



# The Dental Digest

## Mississippi State Board of Dental Examiners

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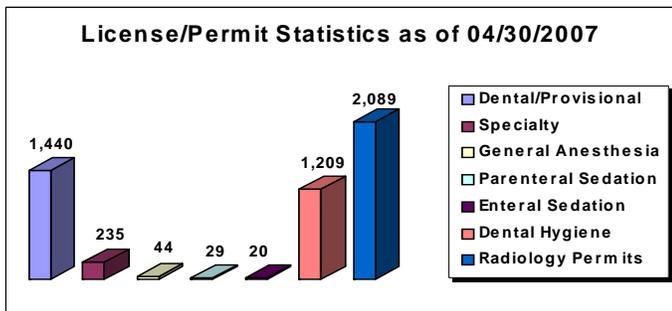
**The Mississippi State Board of Dental Examiners is charged with the responsibilities of examining, licensing, registering, and regulating dentistry and dental hygiene to ensure competency and ethics among all dental professionals in the State of Mississippi, for the ultimate goal of safeguarding and enhancing the health and welfare of the citizens of this State. As such, the Board is neither affiliated with nor functions as a subsidiary of any private or professional organization.**

**W**elcome to the April 2007 edition of The Dental Digest. We have a wealth of information in this edition of our newsletter, and our guest author is Nicholas G. Mosca, DDS with the Mississippi State Department of Health. As always, you will want to review "Things to Note," as this section contains a variety of information useful to our licensees and permit holders. Additionally, the Board's forms, laws, regulations, newsletters, examination manuals, databases, frequently asked questions, etc., are on our web site (<http://www.msbde.state.ms.us>). Since the last newsletter, the Board's web site has been completely revamped, and all the Board's applications and forms have been enhanced to enable completion via your Adobe Acrobat reader software. Our dental licensees should note that their 2007-2009 biennial renewal begins 09/01/2007 and continues through 10/31/2007. Renewal forms will be mailed to all currently licensed dentists on or before 09/01/2007. Enjoy our April 2007 newsletter, and, as always, feel free to contact our office if you have any questions.



**A**s part of its legislatively-mandated regulatory responsibilities, the MSBDE must enforce the laws of this State and enact any regulations necessary to ensure consistent and ethical compliance with these laws. Accordingly, when deemed appropriate and as a means of establishing uniform policies for all dental professionals in Mississippi, the MSBDE enacts and/or amends regulations. Whenever a regulation is enacted or amended, it must be filed immediately with the Mississippi Secretary of State and is not considered approved until thirty (30) days after filing. At that time, a "final filing" must be effected with the Mississippi Secretary of State, and the adopted or amended regulation becomes final thirty (30) days after that filing date. Also, interested parties may visit the administrative procedures section of the Mississippi Secretary of State's web site (<http://www.sos.state.ms.us/busserv/AdminProcs/Default.asp>) and select the Mississippi State Board of Dental Examiners and appropriate month from the pull-down menus to view amendments to or adoption of MSBDE regulations.

As a regular feature of The Dental Digest, the MSBDE highlights regulations that have been amended/enacted. Since the June 2006 newsletter, the MSBDE has amended Regulation 13. When possible, amended regulations are reprinted in their entirety; however, depending on the amendments, a synopsis for some regulations may be provided for your review. A fee of \$10.00 per copy is charged for bound copies of the Mississippi Dental Practice Act and the MSBDE's rules and regulations; however, copies of individual regulations may be obtained by calling or writing the MSBDE's office. Also, copies of the MSBDE's laws and regulations may be obtained from its web site (<http://www.msbde.state.ms.us>) in Adobe Acrobat format. Just click on the "Laws & Regulations" button to view or print the MSBDE's laws and regulations.



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## BOARD REGULATION 13 SUPERVISION AND DELEGATION OF DUTIES TO DENTAL AUXILIARY PERSONNEL

At its 11/03/2006 Board meeting, the Board amended Regulation 13 to reword item number 3 and to provide a definition for "General Supervision," inasmuch as that term is noted in Miss. Code Ann. § 73-9-5. The definition of "General Supervision" has been modified slightly from the current American Dental Association's (ADA) definition to comport with Mississippi's very limited scope of "General Supervision." In conjunction with the amendment of item number 3, the Board also reiterated its position and that stipulated by Miss. Code Ann. § 73-9-3, i.e., no one other than licensed Mississippi dentists and licensed Mississippi dental hygienists are allowed to remove calcareous deposits, which have been defined by the Board on 03/11/1994 as: "dental calculus, either supragingival or subgingival." The Board adopted following definition for "General Supervision":

General Supervision: Miss. Code Ann. § 73-9-5(2) provides for a limited scope of practice for dental hygienists employed by the Mississippi State Board of Health or public school boards or who may be making public demonstrations for educational purposes, all while under the general supervision of a licensed Mississippi dentist. For this level of supervision and for the limits imposed by Miss. Code Ann. § 73-9-5(2), a dentist is not required to be in the dental office or treatment facility when procedures are being performed, and the dentist may or may not have personally diagnosed the condition to be treated, may or may not have personally authorized the procedures, and may or may not evaluate the performance of the dental hygienist.

*This regulation is not being reprinted in this newsletter but is available on the Board's web site (<http://www.msbde.state.ms.us>).*



**District I annual meeting, from left-to-right: Walter D. Diaz, DMD; A. Roddy Scarbrough, DMD; Thurmond Beasley, DDS; Joseph S. Young, DMD; and J. Walt Starr, Jr., DMD.**

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## Mississippi's State Oral Health Program: Protecting and Promoting the Public's Oral Health



*Submitted by: Nicholas G. Mosca, DDS  
State Dental Director, Mississippi Department of Health,  
Clinical Professor of Pediatric and Public Health Dentistry,  
University of Mississippi School of Dentistry*

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**W**hat is public health and how does it benefit oral health? In 1988, the Institute of Medicine (IOM) proposed an influential contemporary definition in its report entitled *The Future of Public Health*: "Public health is what we, as a society, do collectively to assure the conditions for people to be healthy."<sup>1</sup> This definition acknowledges the role that government and communities should take to assure healthy populations. The IOM noted that public health is best served by a coalition of professions united by their shared mission to build partnerships, develop systems of accountability, emphasize evidence, and improve communication to strengthen the public health infrastructure.

The public health infrastructure attempts to have a much broader impact by focusing prevention efforts on populations. Unfortunately, our nation's health care system underutilizes population-level strategies, focusing primarily on "disease care" with many private health care providers addressing the immediate causes of disease on an individual basis. Community water fluoridation is an example of a successful population-based prevention strategy that has been widely acknowledged by the Centers for Disease Control and Prevention (CDC) as one of the ten great public health achievements of the 20th century.<sup>2</sup> The remarkable improvement in the oral health of Americans in the past century can be attributed to a combination of factors, including population-based prevention measures, self-care activities, and professional dental services.

Unfortunately, not every population has experienced a reduction in oral diseases. Seven years ago, U.S. Surgeon General David Satcher stated in his landmark *Report on Oral Health in America* that there are "profound and consequential oral health disparities within the population."<sup>3</sup> During the 2004-2005 school year, 7 in 10 third-grade children experienced tooth decay (i.e., cavities or fillings), 2 in 5 had untreated dental disease (i.e., cavities only), and 1 in 10 had an urgent need for dental treatment, which means that over 3,800 Mississippi children have an urgent need for dental care.<sup>4</sup> Almost twice as many African-American children were in need of urgent care because of pain or infection.

The Mississippi Department of Health's Oral Health Program contributes to the public health infrastructure by providing leadership to develop prevention programs and obtain resources for population-based oral health interventions to control oral diseases and assure optimal oral health. A core set of population-based activi-

ties is essential to an effective public health response. These include the ability to assess the oral health status and needs of populations, to develop plans and policies to protect and promote oral health, and to assure access to personal and population-based oral health services.<sup>5</sup> The program currently employs one full-time fluoridation administrator, Mr. John Justice, who oversees recruitment and implementation of new fluoridation programs. We also have several actively licensed dental hygienists who perform oral health screening and education activities in community settings, such as in Head Start classrooms and lower elementary schools. Recent State oral health program accomplishments include:

- Conducted statewide survey of oral health in third-grade children in FY 2005.
- Implemented the use of the CDC Water Fluoridation Reporting System to determine the proportion of population that receives fluoridated water.
- Developed a 5-year State oral health plan (2006-2010) through a collaborative process with State agencies, local organizations and other stakeholders.
- Statewide Community Water Fluoridation –
  - By January 2007, about 1.63 million people, or over half (52.6%) of Mississippi's population, on public water systems were receiving optimally fluoridated water.
  - Mississippi received a State Fluoridation Initiative Award in May 2006. This award, given by the American Dental Association, the Centers for Disease Control and Prevention, and the Association of State and Territorial Dental Directors, recognizes a state that had the most new systems fluoridating and/or the greatest increase in population on fluoridation.
- School-Linked Oral Health Prevention –
  - During the 2005-2006 school year, we provided weekly fluoride mouth rinse to 26,746 school-age children at 86 public schools statewide.
  - In FY 2006, we delivered 4,772 dental sealants on permanent first molar teeth to 1,379 children in 11 counties through a collaboration with community dental providers and the Mercy Delta Health Express Program at the University of Mississippi Medical Center School of Nursing.
- Other Public Health Activities –
  - Access was provided to over 1,250 people in urgent need of dental care in the communities of Waveland, Bay St. Louis and Gulfport, including 73 children and 10 pregnant women, in the immediate aftermath of Hurricane Katrina after significant damage occurred to the dental care infrastructure in the affected areas.

- In FY 2006, oral health screening was performed for 2,921 citizens as part of total health screenings (including obesity, blood pressure, cholesterol and glucose checks) at various community-based venues.
- In FY 2006, 88 oral health education programs were conducted for various health care workers, including school nurses, nutritionists, social workers, physicians, dentists and dental hygienists.
- Two surveys were conducted for the MSBDE on the administration of local anesthesia by licensed dental hygienists. These included questions about the diagnosis and management of periodontal disease based on reports that effective management of periodontal disease through scaling and root planning requires that the patient be comfortable and able to tolerate the treatment.

The 21<sup>st</sup> century presents a new set of challenges to the public's health, including the threat of bioterrorism attacks, emerging infectious disease such as pandemic influenza, and lifestyle behaviors that increase the occurrence of obesity and chronic disease such as heart disease. It is important to include the dental community in planning and response in these areas. Regarding new oral health challenges, there is a need to develop population-level prevention strategies for children younger than 3 years of age. In FY 2003, only half (49%) of Mississippi Medicaid eligible children 3-5 years received any type of dental service. Far less, only 0.1% of children 1-2 years, received any type of preventive dental service. Evidence shows that the earlier in child development that high levels of Mutans streptococcus colonization occurs, the more severe the caries in the primary dentition. It is imperative that we consider innovative population-level approaches, such as the application of fluoride varnish for very young children at the highest risk for disease. The State's Oral Health Program will continue to work to implement evidence-based strategies and build professional partnerships to respond to these needs.

<sup>1</sup> *The Future of Public Health*. Institute of Medicine. 1988. p. 7. (PDF version accessed on March 29, 2007 at [http://www.nap.edu/catalog.php?record\\_id=1091](http://www.nap.edu/catalog.php?record_id=1091)).

<sup>2</sup> *Ten Great Public Health Achievements--United States 1990-1999*. MMWR. 1999 48(12);241-243.

<sup>3</sup> *Oral Health in America: A Report of The Surgeon General (Executive Summary)*. 2002 (PDF version accessed on March 29, 2007 at <http://www.surgeongeneral.gov/library/oralhealth/>).

<sup>4</sup> *Report on the Oral Health of Third Grade Children in Mississippi (2004-2005)*. 2005 (PDF version accessed on March 29, 2007 at <http://www.healthyms.com/dental>).

<sup>5</sup> *Guidelines for State and Territorial Oral Health Programs*. 2001. Association of State and Territorial Dental Directors. p. 6. (PDF version accessed on March 29, 2007 at <http://www.astdd.org>).





*District II annual meeting, from left-to-right: Robert L. Smith, Jr., DDS; Deran Cathey, DDS; Ivan Bryant Hirsberg, DMD; and A. Roddy Scarbrough, DMD.*

member states. Furthermore, Dr. O'Brien is serving as the Licensure Examination Committee Chairman for CITA during the current testing session. Both Ms. Harper and J. Walt Starr, Jr., DMD, in conjunction with other CITA representatives, are working toward modifying and enhancing the CITA periodontal and dental hygiene examinations effective with the 2007-2008 testing session.

- Since CITA's 08/11-12/2006 annual meeting, Louisiana and Puerto Rico have become full members of CITA. Currently, Alabama is an associate CITA member and has indicated interest in pursuing full CITA membership. At this time, Louisiana, Mississippi, North Carolina, and Puerto Rico are full CITA members, and several states now recognize the CITA licensure examination. CITA maintains a list of all recognizing jurisdictions on its web site (<http://www.citaexam.com>).
- At its 11/03/2006 meeting, the Board granted approval to a new dental assisting radiology permit seminar given by the Taylor Dental Assisting School in Pascagoula, MS. Information as to this radiology permit seminar is noted on the Board's web site.



## THINGS TO NOTE

- At its 08/04/2006 meeting, the Board determined that orthodontists are **NOT** allowed to place sealants, as this is outside the scope of the American Dental Association (ADA) definition of orthodontics and dentofacial orthopedics, which is adopted by the Board in Board Regulation 7. Furthermore, this procedure is **NOT** allowed pursuant to Section 5.H. of the *ADA Code of Ethics*, which is adopted by the Board in Board Regulation 1, inasmuch as dentists announcing themselves as specialists are limited to practicing solely within that specialty category.
- At its 08/04/2006 meeting, the Board discussed its current policy regarding advertising violation consent orders. The Board voted to change its policy for advertising consent orders to reflect a minimum fine of \$500 per violation for the first advertising offense, pursuant to the parameters of Miss. Code Ann. §§ 73-9-61(4)(a) through (c). However, beginning with the second advertising offense, consent orders no longer will be transmitted automatically to the licensee, and the licensee will be noticed for a hearing to appear before the Board. The effective date of this policy was 03/01/2007.
- At the 08/11-12/2006 annual meeting of the Council of Interstate Testing Agencies (CITA), William T. O'Brien, III, DDS was elected as Vice-President of CITA, and Robert L. Smith, Jr., DDS and Alvin L. Felts, Jr., DDS were appointed to serve as the Board's designated representatives to CITA's Board of Directors. Additionally, dental hygiene Board member, Rhonda C. Harper, RDH, was appointed to serve as the dental hygienist representative to the CITA Board of Directors for all CITA



*District IV annual meeting, from left-to-right: James Derek White, DMD; Robert Clarke Stewart, DMD; Marion Lewis Grubbs, DMD; Carla Dawn Webb, DMD; and Kevin Mann Nelson, DMD.*

- At its 02/02/2007 meeting, the Board determined that dentists who wish to perform any extraoral cosmetic procedures **MUST** submit to the Board proper documentation of adequate training in such procedures for approval by the Board on a case-by-case basis effective 07/01/2007. Although this discussion was precipitated by an inquiry as to whether licensed Mississippi dentists are allowed to place dermal fillers, this determination pertains to all extraoral cosmetic procedures. Required documentation should include, at a minimum, the extraoral procedure to be performed, date(s) of training, type of training, location of training, instructional environment (residency program or continuing education setting), etc.
- At its 04/06/2007 meeting, the Board considered all survey responses and personal/written presenta-

tions concerning the possibility of allowing the administration of local anesthesia by licensed Mississippi dental hygienists under the direct supervision of licensed Mississippi dentists. At that meeting, the Board voted **NOT** to make changes to Board Regulation 29 (administration of anesthesia) to allow the administration of local anesthesia by licensed Mississippi dental hygienists. Consequently, the administration of local anesthesia shall continue to be performed **ONLY** by licensed Mississippi dentists.

➤ The following determinations have been made by the Board regarding appropriate procedures performed by dental auxiliaries:

➤ At its 11/03/2006 meeting, the Board determined that a dentist **MUST** conduct an initial oral examination on all new patients **PRIOR** to the dental hygienist performing any treatment on the patient. As a follow-up to this discussion, at its 02/02/2007 meeting, the Board further clarified its 11/03/2006 determination regarding procedures a dental hygienist is allowed to perform on new patients-of-record before the dentist conducts an initial oral examination on these patients. The Board determined that a dental hygienist **IS** allowed to take the health history and blood pressure; however, **NO** intraoral procedures or radiographs shall be performed by the dental hygienist on any new patients until the dentist performs an initial oral examination prior to referring these new patients for dental hygiene treatment.

➤ At its 02/02/2007 meeting, the Board discussed a request for clarification regarding whether dental auxiliaries are allowed to adjust the gingival side of complete or partial dentures. It was the consensus of the Board that, pursuant to the current reading of Board Regulation 13, gingival side adjustments of partial or complete dentures are allowed to be delegated to dental auxiliaries under the direct supervision of licensed Mississippi dentists.

➤ At its 04/06/2007 meeting, the Board determined that licensed Mississippi dental hygienists are **NOT** allowed to use soft tissue lasers to assist in the treatment of periodontal diseases and other soft tissue disorders under the direct supervision of licensed Mississippi dentists.

➤ At its 04/06/2007 meeting, the Board determined that licensed Mississippi dental hygienists **ARE** allowed to administer Arestin since it is not an antimicrobial fiber and in accordance with the current guidelines of Board Regulation 13, item number 11.



*District VI annual meeting, from left-to-right: William T. O'Brien, III, DDS; David Barry Cloyd, DDS; T. Delton Moore, Jr., DDS; and Sherry Dianne Pippen, DMD.*

➤ The continuing education period runs from September 1 through August 31 of the following year. Dentists **MUST** complete a minimum of 40 hours over a two-year period (20 hours of which must be clinical continuing education), and dental hygienists **MUST** complete 20 hours over the same two-year period (10 hours of which must be clinical continuing education). However, the Board recommends that all licensees complete 20 hours per year for dentists and 10 hours per year for dental hygienists to avoid falling behind in fulfilling continuing education requirements. There is no "carryover" of continuing education credits. Clinical continuing education is defined as **personal attendance at clinical courses pertaining to the actual delivery of dental services to patients**. Also, don't forget that CPR certification counts for 4 hours per year toward the clinical continuing education requirements. Copies of CPR cards and continuing education certificates of attendance or correspondence from course sponsors verifying attendance **MUST** be maintained a minimum of three (3) years from the date of CPR certification and/or continuing education course attendance.

➤ At its 02/02/2007 meeting, the Board approved Emergency First Response Primary Care to be used for CPR certification for all dental health care providers who have direct patient care responsibilities, as outlined in Board Regulation 45, con-



*District V annual meeting, from left-to-right: Alvin L. Felts, Jr., DDS; Alvin L. Felts, III, DMD; A. Roddy Scarbrough, DMD; Joseph S. Young, DMD; James Richard Hupp, DMD; Ms. Connie Lane; and Jennifer Gillian Ray, DMD.*

tingent upon the aforementioned course including CPR instruction as to adults, children, and infants.

- For licensed Mississippi dentists and dental hygienists to remain on "active" status, they **MUST** fulfill all continuing education requirements and **MUST** at all times be current in CPR or ACLS. ACLS is required for dentists with anesthesia permits. Dentists and dental hygienists who are listed as "inactive" for three (3) or more years and who have not practiced their profession in another state or jurisdiction **MUST** successfully complete a clinical assessment prior to returning to "active" status.
- At its 02/02/2007 meeting, the Board discussed the clinical assessment required by Board Regulation 49 for licensees who have been inactive for three (3) or more years and who have not practiced their professions in any other jurisdiction during that time. This discussion pertained primarily to dental hygienists. At that meeting, the Board determined it would **STRONGLY RECOMMEND** that dental hygienists requesting a return to "active" status who have been listed on "inactive" status and not practicing dental hygiene in any jurisdiction for three (3) or more years complete a clinical refresher experience through an ADA-accredited dental hygiene program prior to participating in the Board's clinical assessment.
- Changes to the Mississippi Dental Practice Act were adopted during the 2007 Legislative Session via Senate Bill 2117, which amended Miss. Code Ann. §73-9-19. Senate Bill 2117 affects all regulatory boards, and it mandates that licensees who are serving on active military duty during license renewal shall not have their licenses voided for failure to re-register and shall not be liable for late registration penalties. The licensees **MUST**, however, submit documentation to the appropriate regulatory board evidencing their active duty service in the military during license renewal.



**Mississippi Dental Society annual meeting, bottom row left-to-right: Deran Cathey, DDS, Jackie Renee Woods, DDS, Lawrence J. Naylor, DDS, and Jeffrey Lamone Knight, DDS; second row left-to-right: Thurmond Beasley, DDS, Roland F. Colom, DDS, Rose T. Straughter, DMD, and Ms. Denita Wells Davis; and third row left-to-right: Cottrell Cabe Mitchell, DDS, John Arthur Patterson, DDS, and John Robinson, Jr., DDS.**

- If a dentist advertises under any name other than his/her own name and degree, i.e., a corporate/trade name, that corporate/trade name **MUST** be approved by the Board prior to any such advertisement.
- Dentists **MAY NOT** refuse to give a patient his/her records upon request if the patient still owes a balance for services rendered. The ADA's *Code of Ethics* and Board Regulation 53 prohibit this.



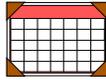
**Attendees at 01/2007 MSBDE presentation to dental hygiene students at the UMMC School of Health-Related Professions.**

- An anesthesia permit site visit is required when an anesthesia permit holders move or open a new office and when an anesthesia permit is first issued to a dentist, although he/she may be practicing in an office where anesthesia permit holders already practice and have had site visits. Anesthesia permits are issued to licensed Mississippi dentists and **NOT** the "facilities" wherein they practice, and follow-up site visits are scheduled on a five-year basis from the date the permit was issued.
- Biennial renewal for dentists is just around the corner!** Renewal notices will be mailed the last week of August for the 2007-2009 biennial period. Renewal occurs September 1 through October 31, followed by a two-month penalty phase. Furthermore, all licenses/permits not renewed on or before December 31 will be voided on January 1, 2008 for a failure to re-register. Also, dentists will be able to renew their licenses on-line via the State of Mississippi's e-commerce portal. Additionally, the Board's web site will have a link to the e-commerce portal for on-line renewal. In essence, in lieu of having to make changes to renewal forms, sign the forms, write a check, and mail all materials to the Board's office, dentists will be able to handle all renewal activities via the Internet and pay with VISA, MasterCard, debit cards, or electronic checks. Also, at this time, the State of Mississippi is considering adding American Express as an approved payment method. A currently valid e-mail address is required for on-line renewal.

• The Frequently Asked Questions (FAQs) section of the Board's web site contains answers to many questions the Board handles on a daily basis. All licensees and permit holders are encouraged to visit the web site (<http://www.msbde.state.ms.us>) and review the FAQs section.

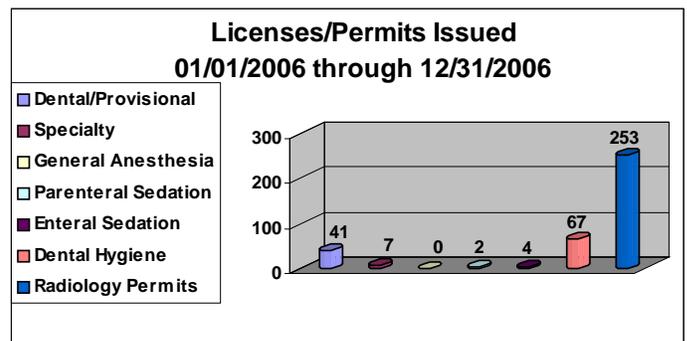
June 22, 2007  
 August 3, 2007  
 October 5, 2007  
 November 9, 2007

## NOTEWORTHY DATES



As the Mississippi State Board of Dental Examiners is a legislatively-mandated regulatory agency, its meetings are open to the public. However, due to the confidential and/or sensitive nature of certain aspects of the Board's business, the Board may vote to go into "Executive Session." Also, no items will be added to the agenda of any Board meeting as of two (2) weeks prior to the date of that meeting. All meetings are held at Suite 100, 600 East Amite Street, Jackson, Mississippi; however, please call the office prior to any meeting to verify the correct date and time. You also may check the Board's web site (<http://www.msbde.state.ms.us>) to verify Board meeting and other dates by clicking the "Important Dates" button. The following are dates for Board meetings through December 2007:

Please visit the Board's web site to familiarize yourself with upcoming dates for Board-approved radiology permit seminars. Seminars are offered through Hinds Community College, Louisiana State University, Meridian Community College, Mississippi Gulf Coast Community College, Northeast Mississippi Community College, Pearl River Community College, and Taylor Dental Assisting School. Remember that no one, other than a currently licensed Mississippi dentist or dental hygienist, may administer radiographs in the dental office without first obtaining a radiology permit from the Board.



## UNDERSTANDING THE ATTITUDES AND BEHAVIORS OF MISSISSIPPI'S DENTISTS, DENTAL HYGIENISTS, AND THE PUBLIC ABOUT THE ADMINISTRATION OF LOCAL ANESTHESIA BY DENTAL HYGIENISTS

Submitted by: Nicholas G. Mosca, DDS  
 State Dental Director, Mississippi Department of Health,  
 Clinical Professor of Pediatric and Public Health Dentistry,  
 University of Mississippi School of Dentistry

### Background

Many adults show signs of periodontal or gingival disease. In 2002, five states and territories (Kentucky, Mississippi, West Virginia, Puerto Rico, and the U.S. Virgin Islands) reported having the fewest citizens who retained most of their natural teeth. In Mississippi, over one in three (35%) citizens aged 65 years or older has lost all of their natural teeth.<sup>1</sup> A growing body of research suggests that periodontal disease may also have a role in systemic health problems. By 2002, there were 48 published studies on the adverse effects of periodontal disease on diabetes, with at least one treatment study to support periodontal disease as a modifiable factor in glycemic control. By 2005, there were 42 published studies describing associations between periodontitis and cardiovascular disease. With alarmingly high rates of diabetes, obesity, and cardiovascular disease in Mississippi, the early diagnosis and treatment of periodontal disease and gingivitis is of significant concern.

Dental hygienists may play a significant role in the care of persons with periodontal disease and gingivitis. The primary function of a dental hygienist includes the removal of plaque and calculus and the provision of education on appropriate oral hygiene strategies. In 2005, the Mississippi State Board of Dental Examiners (MSBDE) began a discussion regarding the administration of local anesthetics by dental hygienists. Effective management of periodontal disease requires subgingival debridement of plaque and calculus. Questions have been raised about the extent to which persons with periodontal disease receive local anesthesia to minimize discomfort and improve treatment outcomes. To provide objective data, the Mississippi Department of Health agreed to perform a statewide survey of dentists, dental hygienists, and the public to determine their attitudes regarding the administration of local anesthesia by dental hygienists and identify frequent practices in the management of periodontal disease.

### Methodology

**Dentist and Dental Hygienist Survey** - Surveys were developed that contained 12 questions for licensed dentists and 9 questions for licensed dental hygienists. The MSBDE provided a 2005 database for distribution of the surveys to actively licensed dentists and dental hygienists in Mississippi. The 2005 database included 1,200 dentists and 900 dental hygienists. Among all dentists in the MSBDE database, 258 provided e-mail addresses. A survey was distributed by e-mail on May 26, 2005 using Survey Monkey, a web-based survey tool. Dentists without e-mail addresses received the survey by regular mail, and all dental hygienists were sent surveys by regular mail. Mailed surveys were returned either by mail or fax, and responses were collected until June 15, 2006. Data was stored in an Excel spreadsheet and subsequently loaded into SPSS for statistical analysis.

**Consumer (Public) Survey** - The study population was Mississippians who work as State employees with the option to receive dental benefits. Mississippi has 73 master and 134 sub-agencies that employ an estimated 31,053 people who are eligible to receive dental benefits. We developed an agreement with the Whitten Group to conduct 12 focus group sessions with groups of State employees to discuss aspects of dental care. Letters of intent were mailed to the human resource directors at agencies selected by the Whitten Group, and the human resource directors sent notices to employees requesting their participation in the focus groups. Each employee participant completed a self-survey, and one-hour focus group sessions were scheduled at the participating agencies. The focus group facilitator (hired by the Whitten Group) orally presented ten questions (several with sub-questions), and each participant was asked to respond. The responses were documented by the facilitator in a non-personally identifiable format and coded to the

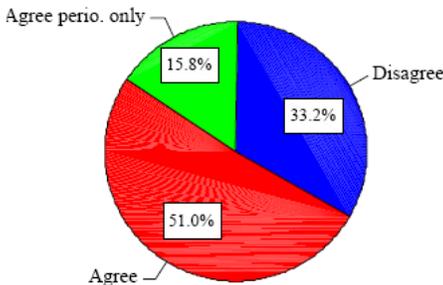
self-survey forms. Data responses were stored in an Excel spreadsheet.

**Results**

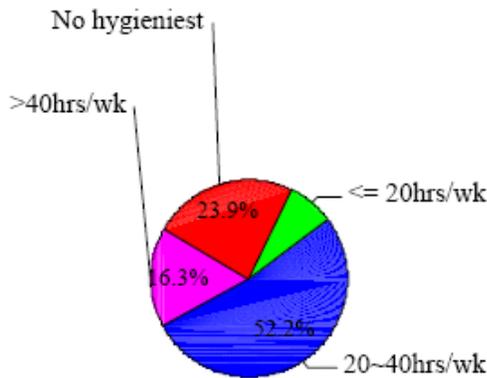
**Dentist and Dental Hygienist Survey** - We received 418 effective responses (among these, 96 were submitted using Survey Monkey) from dentists and 431 effective responses from dental hygienists. By the end of June, we collected 24 blank mail returns (bad addresses), 13 late responses, 5 unreadable fax responses for dentists and 11 late responses for dental hygienists that are not included in the analysis.

Of the dentists who responded, one in two (51%) agreed with allowing the administration of local anesthesia by dental hygienists (Figure 1). An additional 15.8% of dentists agreed for periodontal procedures only. About 65% of dentists who responded had more than 15 years of practice experience, and about 24% noted they did not employ a dental hygienist (Figure 2). About 63% of dentists noted that their dental hygienist usually performed scaling and root planning, and 59% noted that they usually administered local anesthesia for scaling and root planning procedures. A majority of dentists noted that they use radiographic evidence of bone loss (n=333) and full-mouth periodontal probing and charting (n=326) as their "screening" methods for periodontal disease. Only about 140 dentists reported using the PSR system to screen for periodontal disease.

**Figure 1: Dentist's Opinion on Allowing Dental Hygienists to Administer Local Anesthesia**



**Figure 2: Hours/Week to Employ Dental Hygienist**



Of the dental hygienists who responded, seven in ten (72%) agreed with allowing the administration of local anesthesia by dental hygienists. An additional 21% of dental hygienists agreed to this for periodontal procedures only. About 85% of dental hygienists noted they usually perform scaling and root planning, and more than 35% have waited more than 15 minutes for the dentist to check their patient. Only 39.3% of dental hygienists reported having more than 15 years of practice experience.

**Consumer (Public) Survey** - Seven different agencies provided a total of 99 participants. Participating agencies are listed in Table 1. Fifty-four of 99 participants, or 54.5%, indicated that they would allow a properly trained dental hygienist to administer local anesthesia. Seventy-two participants reported that a dental hygienist cleaned their teeth. Eleven participants reported having requested local anesthesia to minimize discomfort during cleaning procedures. Of these, seven, or 63.6%, were willing to allow the dental hygienist to administer local anesthesia. Seven participants noted that both the dentist and the dental hygienist have cleaned their teeth, and of these, five, or 71.4%, were willing to allow local anesthesia administered by the dental hygienist. Twenty-six partici-

pants reported that they have waited more than 15 minutes for the dentist to check their teeth while with a dental hygienist, with an average wait time of 29 minutes and a maximum wait time of 45 minutes.

**Table 1: State Agency Focus Group Sessions (2006)**

September 18	MS Dept. of Environmental Quality
September 20	MS Dept. of Information Technology Services
October 12	MS Dept. of Rehabilitative Services
October 19	MS Dept. of Transportation
October 20	MS Dept. of Finance & Administration
October 23	MS Dept. of Health
October 25	MS State Hospital (Whitfield)

Of those who opposed the proposed ruling, the following reasons were given: 24 believe the dentist is more experienced or better trained; 12 gave no reason; 5 believe it is too dangerous or fear an adverse event; 2 prefer the dentist; 1 believes dental hygienists are not "full-time"; 1 was concerned about liability; and 1 needed more information.

**Discussion**

We conclude that 2 in 3 dentists (66.8%) and 9 in 10 dental hygienists (93%) in Mississippi were supportive of allowing the administration of local anesthesia by dental hygienists with the appropriate training and supervision. Reasons cited by dentists and dental hygienists who favored the proposed regulation include an increase in productivity, a reduction in patient waiting times, and an improvement in clinical management of periodontal disease. Reasons cited by dentists who oppose the ruling include concerns that it could lead to other permissions (e.g., "why don't these dental hygienists go to dental school and become dentists?"), concerns about liability protection for dental hygienists, and questions of whether 70 additional hours of training are sufficient. Reasons cited by dental hygienists who oppose the proposed ruling include concerns that the dental hygienist would be asked by the dentist to administer anesthesia for other procedures (e.g., not wanting to be an "anesthesia factory"), lack of increased compensation for the additional effort/ skill, and concern about liability protection.

Several participants in the focus groups expressed concerns related to the cost, coverage and deductibility of State employee dental insurance. There was much discussion concerning a lack of information of what is involved in the treatment of periodontal disease. Many in the focus groups wanted to learn more about periodontal disease and its treatment. This implies that dental professionals can do more to educate people about periodontal disease, its causes, prevention and management. Although 46% noted they did not support the administration of local anesthesia by dental hygienists, several participants were surprised to learn that 40 states already allowed it and began to re-think their initial response. An anecdotal observation would be that education and information pertaining to the concerns expressed by those who responded negatively would have a dramatic affect on their receptivity to this proposed regulation.

<sup>1</sup>CDC. Public health and aging: retention of natural teeth among older adults--United States, 2002. MMWR. December 19, 2003. 52(50); 1226-1229.



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**DISCIPLINARY  ACTIONS**

The following report on disciplinary actions covers the period July 1, 2006 through February 2, 2007. According to State law, investigations by the Board are confidential until official action is taken. The following is merely a summary of each disciplinary action taken and should not be interpreted as a complete statement of all facts and matters involved in each docket. Also, the Board typically includes several provisions in its orders which may not be summarized here. Although great care has been taken to ensure accuracy of the information provided hereafter, inadvertent errors may appear, and no entity should initiate an adverse action against a dentist, dental hygienist, or radiology permit holder based solely on the following information. Rather, the reader should request a copy of the Board's order (\$5.00 per copy) prior to making any decisions affecting licensees. Further, it should be noted that the names of persons herein provided may be similar to the names of persons who have not had disciplinary actions or corrective measures taken by the Board. A Consent Order is a negotiation between the Board and the licensee and is a procedure for resolution of a disciplinary action without the necessity of a formal hearing, and a voluntary surrender of a license has the same effect as a full revocation.



**Brantley, Jr., DMD, James W.; Jackson, MS; MSBDE Docket No. 2006-056**

Date/Action: 09/03/2006  
 Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
 Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$100 costs.

**Burton, DMD, Susan M.; Brandon, MS; MSBDE Docket No. 2006-112**

Date/Action: 02/02/2007  
 Allegation: Failure to comply with 2004-2006 continuing education compliance audit.  
 Disposition: Consent Order. Ensure compliance with Board rules and regulations; \$500 fine; \$120 costs.

**Crews, DMD, Michelle B.; Madison, MS; MSBDE Docket No. 2006-063**

Date/Action: 09/03/2006  
 Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
 Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$200 fine; \$100 costs.

**Draper, DMD, Stephen Wayne; Jacksonville, FL; MSBDE Docket No. 2005-048**

Date/Action: 02/02/2007  
 Allegation: Violation of rules or regulations duly promulgated by the Board or another state dental licensure agency, i.e., poor recordkeeping, poor quality of patient care, misleading representations to patients, and improper delegation of procedures.  
 Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$500 fine; \$125 costs.

**Jackson, DDS, Marcus K.; Metairie, LA; MSBDE Docket No. 2005-017**

Date/Action: 02/02/2007  
 Allegation: Improper recordkeeping, i.e., failure to maintain retrievable copies of patient records for a minimum of seven (7) years from date of last treatment.  
 Disposition: Consent Order. Ensure compliance with Board rules and regulations; complete two (2) hours of CE in recordkeeping; submit proof of CE/CPR; \$100 fine; \$150 costs.

**Johnson, DMD, Daryl Lance; Cleveland, MS; MSBDE Docket No. 2006-065**

Date/Action: 02/02/2007  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced; and failure to include full name and degree of dentist providing services.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$800 fine; \$160 costs.

**May, Jr., DDS, Reuel; Jackson, MS; Combined MSBDE Docket Nos. 2004-044 and 2004-079**

Date/Action: 02/02/2007  
Allegation: Improper recordkeeping, i.e., failure to note in patient chart any and all medications prescribed, dispensed, and/or administered.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; complete two (2) hours of CE in recordkeeping; submit proof of CE/CPR; \$200 fine; \$315 costs.

**Middleton, Jr., DDS, William E.; Horn Lake, MS; MSBDE Docket No. 2006-010**

Date/Action: 11/03/2006  
Allegation: Improper recordkeeping and failure to comply with CE requirements, i.e., failure to expose radiograph; failure to maintain copies of radiographs; and failure to document forty (40) hours of approved CE for two-year reporting period.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; complete two (2) hours of CE in recordkeeping; \$700 fine; \$950 costs.

**Moore, DMD, Mark Wayne; Meridian, MS; MSBDE Docket No. 2005-039**

Date/Action: 02/02/2007  
Allegation: Misleading advertising, i.e., failure to register corporate/trade name with Board prior to using the name.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$500 costs.

**Nichols, DMD, Joe C.; Houston, MS; MSBDE Docket No. 2006-113**

Date/Action: 02/02/2007  
Allegation: Failure to comply with 2004-2006 continuing education compliance audit.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; \$500 fine; \$120 costs.

**Parkerson, DDS, James R.; Greenville, MS; MSBDE Docket No. 2006-061**

Date/Action: 11/03/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$100 costs.

**Parkerson, III, DDS, James R.; Greenville, MS; MSBDE Docket Nos. 2006-062 and 2006-105**

Date/Action: 11/03/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$100 costs.  
Date/Action: 02/02/2007  
Allegation: Failure to comply with Consent Order in MSBDE Docket No. 2006-062, i.e., failure to obtain required CE hours for two (2) year reporting period.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; \$500 fine; \$110 costs.

**Patterson, DMD, Shannon P.; Brookhaven, MS; MSBDE Docket No. 2005-053**

Date/Action: 08/04/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$100 costs.

**Poole, DMD, Richard S. C.; Madison, MS; MSBDE Docket No. 2006-075**

Date/Action: 11/03/2006  
Allegation: Misleading advertising, i.e., failure to include full name and degree of dentist providing services.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$105 costs.

**Riley, Jr., DMD, Ralph P.; Jackson, MS; MSBDE Docket No. 2006-073**

Date/Action: 11/03/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$100 costs.

**Scheurich, DMD, Gordon Scott; Pascagoula, MS; MSBDE Docket No. 2005-060**

Date/Action: 11/03/2006  
Allegation: Violation of rules or regulations duly promulgated by the Board or another state dental licensure agency, i.e., leaving foreign body in patient; poor recordkeeping; and poor quality of patient care.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$500 fine; \$200 costs.

**Singh, BDS, Barinder P.; Jackson, MS; MSBDE Docket No. 2006-057**

Date/Action: 09/03/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$100 costs.

**Tindle, DMD, Raanne R.; Cleveland, MS; MSBDE Docket No. 2006-054**

Date/Action: 09/03/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.

Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$200 fine; \$120 costs.

**Watson, DDS, James Edward; Jackson, MS; MSBDE Docket No. 2006-017**

Date/Action: 11/03/2006  
Allegation: Misleading advertising, i.e., failure to state either "general practice" or "general dentistry" when services are referenced.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; submit proof of CE/CPR; \$100 fine; \$110 costs.

**Wooten, DDS, Stephen Spencer; Oxford, MS; MSBDE Docket No. 2006-114**

Date/Action: 02/02/2007  
Allegation: Failure to comply with 2004-2006 continuing education compliance audit.  
Disposition: Consent Order. Ensure compliance with Board rules and regulations; \$500 fine; \$110 costs.



*Attendees at 08/2006 MSBDE presentation to dental assisting students at Hinds Community College.*



*Attendees at 01/2007 MSBDE presentation to dental assisting students at Hinds Community College.*

## **MSBDE NEWSLETTER**

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**CHANGE OF ADDRESS NOTIFICATION**

Pursuant to Miss. Code Ann. § 73-9-19, every licensed dentist and dental hygienist "shall notify the board within thirty (30) days of any change in address of his office or residence." Additionally, Board Regulation 25, 4.a., stipulates that "[e]very person holding a radiology permit shall promptly keep the Board advised of any change of mailing address...." Therefore, if you have changed your employer, home, business, mailing, or satellite address/telephone, please use this form to notify the MSBDE of such. Otherwise, keep this form in your files should you need to notify the MSBDE of a future change of information. You may cut along the dotted line, affix a postage stamp to the reverse side of this form, and mail it directly to the Mississippi State Board of Dental Examiners. If you wish, you may send this form via facsimile to (601)944-9624, or you may e-mail any changes via the Board's web site (<http://www.msbde.state.ms.us>). Please call (601)944-9622 if you have any questions.

Full Name: \_\_\_\_\_ MS License No.: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Change:     Home Address         Office Address         Mailing Address         Satellite Address