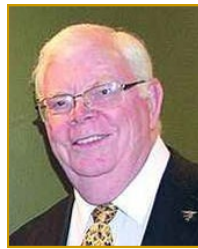


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President's Message



DAVID G. EDWARDS, DDS

It is again my honor and privilege to serve the state of West Virginia as president of the Board of Dentistry. This is my third term, and each term has brought with it different challenges, as well as successes. The members of your Board have worked tirelessly over the past year to keep dentistry in West Virginia a shining example of a profession that cares for its members, but even more of how we care for our state's population.

This year we are seeing the implementation of a completely rewritten Dental Practice Act which includes our new anesthesia law. I am especially pleased to have the support of the West Virginia Dental Association in bringing this law to completion. The anesthesia law is one that is becoming the model for much of the rest of the country. Other states are realizing that this law not only serves as a guide for those administering anesthesia, but does so with the health of the patient at its forefront.

West Virginia has long been a leader in accepting the results of dental board examinations given in other states by other boarding agencies.

The North East Regional Board (NERB) and the Southern Regional Testing Agency (SRTA) have joined together to give a common examination, the American Board of Dental Examiners or ADEX examination. The results of this examination are now accepted in over forty states. Recently we learned that the Council of Interstate Testing Agencies (CITA) has also joined in administering the ADEX examination. It is my hope that the last two dental testing agencies will soon join these three agencies, and we will truly have one nationwide dental boarding examination.

Once again I remind all doctors to contact the Board of Pharmacy to register with the State's Controlled Substance Monitoring Program. I feel this program will go a long way in helping to control the problem we have in West Virginia with patients over-taking and becoming addicted to controlled medications. A telephone call to 304-558-0558 is all that is needed to register for this program.

Finally, I want to thank the members of my Board, the office staff, Executive Secretary and our legal counsel for their support and immeasurable backing over the past year. This Board simply cannot function without all of us working together, and, because of this cooperation, the West Virginia Board of Dentistry is alive and well and serving the population of our great state.



The Board's name changed to the West Virginia Board of Dentistry on July 1, 2013.



Governor Makes Board Appointments

On October 11, 2013, Governor Earl Ray Tomblin made the following appointments to the West Virginia Board of Dentistry;

Stan Kaczkowski, DDS, Kanawha county, for the term ending June 30, 2018. He is from the Eighth Senatorial District and replaces Dr. Craig L. Meadows of Martinsburg, WV.

Diane Paletta, DDS, Kanawha county, for the term ending June 30, 2017. She is from the Seventeenth Senatorial District and is a reappointment.

Mary Beth Shea, Wood county, for the term ending June 30, 2017. She is a dental hygienist from the Third Senatorial District and replaces Camille Arceneaux of Charleston, WV.

William Ford, III, Harrison county, for the term ending June 30, 2017. He is a public member from the Twelfth Senatorial District and is a reappointment.

Thank You

The Board and its staff would like to thank Dr. Craig L. Meadows and Mrs. Camille A. Arceneaux for serving on the Board of Dentistry.

Through their efforts and assistance, the Board was strengthened and elevated in its ability to serve effectively the citizens of the State of West Virginia.

Also, the Board would like to thank Dr. Diane M. Paletta for her service and leadership as President of the Board from July 2012 through June 2013. Dr. Paletta is the first female dentist to serve as President of the Board.



Dr. Paletta receives a plaque for her service as Board President.

Future Meeting Dates

January 16-18, 2014

Town Center Marriott, Charleston, West Virginia

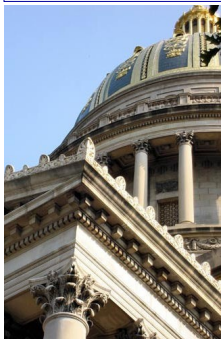
March 27-29, 2014

Blennerhassett Hotel, Parkersburg, West Virginia

July 16-17, 2014

The Greenbrier Hotel, White Sulphur Springs, West Virginia

Legislative Review



On April 13th, 2013, the West Virginia Legislature passed Senate Bill 580 amending the West Virginia Dental Practice Act. The new law became

effective July 12, 2013.

This law authorized a name change of the Board to the West Virginia Board of Dentistry, which was effective July

1, 2013.

All definitions were moved to the definitions section in §30-4-1 et. seq.

The new law updates the way Board members may be appointed, the requirements for a teaching permit, the complaint process, and the anesthesia law, as well as other changes.

All Class 2 permit holders are now required to have a defibrillator in their offices.

All levels of anesthesia require a “qualified monitor” who must be certified with the Board and renew annually.

The Board proposed rules during the last Legislative session due to the passage of Senate Bill 437 during the 2012 session.

Continuing Education and Expanded Duties were taken out of Series 1 and were made their own series of rules 11 and 13 respectively.

“Mobile clinics have been drawing a great deal of attention recently...”

Legislative Forecast

Senate Bill 580, passed during the 2013 Legislative session, mandated the Board to propose rules concerning Mobile Dental Facilities and Portable Dental Units. Currently the Board has proposed Series 14 to regulate the same and is going through the rule-making process at this time.

Mobile clinics have been drawing a great deal of attention recently, in

part due to questions concerning their cleanliness, handling of instruments, x-ray machine calibration, and other clinical factors. The Board has opened a dialogue with several public health agencies and professional associations to attempt to come to an agreement on the way these facilities and units will be regulated.

The Board has an emergency rule,

in effect, Series 12, concerning dental anesthesia, which is also going through the rule-making process, as well as other proposed rules updating the Board’s name, requiring a written examination for orthodontic specialty certification, and adding the specialty of Oral & Maxillofacial Radiology.

Board Actions

Case number 2009-DB-0055D - Consent Decree and Order - Violation of Standard of Care; Fined \$500; Assessed Costs \$2,500.

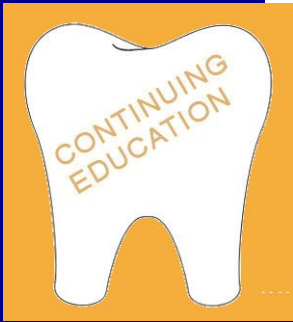
Case number 2010-DB-0043D - Consent Decree and Order - Violation of Standard of Care; Fined \$500; Assessed Costs \$2,500.

Case number 2011-DB-0161D - Consent Decree and Order - Violation of Anesthesia Laws; Fined \$1,000; Assessed Costs \$1,000.

Case number 2011-DB-0205D - Consent Decree and Order - Violation of Standard of Care; Fined \$500; Assessed Costs \$2,500.



CE Requirement Highlights



New Requirement for All Licensed Dentists

Drug Diversion Training & Best Practice Prescribing of Controlled Substances Training

All licensed dentists are required to complete 3 hours of drug diversion and prescribing controlled substances training within one year of initial licensure and every continuing education reporting period, which is every two years. The first reporting of these hours will be February 1, 2014.

These requirements may be waived for a licensed dentist who has not prescribed, administered, or dispensed a controlled substance during the reporting period (2/1/2012 - 1/31/2014).

If you are a licensee practicing outside of the State of West Virginia and you prescribe controlled substances in your practice, you will be required to fulfill the training requirements.

Requirement for General Supervision Permit Holders

Dental Hygienists who hold a general supervision permit shall provide proof of successful completion of a 3 hour course in the identification and prevention of medical emergencies as part of continuing education credits for licensure every two years.

This is not a new requirement and does not increase the amount of hours needed for the continuing education reporting period.

Requirement for Public Health Practice Permit Holders

Dental Hygienists who hold a public health practice permit shall, in addition to the 20 hours required for renewal of licensure, complete 6 hours of continuing education during each continuing education cycle which must include 3 hours in medical emergencies and 3 hours in general public health content.

Requirement for Licensed Dentists holding Anesthesia (Sedation) Permits

Class 2 permit holders must complete at least 6 hours of continuing education and Class 3 and 4 permit holders must complete 16 hours of credits in one or more of the following areas:

- oral or nitrous oxide sedation;
- conscious sedation;
- general anesthesia;
- physical evaluation;
- medical emergencies;
- monitors and use of monitoring equipment;
- pharmacology;
- advanced cardiac life support (ACLS) (maximum of 8 hours credit);
- pediatric advanced life support (PALS) (maximum of 8 hours credit);
- advanced trauma life support (ATLS) (maximum of 8 hours credit).

Courses or re-certifications completed on the internet will not be accepted for ACLS, PALS or ATLS.



CE Requirement Highlights Continued

CPR for All Licensees

All licensed dentists and dental hygienists are required to complete a healthcare provider CPR course, which shall be obtained through the American Heart Association (Health Care Provider Course), American Red Cross (Professional Rescuer) or an equivalent course. Certification shall be required each continuing education period and such certification may be counted as continuing education credits.

Courses or re-certifications completed on the internet will not be accepted for CPR courses unless the course includes a skills examination with a certified instructor.

Tips For Passing a CE Audit

Know the CE rules.

Fill out CE reporting forms properly.

Only report credits received during the CE period.

Keep a checklist for CE certificates to ensure you receive them from the course provider. You should not have to gather these from providers upon receipt of an audit notice. You should already be maintaining these records.

Maintain CE certificates for six years.

Do not throw away your expired CPR cards. Your cards are part of your continuing education records.

Answer audit letter in a timely manner.

When notified of a certified letter at the Post Office, pick up the certified letter.

“Do not throw away your expired CPR cards. Your cards are part of your continuing education records.”

Waiver for Drug CE Requirement Available on Website

Pursuant to 5CSR11 Section 3.5, (d) Licensed dentists shall complete at least 3 hours of continuing education regarding drug diversion training and best practice prescribing of controlled substances training and shall be reported beginning with the February 1, 2014 reporting deadline. **These requirements may be waived for a licensed dentist who has not prescribed, administered, or dispensed a controlled substance during the reporting period.**

If you did not receive a Waiver form with your renewal package, the form is available on the Board’s website @ www.wvdentalboard.org. If you are unable to download the form, we will be glad to fax or mail a form to you. The waiver form must be completed and received in the Board office no later than February 1, 2014.

Licensure Statistics

DENTAL		HYGIENE		DENTAL ASSISTANTS	
Total Active	1235	Total Active	1362	Coronal Polishing	136
Practicing in WV	879	Practicing in WV	920	Nitrous Monitoring	916
Active Volunteer	4	Active Volunteer	0	Restorative	692
DENTAL ANESTHESIA		HYGIENE PERMITS		Restorative & Ortho	26
Class 2	30	General Supervision	703	Orthodontic	335
Class 3A	22	Public Health	96		
Class 3B	14	Local Anesthesia	308		
Class 4	34	Bleaching	464		
Qualified Monitor	240	Nitrous Monitoring	534		

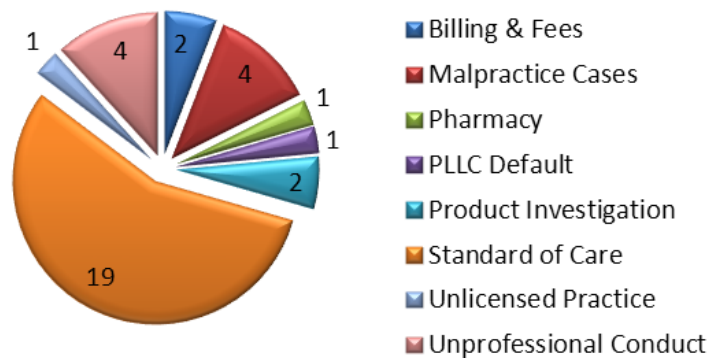
CHANGE OF ADDRESS

The Board is charged with maintaining accurate records including names and addresses of all persons regulated by the Board.

5CSR1 Section 9.3 states:

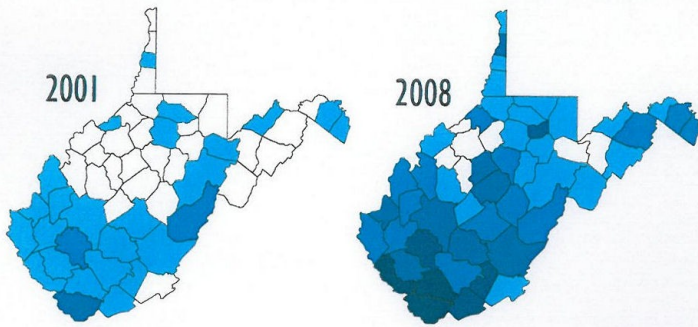
Every licensed dentist or dental hygienist within thirty days of changing their place of residence or their place of practice or establishing additional offices shall furnish the secretary of the board with his or her new addresses.

Complaint Statistics



National & WV Drug Related Statistics

Rx DRUG DEATH RATES REACH NEW HIGHS



Fatal overdoses per 100,000 residents

- 44.5 and above
- 34.5 to 44.4
- 24.5 to 34.4
- 14.5 to 24.4
- 2.1 to 14.4
- 2.0 and under

The statewide death rate from accidental overdoses involving prescription drugs rose from 5.1 in 2001 to 21.5 in 2008.

In both years, McDowell County had the state's highest death rate: 34.2 in 2001, and 97.3 in 2008.

SOURCE: W.Va. Health Statistics Center

KYLE SLAGLE | Sunday Gazette-Mail graphic

DRUG FACTS

- * The most common age group associated with drug diversion is: 22-39 @ 46.2%
- * Hydrocodone is the #1 abused prescription drug in the country. Between 1999 and 2009 the abuse of this drug has increased 296%.
- * The #1 prescribed opioid by WV dentists in 2012 was Hydrocodone/APAP @ 73%

"West Virginia has the nation's highest rate of drug overdose deaths and most involve prescription drugs."

Information Courtesy of Brian Weaver, DDS, MD













Professor of Oral and Maxillofacial Surgery

West Virginia University, School of Dentistry

Presented as course on Prescription Drug Abuse and Drug Diversion.

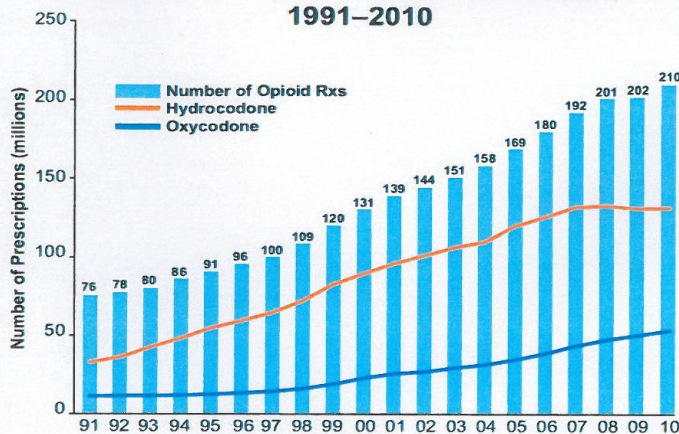
POPULAR PAINKILLERS IN W.Va.

The percentages below represent increases in W.Va.'s per capita consumption (measured in milligrams per person) of opiate painkillers between 1999 and 2009.

					
Fentanyl aka Duragesic, Actiq	Hydrocodone aka Vicodin, Lortab, Lorcet	Hydromorphone aka Dilaudid	Methadone aka Dolophine, Methadose	Morphine aka MS Contin, Oramorph SR, Roxanol	Oxycodone aka Oxycontin, Tylox, Percocet
					
348%	296%	319%	462%	199%	294%
<small>About 80 times stronger than morphine and often used in adhesive skin patches for chronic pain management.</small>	<small>Hydrocodone abuse has increased nationally among all ethnic and economic groups.</small>	<small>Two to eight times stronger than morphine. It is also shorter acting and produces more sedation.</small>	<small>First synthesized during World War II due to a morphine shortage, this pain-reliever is often used in the treatment of opiate addiction.</small>	<small>One of the most effective pain-relievers. It is the standard against which new painkillers are measured.</small>	<small>Alone or in combination with non-narcotic pain relievers, it is prescribed for the relief of moderate to moderately severe pain.</small>

Sources: DEA, National Institute of Health, US Census Kyle Slagle, Gazette Graphic

Total Number of Opioid Prescriptions Dispensed by U.S. Retail Pharmacies, 1991-2010



Source: SDI's Vector One™ National (VONA)

- * Dentists are the second highest prescribers of immediate-release opioids in the US.
- * Dentists prescribe up to 1.5 billion doses of opioids annually.
- * It is considered "best practice" that a dentist should exhaust utilization of non-steroid anti-inflammatory drugs as a first line of pain control.



West Virginia Board of Dentistry

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E-mail: wvbde@suddenlinkmail.com

MOUNTAINEERS ARE ALWAYS FREE!!!

The West Virginia Board of Dentistry is an agency of the State mandated by legislature to protect the public health, safety, and welfare of its citizens. The Board regulates the profession of dentistry and licenses dentists and dental hygienists who have proven minimal competency standards by examination.

DUE TO SOME CHANGES MADE BY THE US POSTAL SERVICE, WHEN SENDING MAIL TO THE BOARD OF DENTISTRY YOU MUST INCLUDE THE PO BOX. IF THE PO BOX IS NOT USED, YOUR MAIL WILL NOT REACH THIS OFFICE AND MAY FOREVER BE LOST!



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