Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 481—Chapter 574
"General Requirements and Standards of Practice"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A, 147, 153 and 272C

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 147, 153 and 272C and sections 232.69 and 235B.16

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

October 22, 2024 12 noon	6200 Park Avenue Des Moines, Iowa Via videoconference call: meet.google.com/nuk-xcby-nyf Or dial: 541.838.0234 PIN: 917 400 078#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis. Written or oral comments in response to this Regulatory Analysis must be received by the Department of Inspections, Appeals, and Licensing no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Des Moines, Iowa 50321
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Purpose and Summary

These rules provide requirements for licensees with regard to displaying a license, information regarding name or address changes, mandatory reporter training and reporting, and requirements for advertising. These rules set the standard for ethical practice around patient acceptance, consultation and referrals, discontinuation of practice, personnel use, recordkeeping, teledentistry, and representation of care and fees. Requirements for public health supervision including minimum clinical experience, supervision agreements and reporting and those duties that can be delegated to a dental hygienist in this setting are also included in this chapter.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

- Classes of persons that will bear the costs of the proposed rulemaking:

There are often costs associated with practice standards, because there is often time, effort and money associated with compliance, as is true for any service-oriented industry. Members of the public would have costs associated with the services they are seeking to receive, which may include an office visit payment or copayment. Each licensee's practice has different variables, including factors such as number of clients seen, nature of services provided, how services are delivered (i.e., telehealth or in

person), and administrative support. Dental Board staff review applications for initial and renewal licenses and for licensure reinstatement. Board staff also answer inquiries on licensing and field phone calls. Staff salaries to support the work of the Board are covered by the Licensing and Regulation Fund established in 2023 Iowa Acts, Senate File 557. It takes roughly 6.0 full-time equivalent (FTE) positions to review application materials. Licensing fees go to the f to cover the operations of the regulated professional licensing boards.

- Classes of persons that will benefit from the proposed rulemaking:

In order to regulate the profession as directed in the Iowa Code, the infrastructure that has been created to license and regulate these professions is necessary to protect the public. The 6.0 FTE positions dedicated to this function play a critical role in issuing licenses, conducting investigations, monitoring compliance, providing administrative support to the Board, responding to questions related to standard of practice, and supporting the board monitoring programs. This work is done with a focus on protecting the health and safety of members of the public who receive services and/or care from licensed professionals. Due to the state government realignment, boards are evaluating ways to streamline and simplify processes and procedures.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

There are approximately 8,700 licensed individuals in this field who provide dental services to Iowans. The Board believes that the costs are justified by the benefits achieved because the rules provide required guardrails for providing these important services to Iowans. If these professions were not regulated, it could mean that lower-skilled individuals would provide this service to Iowans, which would be of concern to the Board. Dentists and dental hygienists are regulated in all 50 states.

- Qualitative description of impact:

In order to regulate the profession as directed in the Iowa Code, the infrastructure that has been created to license and regulate these professions is necessary to protect the public. The 6.0 FTE positions dedicated to this function play a critical role in issuing licenses, conducting investigations, monitoring compliance, providing administrative support to the Board, and supporting the board monitoring programs. This work is done with a focus on protecting the health and safety of members of the public who receive services and/or care from licensed professionals. Due to the state government realignment, boards are evaluating ways to streamline and simplify processes and procedures.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

Costs to the State are for the staff time needed to manage Board activities, which includes oversight of practice standards. The 6.0 FTE positions dedicated to this function play a critical role in issuing licenses, conducting investigations, providing administrative support to the Board, responding to questions related to practice standards and supporting the board monitoring programs. Staff salaries to support the work of the Board are covered by the fund.

- Anticipated effect on state revenues:

There is no anticipated impact on this rule to state revenues.

Staff salaries to support the work of the Board are covered by the fund. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

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5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

The Board has not identified a more cost-effective alternative to the current process. Dentistry is a health-related field that requires licensees to meet practice standards and conduct themselves in an ethical manner. Dental hygienists provide services under the supervision of dentists and require ongoing monitoring for compliance and meeting practice standards. Dentists and dental hygienists are regulated in all 50 states.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

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The Department's Licensing Division continues to assess and implement opportunities to increase efficiencies and standardize board processes across all professional licensing boards. The changes to this chapter support this effort.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

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Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed rules relate to public safety concerns that are present whether the business is a small business or a large corporation. While some dental assistants may work in a smaller dental office, some also work for large corporations, hospitals, and other dental facilities. To exempt small businesses from adhering to this chapter would jeopardize any member of the public who sought services from that small business. The risk to the public is greater than the potential harm or cost to the small business.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** 481—Chapter 574:

CHAPTER 574
GENERAL REQUIREMENTS AND STANDARDS OF PRACTICE

481—574.1(153) Licensed or registered personnel. In accordance with Iowa Code chapters 147 and 153, persons engaged in the practice of dentistry, dental hygiene or dental assisting in Iowa must be licensed by the board as a dentist or dental hygienist or registered as a dental assistant.

This rule is intended to implement Iowa Code chapters 147 and 153.

481—574.2(147,153) Display of current license, registration, permit or qualification. In accordance with Iowa Code section 147.7, the certificate of every license, permit, registration or qualification and evidence of current renewal must be prominently displayed at each permanent practice location.

574.2(1) Additional certificates may be obtained from the board. Evidence of renewal may be obtained from the board's online licensing database at no cost or by request to the board. The board may assess a fee for a replacement certificate or evidence of renewal pursuant to 481—Chapter 571.

574.2(2) Practice locations may display evidence of license, permit, registration or qualification by electronic means in conjunction with primary source verification.

This rule is intended to implement Iowa Code chapter 147.

481—574.3(147,153,272C) Change of name or address.

574.3(1) *Change of name.* Each person licensed or registered by the board must notify the board and submit evidence of a legal name change within 60 days of such change.

574.3(2) *Change of address.* Pursuant to Iowa Code section 147.9, each person licensed or registered by the board must notify the board within 60 days of changes in email for the purpose of electronic communications from the board, primary mailing address, and all full- and part-time practice locations.

481—574.4(147,153,272C) Other requirements.

574.4(1) *Child and dependent adult abuse training.* Licensees or registrants who regularly examine, attend, counsel or treat children or adults in Iowa must obtain mandatory training in child and dependent adult abuse identification and reporting in accordance with Iowa Code sections 232.69 and 235B.16 and 481—Chapter 573.

574.4(2) *Cardiopulmonary resuscitation.* Licensees and registrants may practice in Iowa if they obtain and maintain current certification in a cardiopulmonary resuscitation (CPR) course that included a hands-on component. The board reserves the right to request that licensees and registrants provide evidence of current certification.

This rule is intended to implement Iowa Code sections 232.69 and 235B.16 and chapter 153.

481—574.5(153) Use of personnel. Dentists are obligated to protect the health of their patients by assigning to qualified personnel only those duties that can be legally delegated. Dentists will supervise the work of all personnel working under their direction and control.

481—574.6(153,272C) Patient acceptance. Dentists, in serving the public, may exercise reasonable discretion in accepting patients; however, pursuant to state and federal law, dentists may not discriminate against legally protected classes by refusing to accept patients into their practice or denying dental service to patients for reasons such as race, creed, sex or national origin.

481—574.7(153) Emergency service. Emergency services in dentistry are deemed to be those services necessary for the relief of pain or to thwart infection and prevent its spread. When consulted in an emergency by patients, dentists shall make reasonable arrangements for emergency care.

481—574.8(153) Consultation and referral.

574.8(1) Dentists are responsible for meeting the minimum standard of care and should seek consultation or referral, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those practitioners who have special skills, knowledge and experience.

574.8(2) The specialist or consulting dentist shall comply with the following:

a. Upon completion of the consultation or specialty treatment, return the patient, unless the patient expressly states a different preference, to the referring dentist or, if none, to the dentist of record for future care.

b. When there is no referring dentist, upon completion of the treatment, inform the patient when there is a need for further dental care.

574.8(3) A dentist who has a patient referred for a second opinion regarding a diagnosis or treatment plan should render the requested second opinion in accordance with these rules. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

481—574.9(153,272C) Patient records.

574.9(1) Patient records may be entered or retained electronically or by other means. Dentists must maintain patient records in a manner consistent with the protection of the welfare of the patient and comply with the following:

a. Preserve and maintain the confidentiality of patient records as required by state and federal law.

b. Ensure that all entries into patient records are permanent, timely, accurate, legible, and easily understandable.

c. Update and correct errors in the patient record electronically, or legibly in ink, with no erasures or white-outs. If incorrect information is placed in the record, cross out the error with a single nondeleting line and include the initials or other means of identification for the licensee or registrant who updated the record.

d. Safeguard the records from destructive elements.

e. Maintain a duplicate hard copy or use an unalterable record when electronic records are kept.

574.9(2) Dentists will create and maintain dental records for each patient that contain all of the following:

a. Patient information that includes the following:

(1) Name, date of birth, address, and, if a minor, name of parent or guardian.

(2) Name and telephone number of person to contact in case of emergency.

b. Dental and medical history information sufficient to support the recommended treatment plan from the patient or the patient's parent or guardian.

c. Patient's stated reasons related to oral health when a patient presents with a chief complaint.

d. Dental records shall include chronological entries, including dates and descriptions of the following:

(1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;

(2) Plan of intended treatment and treatment sequence;

(3) Services rendered and any treatment complications;

(4) All radiographs, study models, and periodontal charting, if applicable;

(5) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and

(6) Name of dentist, dental hygienist, or any other auxiliary, who performs any treatment or service or who may have contact with a patient regarding the patient's dental health.

e. Documentation, at a minimum, of informed consent that includes an overview of the discussion of proposed procedure(s), treatment options, potential complications and known risks, and patient's consent to proceed with treatment.

574.9(3) Transfer of records. Upon request of the patient or patient's legal guardian, the dentist shall furnish copies of the complete dental records, including copies of the radiographs that are of diagnostic quality.

a. The dentist may not refuse to transfer records for any reason, including but not limited to nonpayment of any fees.

b. The dentist may charge a nominal fee for duplication of records.

481—574.10(153) Teledentistry. Only dentists, dental hygienists, or dental assistants currently licensed or registered by the board may use teledentistry to provide dental care to patients located in Iowa. This rule establishes the standards of practice for teledentistry.

574.10(1) "Teledentistry" means a dentist is providing or supervising dental services using technology when the patient is in another location.

574.10(2) A dentist may not provide teledentistry services to a patient based solely on the responses to an electronic questionnaire consisting of a static set of questions.

574.10(3) The standard of dental care is the same whether a patient is seen in person or through a teledentistry encounter.

a. The use of teledentistry is not an expansion of the scope of practice for dental hygienists or dental assistants.

b. A dentist may only use teledentistry if utilizing evidence-based standards of practice and practice guidelines to ensure patient safety, quality of care, and positive outcomes.

574.10(4) When teledentistry will be utilized, a dentist, in addition to the requirements of rule 481—574.8(153), is responsible for ensuring informed consent covers the following:

a. A description of the types of dental care services provided via teledentistry, including limitations on services;

b. The identity, contact information, practice location, licensure, credentials, and qualifications of all licensees and registrants involved in the patient's dental care, which should be publicly displayed on a website or provided in writing to the patient; and

c. Precautions for technological failures or emergency situations.

574.10(5) A dentist may only use teledentistry to conduct an examination for a new patient or for a new diagnosis if the examination is conducted in accordance with evidence-based standards of practice to sufficiently establish an informed diagnosis.

a. A dentist shall not conduct a dental examination using teledentistry if the standard of care necessitates an in-person dental examination.

b. Once an examination has been conducted, a dentist may delegate the services to be provided by a licensed dental hygienist or registered dental assistant. A dentist shall not delegate expanded functions when teledentistry is being utilized.

c. A dentist may only delegate services to licensees and registrants employing the levels of supervision as permitted in this chapter and 481—Chapters 570, 575, 576 and 577.

d. A supervising dentist may authorize the use of teledentistry in conjunction with public health supervision.

574.10(6) A dentist may only use teledentistry if the dentist has adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care as needed. A dentist shall refer a patient to an acute care facility or an emergency department when necessary for the safety of the patient or in the case of emergency.

574.10(7) A teledentistry encounter shall be clearly characterized as such in a patient record.

574.10(8) All dentists, dental hygienists, and dental assistants shall ensure that the use of teledentistry complies with the privacy, breach and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Part 160, Part 162, and Part 164, and any amendments of as of August 30, 2024.

481—574.11(153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist or registered dental assistant if the dentist has an active Iowa license and the services are provided in public health settings as defined in rule 481—570.1(153).

574.11(1) *Minimum clinical practice required.* A licensed dental hygienist or registered dental assistant is eligible to practice under public health supervision and provide services if the hygienist or assistant has an active license or registration and a minimum of one year of clinical practice experience.

574.11(2) *Public health supervision agreements.* When working under a public health supervision relationship, a dental hygienist or dental assistant shall enter into a written agreement with a dentist that addresses and complies with the following items:

a. Specify the location or locations where the public health services will be provided.

b. Include the preferred method of contact for ongoing communication and consultation between the dental hygienist or dental assistant.

c. Have age- and procedure-specific standing orders for the performance of services. The standing orders should include consideration for medically compromised patients and medical conditions for which the standard of care would dictate that a dental evaluation occur prior to the provision of services.

d. Specify a period of time in which an examination by a dentist must occur prior to providing further services. This examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement.

e. Specify whether the agreement permits the dental hygienists to apply silver diamine fluoride. The supervision agreement may include provisions for use of silver diamine fluoride if the dentist and the dental hygienist complete board-approved training and the provisions comply with board-approved protocols.

f. Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist or dental assistant, including where these records are to be located.

g. Review the written agreement a minimum of once every two years, and maintain a copy of the agreement for reference.

h. File a copy of the agreement with dental and oral health program of the department of health and human services within 30 days of entering into or updating an agreement and provide a copy of the agreement to the board upon request.

574.11(3) *Dental hygiene and dental assistant services.* A dental hygienist or dental assistant may provide the services specified in the public health supervision agreement pursuant to the following:

a. A dental hygienist may provide services that fall within the scope of practice pursuant to 481—Chapter 576, except for the administration of local anesthesia or nitrous oxide inhalation analgesia.

b. A registered dental assistant providing services under public health supervision may perform all extraoral duties, take dental radiographs, assist with intraoral suctioning, use a curing light and take images using an intraoral camera.

c. Each patient shall sign a consent form that clarifies that dental public health services do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to dental services.

d. After receiving dental public health services, the dental hygienist or dental assistant will provide to the patient, parent or guardian a written plan for referral to a dentist and assessment of further dental treatment needs.

574.11(4) *Reporting requirements.* Each dental hygienist or dental assistant who rendered services under public health supervision at any time during the calendar year is obligated to complete a summary report at least annually or at the completion of a program. The dental hygienist or dental

assistant will file the report with the dental and oral health program of the department of health and human services to assess the impact of the program.

a. The report filed by each dental hygienist should include, at a minimum, information related to the number of patients seen and services provided.

b. The report filed by each dental assistant should include, at a minimum, information related to the number of patients seen, the services provided to patients and the infection control protocols followed at each public health location. The department will provide summary reports to the board on an annual basis.

c. The dental and oral health program should provide summary reports to the board annually or upon request.

This rule is intended to implement Iowa Code chapter 153.

481—574.12(153) Representation of treatment and fees. Licensees and registrants shall not represent the care being rendered to their patients or the fees being charged for providing the care in a false or misleading manner.

574.12(1) The following billing practices are deemed to constitute deception, misrepresentation, overbilling, fraud or a combination thereof:

a. Accepting a third-party payment under a copayment plan as payment in full and not collecting the patient's portion without disclosing that to the third-party payer.

b. Increasing a fee to a patient merely because the patient has insurance.

c. Submitting a claim form to a third party and knowingly reporting incorrect treatment dates.

d. Describing a dental procedure incorrectly on a third-party claim form in order to receive a greater payment or intentionally making a noncovered procedure appear to be a covered procedure.

e. Recommending or performing unnecessary dental services or procedures.

f. Billing for services not rendered. A dentist may bill for those services that have started or been rendered, for actual costs incurred in the treatment of the patient, or for missed appointments.

g. Billing or drawing on a patient's line of credit prior to services being started or rendered. A dentist may bill or draw on a patient's line of credit for those services that have been rendered or for actual costs incurred in the treatment of the patient.

574.12(2) A dentist may allow patients to prepay for services, in whole or in part, on a voluntary basis.

574.12(3) Payments accepted by a dentist under a government-funded program, a sponsored access program, or a participating agreement entered into under a program of a third party are not considered as evidence of overbilling when determining whether a charge to a patient or to another third party on behalf of a patient not covered under any of these programs constitutes overbilling under this rule.

481—574.13(153) Retention of patient records and discontinuance of practice.

574.13(1) *Retention of dental records.* A dentist shall maintain a patient's dental record for a minimum period of time as follows:

a. For adults, six years after the date of last examination, prescription, or treatment.

b. For minors, either until the patient reaches the age of nineteen, or six years, whichever is longer.

c. For study models and casts, six years after the date of completion of treatment. Alternatively, one year after completion of treatment, study models and casts may be provided to the patient for retention.

574.13(2) *Discontinuation of practice.* When a dentist intends to discontinue practice at a practice, or upon death or incapacitation, the following provisions apply to minimize disruptions in patients' access to dental care:

a. A licensee or appointed representative shall notify all active patients in writing, by making the same notification available on the website of the dental practice for no less than 30 days, or by

publication once a week for three consecutive weeks in a newspaper of general circulation that the licensee intends to discontinue the practice of dentistry and include guidance for the continuance of dental care, or how to make reasonable arrangements for the transfer of patient records or complete copies thereof to the patient, patient's guardian, or succeeding licensee.

b. A dentist should appoint another Iowa licensee, representative or entity who, upon the death or incapacitation of the dentist, is able to retain the patient records and assist patients with access to their records in compliance with state and federal law.

481—574.14(153) Unethical and unprofessional conduct.

574.14(1) Unethical or unprofessional conduct includes the following:

a. Taking actions that the board deems to be abusive, coercive, intimidating, harassing, untruthful or threatening in connection with the practice of dentistry.

b. Knowingly providing false or misleading information to the board or an agent of the board.

c. Knowingly interfering with a person filing a complaint with the board, or entering an agreement with a person that prohibits that person from filing a complaint with the board.

d. Failing to fully explain a treatment regimen and obtain patient authorization before treatment begins.

574.14(2) A licensee or registrant who has been diagnosed with a communicable or infectious disease shall comply with Iowa Code chapter 139A. Failure to do so constitutes unethical and unprofessional conduct and may be grounds for disciplinary action by the board.

481—574.15(153) Communications. Communications by inclusion or omission to the public must be accurate.

574.15(1) The following standards apply to the communications related to the practice of dentistry:

a. Statements, testimonials, photographs, graphics or other means of communication shall not convey false, untrue, deceptive, or misleading information.

b. Communications should not incite an individual's anxiety in an excessive or unfair way, and they should not create unjustified expectations of results.

c. Communications that refer to benefits or other attributes of dental procedures or products that involve significant risks must also include realistic assessments of the safety and efficacy of those procedures or products. Communications should also include information about alternatives where necessary to avoid deception.

d. Communications must neither misrepresent a dentist's credentials, training, experience or ability nor contain claims of superiority that cannot be substantiated.

574.15(2) Dentists are encouraged to engage in truthful, nondeceptive advertising. Dentists who engage in the types of advertising that do the following shall take care to ensure that ads are consistent with these rules:

a. Include claims that the service performed or the materials used are professionally superior to those which are deemed to be consistent with standard practice or that assert that one licensee is better than another when superiority of service or materials cannot be substantiated.

b. Reference an unearned or nonhealth degree.

c. Reference attainment of an honorary fellowship. An honorary fellowship does not include an award based on merit, study or research. The attainment of fellowship status may be indicated in scientific papers, curriculum vitae, third-party payment forms, and letterhead and stationery that is not used for the direct solicitation of patients.

d. Promote a professional service that the dentist knows or should know is beyond the dentist's ability to perform or that creates an unjustified expectation concerning the potential result of any dental treatment.

e. Include communication that is likely to intimidate or exert undue pressure or influence over a prospective patient.

f. Include a testimonial attesting to a quality of competence of a service or treatment offered by a licensee that is not reasonably verifiable.

g. Utilize statistical data or other information that creates an unjustified expectation about results that the dentist can achieve.

h. Include personally identifiable facts, data or other information about a patient without first obtaining patient consent.

i. Include any misrepresentation of a material fact.

j. Suppress, omit, or conceal any material fact or law without which the communication would be deceptive.

k. Include circumstances that indicate bait-and-switch advertising. The board may require the advertiser to furnish data or other evidence pertaining to those sales at the advertised price as well as other sales. Where the circumstances indicate deceptive advertising, the board may initiate an investigation or disciplinary action as warranted.

481—574.16(153) Advertising standards. The board may request a dentist to substantiate the truthfulness of any assertion or representation of material fact in an advertisement.

574.16(1) The dentist must possess and rely upon information that, when produced, would substantiate the truthfulness of any assertion, omission, or representation of material fact in the advertisement.

574.16(2) The failure or refusal to comply with the requirements of this rule may be deemed professional misconduct.

481—574.17(153) Fees. Advertising that states a fee must clearly define the professional service being offered in the advertisement. Advertised offers will be presumed to include everything ordinarily required for such a service.

481—574.18(153) Public representation. All advertisements and public representations should include the name and contact information of the practitioner who placed the ad.

574.18(1) If the advertisement refers to one's practice, the ad may state either "general/family practice" or "specialist," "specializes," or "specializing." A dentist may not advertise or represent oneself as a specialist unless the dentist complies with the other provisions of this rule.

574.18(2) A dentist may advertise as a specialist if the dentist is a diplomate of, or board-eligible for, a national certifying board of a specialty recognized by the American Dental Association (ADA) or the American Board of Dental Specialties (ABDS). A dentist should consult with the ADA or ABDS for a current list of recognized specialties.

574.18(3) A certifying board may apply for a new area of specialty by submitting information regarding the area of specialty, including an explanation of how the proposed specialty is within the scope of practice of dentistry in Iowa, and proof of the following:

a. The proposed specialty is separate and distinct from any preexisting specialty recognized by the ADA or ABDS;

b. The proposed specialty is a distinct and well-defined field that requires unique knowledge and skills beyond those commonly possessed by dental school graduates;

c. The certifying board is an independent entity that is comprised of licensed dentists, whose membership is reflective of the proposed specialty, and that is incorporated and governed solely by the licensed dentists/board members;

d. The certifying board has a permanent headquarters and staff;

e. The certifying board has issued diplomate certificates to licensed dentists for at least five years;

f. The certifying board requires passing an oral and written examination based on psychometric principles that tests the applicant's knowledge and skill in the proposed specialty;

g. The certifying board requires all dentists who seek certification in the proposed specialty to have successfully completed a specified, objectively verifiable amount of post-DDS or -DMD education and experience that is appropriate for the proposed specialty area, as determined by the certifying board; and

h. The certifying board's website includes online resources for the consumer to verify the certifying board's certification requirements and a list of the names and location of the dentists who have been awarded certification.

574.18(4) The use of the terms "specialist," "specializes," "orthodontist," "oral and maxillofacial surgeon," "oral and maxillofacial radiologist," "periodontist," "pediatric dentist," "prosthodontist," "endodontist," "oral pathologist," "public health dentist," "dental anesthesiologist," or other similar terms that imply that the dentist is a specialist may only be used by a licensed dentist who meets the requirements of this rule. A dentist who advertises as a specialist must avoid any implication that other dentists associated with the same practice are specialists unless the dentists also meet the requirements of this rule.

574.18(5) The term "diplomate" or "board-certified" may only be used by a dentist who has successfully completed the qualifying examination of the appropriate certifying board of one or more of the specialties recognized by the ADA or the ABDS, or as otherwise permitted pursuant to these rules.

574.18(6) A dentist may only advertise as a specialist pursuant to these rules if the advertisement includes the name of the national certifying board and the name of the entity that recognizes the board in the advertisement.

574.18(7) A dentist may advertise the areas in which the dentist practices, including but not limited to specialty services, using other descriptive terms such as "emphasis on _____" or other similar terms as long as all other provisions of these rules regarding advertising are met.

481—574.19(153) Responsibility for advertisements. Each professional who is a principal partner, officer, or licensed professional employee, acting as an agent of the firm or entity identified in the advertisement, is jointly and severally responsible for the form and content of any advertisement offering services or materials. The dentist should maintain a recording or copy of every advertisement for a period of two years that should be made available for review upon request by the board or its designee. The record should indicate the date and place of the advertisement.

481—574.20(147,153,272C) Mandatory reporting requirements. Pursuant to Iowa Code chapters 147, 153 and 272C, each licensee, registrant or committee of the board shall be responsible for reporting to the board the following matters:

574.20(1) *Standards of practice.* Within 30 days of acquiring knowledge, the following:

a. Instances of gross or continually faulty treatment.

b. Acts or omissions by other licensees or registrants that may constitute a basis for disciplinary action under the rules and statutory provisions governing the practice of dentistry, dental hygiene, or dental assisting in Iowa.

574.20(2) *Immediate threats to patient safety.* Within 24 hours of acquiring knowledge of a reportable act or omission that poses an immediate threat to patient safety, information regarding that act or omission.

574.20(3) *Adverse occurrences related to nitrous oxide or sedation.* Within seven days, any mortality related to sedation or nitrous oxide or any other incident related to sedation or nitrous oxide that results in the patient receiving inpatient treatment at a hospital or clinic. The licensee must submit a detailed report and include a complete copy of the patient record. The report should include, at a minimum, the following information:

a. Description of dental procedure.

b. Description of preoperative physical condition of patient.

c. List of drugs and dosage administered.

d. Description, in detail, of techniques utilized in administering the drugs utilized.

e. Description of adverse occurrence:

(1) Description, in detail, of symptoms of any complications, to include but not be limited to onset and type of symptoms in patient.

(2) Treatment instituted on the patient.

(3) Response of the patient to the treatment.

f. Description of the patient's condition on termination of any procedures undertaken.

574.20(4) *Judgments, settlements, or disciplinary action.* Within 30 days, any of the following:

a. Any instance of disciplinary action taken by a licensing authority of another state, territory or country or another licensing authority in this state. A stay by an appellate court does not negate this requirement; however, if the disciplinary action is overturned or reversed by a court of last resort, the report will be expunged from the records of the board upon such notification;

b. Any adverse judgment in a professional malpractice action to which the licensee or registrant was a party;

c. Any settlement of a claim against the licensee or registrant alleging malpractice;

d. Any restriction of practice imposed by a hospital, clinic or other practicing setting; or

e. Being party to, or assisting in the violation of, any provision of Iowa law or rule of the board.

574.20(5) *Criminal convictions.* Within 60 days, any misdemeanor or felony conviction, excluding traffic offenses. Conviction of driving under the influence or while intoxicated is a reportable offense.

574.20(6) *Mandatory reporter information.* Mandatory reports filed with the board should include the following information:

a. Name of any licensee or registrant who committed or was involved in the act or omission;

b. Date on which the reportable offense occurred;

c. Location where the reportable offense occurred;

d. Names of patients, licensees, registrants or other parties that may have been adversely impacted by the act or omission;

e. Disposition of the judgment, action or conviction; and

f. All other applicable details.

This rule is intended to implement Iowa Code chapters 147, 153 and 272C.

481—574.21(17A,147,153,272C) Waiver prohibited. Rules in this chapter, except for rules 481—574.3(147,153,272C), 481—574.4(147,153,272C), 481—574.11(153), 481—574.15(153), 481—574.16(153), 481—574.18(153), and 481—574.19(153), are not subject to waiver pursuant to 481—Chapter 6 or any other provision of law.

These rules are intended to implement Iowa Code sections 153.33 and 153.34.