell, NC
William M. Litaker, Jr. DDS (Past Pres.)	2019	Hickory, NC
Millard "Buddy" Wester, III (Sec/Treas.)*	2018	Henderson, NC
Clifford O. Feingold, DDS	2018	Asheville, NC
Kenneth M. Sadler, DDS*	2019	Winston-Salem, NC
Catherine Watkins, DDS *	2020	Winston-Salem, NC
Nancy St. Onge, RDH*	2020	Apex, NC
Dominic Totman, Esq. (Consumer)*	2018	Raleigh, NC

*Eligible for a second term