



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

**MICHIGAN BOARD OF DENTISTRY
FEBRUARY 14, 2019 MEETING**

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Dentistry met on February 14, 2019, at 611 West Ottawa Street, Upper Level Conference Room 3, Lansing, Michigan 48933.

CALL TO ORDER

Peter Chiaravalli, DDS, Vice Chairperson, Acting Chairperson, called the meeting to order at 10:00 a.m.

ROLL CALL

Members Present: Peter Chiaravalli, DDS, Vice Chairperson, Acting Chairperson
Lori Barnhart, RDA
Cheryl Bentley, RDH
Grace Curcuru, DDS
Sandra Franklin, RDH
Joshua Goodrich, Public Member
Rita Hale, Public Member
Kathleen Inman, RDA, RDH, BS
Mark Johnston, DDS
William Maher, DDS
Timothy Schmakel, DDS, MD
Irene Tseng, DDS
Paula Weidig, RDH

Members Absent: Daniel Briskie, DDS
Kerry Kaysserian, DDS
Vaijanthi Oza, DDS
William Perrone, Public Member
Patricia Roels, DDS, Chairperson
Kathleen Weber, CDA, RDA, BAS

Staff Present: Laury Brown, Analyst, Compliance Section
Andria Ditschman, Analyst, Boards and Committees Section
Kerry Przybylo, Manager, Boards and Committees Section
Rick Roselle, Analyst, Boards and Committees Section

Bridget K. Smith, Assistant Attorney General
Stephanie Wysack, Board Support, Boards and Committees Section

ROLL CALL/PUBLIC COMMENT REMINDER

APPROVAL OF AGENDA

MOTION by Hale, seconded by Bentley, to approve the agenda, as presented.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Bentley, seconded by Weidig, to approve the minutes from December 13, 2018 as presented.

A voice vote followed.

MOTION PREVAILED

INFORMATION REGARDING EGRESS PORTAL

Kerry Przybylo introduced herself to the Board. Przybylo informed the Board of the new portal that the Department will be using to securely deliver meeting materials to the Board members. She provided a demonstration of how to access and use the portal.

REGULATORY MATTERS

Waseem Faraj – Proposal for Decision

MOTION by Schmakel, seconded by Hale, to accept in part and reject in part the Proposal for Decision and table the matter for the drafting of the Board's Findings of Fact and Conclusions of Law, concluding that the Applicant has not met the requirements for licensure as a dentist.

Discussion was held.

A roll call vote was taken:

Yeas:	Barnhart, Curcuru, Franklin, Hale, Inman, Johnston, Maher, Schmakel, Tseng, Weidig, Chiaravalli
Nays:	Bentley, Goodrich

MOTION PREVAILED

RDA Committee

No report. Committee did not meet.

RDH Committee

Weidig reported that the committee has met once since the last meeting for a healthy exchange of ideas and suggestions.

Rules Committee

See Department Update.

PA 161 Update

Erin Suddeth, RDH, BS, MPA, with MDHHS-Oral Health, reported that they currently have 50 programs including 139 supervising dentists, 271 dental hygienists, and 144 dental assistants.

Disciplinary Subcommittee

Hale provided a summary of the Disciplinary Subcommittee agenda.

Ad Hoc Committee on Anesthesia

No report. Committee did not meet.

NEW BUSINESS

HPRP Annual Report

Rick Roselle introduced himself to the Board. Roselle presented the HPRP-Executive Summary for October 1, 2017 through September 30, 2018.

HPRP Appointment Discussion

Roselle explained that the Board's current representative has expressed the possibility of resigning the position. Roselle asked that any individual interested to submit a curriculum vitae (CV) and letter of interest to himself or Ditschman.

Educational Limited License Application – Carla Natasha De Sa

MOTION by Weidig, seconded by Franklin, to approve the dental program the applicant graduated from for the limited purpose of allowing the application to move forward for processing.

A roll call vote was taken: Yeas: Barnhart, Bentley, Curcuru, Franklin, Goodrich, Hale, Inman, Johnston, Maher, Schmakel, Tseng, Weidig, Chiaravalli
Nays: None

MOTION PREVAILED

Chair Report

Inman provided an overview of The Commission on Dental Competency Assessments, Annual Meeting, that was held January 17 – 19, 2019. Chiaravalli added that he felt the meeting was very good this year. Chiaravalli also complimented the Department for initiating a more informative Board Member training.

Department Update

Ditschman announced that Orlene Hawks has been named Director of the Department of Licensing and Regulatory Affairs.

Ditschman announced that Kim Gaedeke has been named Chief Deputy Director of the Department of Licensing and Regulatory Affairs.

Ditschman distributed a copy of Senate Bill No. 541 (Attachment #2), regarding Dental Therapy, and gave a brief overview. Ditschman indicated that the Rules Committee has met once to start the rules discussion and has a series of meetings scheduled.

Ditschman provided a copy of the Dental Continuing Education Approval form (Attachment #3) for the Board to review.

PUBLIC COMMENT

None

ANNOUNCEMENTS

The next regularly scheduled meeting will be held April 11, 2019 at 10:00 a.m. at the Ottawa Building, 611 West Ottawa Street, Upper Level Conference Center, Conference Room 3, Lansing, Michigan.

ADJOURNMENT

MOTION by Goodrich, seconded by Hale, to adjourn the meeting at 11:51 a.m.

A voice vote was taken.

MOTION PREVAILED

Minutes approved by the Board on April 11, 2019.

Prepared by:
Stephanie Wysack, Board Support
Bureau of Professional Licensing

February 15, 2019

DENTISTRY CONTINUING EDUCATION REVIEW

February 14, 2019

SPONSOR APPLICATIONS

FIRST TIME SPONSOR APPROVALS

THE ROSENBERG GROUP (BAIRD)

Recommendation: February 2019 – February 2022 (3 years)

- Oral Health to Wealth – Financial Tools to Grow and Protect Your Practice

THE HOULIHAN GROUP, PLC/PATRICK W. HOULIHAN, DDS

Recommendation: February 2019 – February 2022 (3 years)

- How to Sell Your Dental Practice
- The Changing Face of Dentistry

ARMBRECHT & WIERENGA ORTHODONTICS

Recommendation: February 2019 – February 2022 (3 years)

- Orthodontics: What's New and Improved for 2019
- Indications for phase I Treatment

WEST ORTHODONTICS

Recommendation: February 2019 – February 2022 (3 years)

- Current Trends in Early Orthodontic Treatment

DENTAL STUDY CLUB OF MICHIGAN INDIANS

Recommendation: February 2019 – February 2022 (3 years)

- Change Perceptions - Go Beyond Expectations

DR. MARK L. JESIN-ADVANCED ORAL SURGERY

Recommendation: February 2019 – February 2022 (3 years)

- Pain Management in The Era Of Addiction
- Management of Third Molars
- Full Arch Restoration
- Oral Surgery for The General Practitioner

SPONSOR RE-APPROVALS

ELITE PROFESSIONAL EDUCATION, LLC

Approved Sponsor: February 2015 – February 2019 (4 years)

Recommendation: February 2019 – February 2022 (3 years)

- Dental Side Effects of Pediatric Prescriptions
- Diagnosing and Managing Periodontal Disease
- Managing Patient Care for Individuals with Special Needs
- Oral Health Care Considerations for Geriatric Patients
- Pain Management for the Dental Professional
- Peri Implantitis: Basics and Beyond
- Soft Tissue Grafting
- Updates on Laser Therapy in Dentistry

WILLIAM E. MASON, DDS, MS

Approved Sponsor: March 2015 – March 2019 (4 years)

Recommendation: February 2019 – February 2022 (3 years)

- Let's Team Up: Formulating a Game Plan to Treat Periodontal Disease and Peri-Implant Disease

CHELSEA ORTHODONTICS

Approved Sponsor February 2015 – February 2019 (4 years)

Recommendation: February 2019 – February 2022 (3 years)

- Space Management
- Interceptive Treatment
- Retainers – Types, uses, Functions
- Surgical Orthodontics

GEORGE ORTHODONTICS PC

Approved Sponsor: (1 year)

Recommendation: August 2018 – August 2021 (3 years)

- What do Orthodontics Really Do?
- Facial and Smile Esthetics
- Use of Temporary Anchorage Devices' (TAD'S) in Orthodontics
- Orthodontics, Airway & Sleep Apnea – How are they related?
- TMJ Diagnosis and Treatment
- Types of Orthodontic Head Gear: How and Why They are Used in Orthodontics
- Bicuspid Extraction and the Effect on Facial Balance

BANDEEN ORTHODONTICS AND CENTER FOR DENTAL SLEEP MEDICINE

Approved Sponsor April 2012 – April 2013 (1 year)

Recommendation: February 2019- February 2022 (3 years)

- One – Two Punch
- Expansion without Expanders
- Orthodontic and Sleep Apnea
- Modern Techniques in Adult Orthodontics

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

Approved Sponsor December 2017 – December 2018 (1 year)

Recommendation: February 2019- February 2022 (3 years)

- What Is Current the Current Age 1 Dental Appointments and What Do I Need to Know About PublicHealth?

ADD-ON COURSE APPROVALS

CAPITAL REGION DENTAL HYGIENISTS' ASSOCIATION

Approved Sponsor August 2017 - August 2021 (4 years)

- Oral Pathology Review
- Impact of Oral Care in the Hospital Setting
- Opportunities & Responsibilities for Dental Professionals When Treating the Dental Patient with Substance Misuse

TOLEDO DENTAL HYGIENISTS' ASSOCIATION

Approved Sponsor April 2015 – April 2019 (4 years)

- Why Am I Hurting and What Do I Do About It?
- Symposium on Dental Ergonomics and Repetitive Stress Injury Treatments and Prevention for the Dental Practitioner
- From Risk to Results Periodontal Instrumentation for the Advanced Practitioner

GENESEE DISTRICT DENTAL ASSISTANTS SOCIETY

Approved Sponsor June 2018 - June 2021 (3 years)

- Interesting Cases in Oral Surgery

JEFFERY JOHNSTON, DDS, MS

Approved Sponsor April 2018 - April 2022 (4 years)

- The Seal is the Deal
- 2017 World Workshop: A New Classification Scheme for Periodontal and Peri-Implant Diseases and Conditions
- Effective Insurance Coding for the Periodontist

RESORT DISTRICT DENTAL ASSISTANT SOCIETY (RDDAS)

Approved Sponsor October 2018 – October 2021 (3 years)

- Be the Solution (Last minute speaker change and approval of Lisa Anderson)
- Ouch...That Hurts When I...

NORTHLAND DENTAL HYGIENISTS SOCIETY

Approved Sponsor: December 2018 – December 2021 (3 years)

- The Therapeutic Potential of Cannabis
- The Fundamentals of a Holistic Hygiene Protocol

MICHIGAN ASSOCIATION OF ORTHODONTICS

Approved Sponsor: October 2016 – October 2020 (4 years)

- Clinical Pearls for Your Practice
- A Guide to People Management: Understanding Your Patients and Staffs Personality Types

SOUTH CENTRAL DENTAL HYGIENISTS' ASSOCIATION

Approved Sponsor: December 2018 – October 2021 (3 years)

- Sleep Apnea
- Pain Management: proper Body Alignments and Understanding Cannabis
- Impact Oral Care in the Hospital Setting
- Silver Diamine Fluoride and OSHA/GHS Update

FRANCIS B. VEDDER SOCIETY

Approved Sponsor April 2017 - April 2021 (4 years)

- The Impact of Digital Technology on Prosthodontic Therapy

MICHIGAN DENTAL SEMINARS

Approved Sponsor October 2018 – October 2021 (3 years)

- Hurts so Good and It's (medically) Complicated
- Change your Thoughts and Improve your Outcomes
- Oral Disease: Are we Watching a Silent Killer and The Power of Prevention: Early Intervention Protocols
- From E-Cigarettes to Hookas: Current Trends in Smoking and Tobacco and Emerging Trends Linking Oral and Systemic Health
- Cradle to Grave: Oral Pathology Through the Life Span and Cultural Competence for the Dental Professional... I See Your True Colors Shining Through.

GREAT LAKES BAY DENTAL HYGIENISTS' ASSOCIATION

Approved Sponsor October 2018 - October 2021 (3 years)

- Workshop for Professionals Who Work with Children
- Inpatient Medical Rehabilitation Within the Post-Acute Continuum
- Diagnosis and Treatment of Peri-Implant Inflammatory Conditions
- Transitioning into The Professional World

GREAT LAKES ORTHODONTICS, PC

Approved Sponsor October 2018 - October 2021 (3 years)

- The Passion Centered Person
- Identifying the Orthodontic Patient – Part II The Why

MICHIGAN DENTAL ASSISTANTS ASSOCIATION

Approved Sponsor December 2017 - December 2021 (4 years)

- An Introduction to Oral Function and Disfunction

INTERNATIONAL DENTAL CONSULTING

Approved Sponsor October 2017 - October 2021 (4 years)

- Conflict Resolution Workshop: How to Manage Conflict, Increase Profits, And Work More Peacefully
- Restore: Make Magic & Money in Clinical Dentistry
- Abrasion, Erosion, Attrition & Ambition: The Unhealthy Connections
- Case Studies & Learning Lessons: The Best of The Worst Mistakes and Improved Outcomes

MI DEPT OF HEALTH AND HUMAN SERVICES, ORAL HEALTH PROGRAM

Approved Sponsor October 2017 - October 2021 (4 years)

- Mandatory Reporter Training
- Bridges Out of Poverty
- Community Water Fluoridation

MANISTEE – MASON DISTRICT DENTAL SOCIETY

Approved Sponsor April 2018 – April 2022 (4 years)

- Current Hot Topics Facing Michigan Dentists
- Porcelain Laminate Veneers Art and Science
- The Three Truths of Investing Success

PAUL VANRAAPHORST

Approved Sponsor September 2015 – September 2019 (4 years)

- Risk Factors of Periodontal Disease and Treatment Options

MICHIGAN DENTAL HYGIENISTS' ASSOCIATION

Approved Sponsor August 2017 - August 2021 (3 years)

- Understanding Healthcare within the 2019 Legislature

AMERICAN EDUCATIONAL INSTITUTE

Approved Sponsor October 2018 - October 2021 (3 years)

- The 2017-18 Medical-Dental-Legal Update

VESTRAND CONSULTING SERVICES LLC

Approved Sponsor November 2015 – November 2019 (4 years)

- In Dental Trauma Diagnosis and Decisions
- What a Pain! In the Joints...A Pain Management Overview of Patients with Rheumatoid Arthritis
- Creating the Ultimate Team and Patient Experience
- Endodontics and the Hygienist: What you Always Wondered
- Hookah, ECigs, Vaping, & Oral Cavity
- Sex, Drugs, & Oral Cancer
- Put the Power in your Hands!
- Back to the Future! For Optimal Implant Maintenance & Long-Term Success
- Manifesto Writing for Busy Professionals
- Acute Pediatric Trauma: An Update
- Now You See It: Digital Radiogram Techniques for the Pediatric Patient
- The Power of Powder for Upsetting to Underworld of Biofilms
- Beware and Be Aware: Legal Issues in Private Practice

MACOMB DENTAL ASSISTANTS SOCIETY

Approved Sponsor July 2018 - July 2021 (3 years)

- Composites: An Overview
- Break the Chains of Infection

DENIED SPONSORS

None

DENIED ADD-ON COURSES

GREAT LAKES BAY DENTAL HYGIENISTS' ASSOCIATION

Approved Sponsor October 2018 - October 2021 (3 years)

- Restorative Stress Relief – Yoga

VOLUNTEER SPONSOR APPLICATIONS

FIRST TIME APPROVALS

LAKE UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS (SDA), ADVENTIST COMMUNITY HEALTH

Recommendation: February 2019 – February 2023 (4 years)

DISTRICT HEALTH DEPARTMENT #10

Recommendation: February 2019 – February 2023 (4 years)

TED FORNETTI FOR CARE FREE DENTAL OF DICKINSON & FLORENCE COUNTIES

Recommendation: February 2019 – February 2023 (4 years)

RE-APPROVALS

None

PROGRAMS FOR DISCUSSION

MI DEPT OF HEALTH AND HUMAN SERVICES, ORAL HEALTH PROGRAM
Approved Sponsor October 2017 - October 2021 (4 years)

- Safety in Schools (**see attached exhibit 1**)

If you wish to see a CE Sponsor Approval application, please contact the Licensing Division prior to the day of the Board meeting. The information will be sent to you electronically by licensing staff. You may contact Bilal Allateef (allateefb@michigan.gov) to make this request. Thank you.

Allateef, Bilal (LARA}

From: William Maher <----- —>
Sent: Wednesday, **D E C**
To: Allateef, Bilal (LARA)
Subject: Re: MDHHS Oral Health Program - response to pending of safety in schools

Hello Bilal---

Please review my response to the MDHHS and let me know what you think before sending if indeed you plan to do so.

"Jill" should be aware of the following:

1. Basic or advanced CPR training (which I agree is indeed necessary to provide safe treatment to dental patients) is currently a REQUIREMENT and DOES NOT count toward the Board approved CE hours needed for license renewal. Active Shooter Training is currently neither a requirement nor applicable toward CE hours necessary for license renewal. R338.11701 (2) states: "An applicant for a license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with the following: (a) Posses current certification in basic or advanced cardiac life support".

The public health code goes on to state specific rules concerning CE requirements and it should be noted that it starts off with the statement, section (3): "In addition to the requirements of subrule (2)" which is the CPR one quoted above.

2. In response to the statement made below: "continuing medical education should be largely based on the work that the provider does". I feel is probably a good idea, however not at all in agreement with the limitations for approval of dental Continuing Education specifically outlined in the Michigan Public Health Code: R338.11703(m) "Acceptable Continuing Education for Dentists; limitations. Attendance at dental-related programs which shall be documented by the licensee as relevant to health care and advancement of the licensees' dental education"

Further: "The Board shall deny a request for approval if the continuing education request does not meet the criteria used by the board for approval of continuing education hours." This is apparently at issue here.

When I first became a member of the CE committee I was given an outline titled: "CE committee list of responsibilities" (dated: 02-11-2016) which listed reasons for sponsor denial and included one in specific: "Course objectives not related to the dental profession".

3. R338.11705 states any CE sponsor approved in the Academy of General Dentistry (PACE) program or the American Dental Association (CERP) program "shall constitute prima facie evidence that the sponsor meets the standards and criteria adopted by the Board". After an extensive search, by both Andrea and myself, it appears none of the CERP nor PACE sponsors offer presentations (for CE credit) in active shooter type training.

4. Please try to make "Jill" understand she has a solid argument and it should not appear in any way the Board feels "Active Shooter Training" is unimportant and unnecessary and therefore should not be offered. She may however be overlooking the possibility that training of this type and from the communication described below MDHHS has already provided, could very well be a requirement for at least some of MDHHS employees.

A Federal Agency, The Occupational Safety and Health Administration (OSHA) has published guidelines that may require training in "active shooter-type attacks".

OSHA general duty clause S(a)(1):

"Each Employer shall furnish to each of his employees employment and place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

From notes included with this OSHA posting : "The courts have interpreted OSHA's general duty clause to mean that an employer has a legal obligation to provide a workplace free from conditions or activities that either the employer or industry recognizes as hazardous and that cause or are likely to cause death or serious physical harm to employees when there is a feasible method to abate the hazard." Further: "The threat of an active shooter or other workplace violence could align with this interpretation , given certain criteria are met."

5. One last note: Presentations involving Active Shooter Training are conducted by representatives from the local police and/or sheriff's department . The designated instructors, although admittedly well versed in this topic, have no documented background in providing dental care of anykind.

Once again, please let me know what you think. You may want to forward this response to the other members of the CE committee for their review/comments.

regards,

W. P. Maher, DDS

On Tuesday, December 18, 2018, 12:32:33 PM EST, Allateef, Bilal (LARA)<[REDACTED]> wrote:

Dr. Maher,

I received an email response to the safety in schools from the MDHHS. Please see the statement below:

I feel strongly that the course that was offered on school safety should be accepted as CE, as continuing medical education should be largely based on the work that the provider does and also supports interprofessional education (Cantillon & Jones, 1999; McPherson, Headrick, & Moss, 2001). All participants work in the school-based dental clinic, where they are at a run the risk of facing an active shooter, just as they run the risk of seeing a patient with diabetes (we need CE on managing our diabetic patients) and run the risk of needing to provide CPR to a patient (we need to have CPR current and updated per our license). In dental school training, we do complete courses on emergency

preparedness, that focuses on the whole body, not just the oral cavity. I assume we have CPR and medical training in school so that we are able to act in an emergency as a qualified medical provider. The first step in CPR training is tomake sure that the scene is safe. Well, what if it is not safe? Wouldn't it be nice to know what to do in an active shooter situation to help keep ourselves and our patients alive? U.S. school shootings is the reality of society that we unfortunately live in today (Kalish & Kimm el, 2010). I would not recommend this training to dental providers who do not work in schools, however, as previously stated-ALL attendees who attended this training work in schools and it is a reported concern that they have, and that I have as the program manager. I have providers who have left the program from safety concerns. I have a past provider who went through the license to carry process to deal with her concern. I have a provider who mistook an active shooter drill as an active shooter and called 9-1-1 and sending over 20 police cars to the school where the trainer could have been shot and killed. By offering the school-based dental providers the education, I am hopeful that they will 1) stay in their school-based dental program position and 2) know how to stay alive in the event of an active shooter 3) how to keep their patient alive in an active shooter event and 4) understand the steps to take around active shooter drills. Police officials believe that the "predominate threat to academic institutions is an armed assailant" and therefore we must be prepared for crises in the workplace (reminder that the participants workplace is in the schools), just as we need to be prepared to administer CPR, deal with anaphylactic reactions, deal with syncope, episodes of epilepsy, and every other unplanned event that we may come into contact with while delivering oral health care (Martinez, 2012, para. 1).

~Jill

Cantillon, P., & Jones, R. (1999). Does continuing medical education in general practice make a difference?. *BMJ (Clinical research ed.)*, 318(7193) , 1276-9 .

Kalish, R., & Kimmel, M. (2010). Suicide by mass murder: Masculinity, aggrieved entitlement, and rampage school shootings. *Health Sociology Review*, 19(4), 451-464. <https://doi-org.p.atsu.edu/10.5172/hesr.2010.19.4.451>

Martinez, L. E. (2012) . Tho police response to critical incidents in academic institutions. *Journal of Police Crisis Negotiations*, 12(1). 69-77. <https://doi.org/10.1080/15332586.2012.646900>

McPherson K., Headrick L., & Moss F (2001). Working and learning together: good quality care depends on it, but how can we achieve it? *BMJ Quality & Safety* 2001;10:ii46-ii53.

Bilal Allateef

Department Analyst

Public Health Code Section

Bureau of Professional Licensing

Department of Licensing and Regulatory Affairs



Ph: [REDACTED]

Fax: 517-373-1044

Act No. 463
Public Acts of 2018
Approved by the Governor
December 26, 2018
Filed with the Secretary of State
December 27, 2018
EFFECTIVE DATE: March 27, 2019

**STATE OF MICHIGAN
99TH LEGISLATURE
REGULAR SESSION OF 2018**

Introduced by Senators Shlrkey, Hertel, Madeau, Booher and Warren

ENROLLED SENATE BILL No. 541

AN ACT to amend 1978 PA 368, entitled "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing; and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," by amending sections 16221, 16226, 16323, 16601, 16605, 16621, 16626, and 17031 (MCL 333.16221, 333.16226, 333.16323, 333.16601, 333.16605, 333.16621, 333.16626, and 333.17031), sections 16221 and 16226 as amended by 2017 PA 249, section 16323 as amended by 2014 PA 305, section 16605 as added by 2006 PA 429, section 16621 as amended by 2002 PA 590, section 16626 as added by 2012 PA 289, and section 17031 as amended by 2002 PA 643, and by adding sections 16651, 16652, 16653, 16654, 16655, 16656, 16657, 16658, 16659, and 20189a.

The People of the State of Michigan enact:

Sec. 16221. Subject to section 16221b, the department shall investigate any allegation that 1 or more of the grounds for disciplinary subcommittee action under this section exist, and may investigate activities related to the practice of a health profession by a licensee, a registrant, or an applicant for licensure or registration. The department may hold hearings, administer oaths, and order the taking of relevant testimony. After its investigation, the department shall provide a copy of the administrative complaint to the appropriate disciplinary subcommittee. The disciplinary subcommittee shall proceed under section 16226 if it finds that 1 or more of the following grounds exist:

(a) Except as otherwise specifically provided in this section, a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully engage in the practice of the health profession.

(b) Personal disqualifications, consisting of 1 or more of the following:

(i) Incompetence.

(ii) Subject to sections 16165 to 16170a, substance use disorder as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.

(iii) Mental or physical inability reasonably related to and adversely affecting the licensee's or registrant's ability to practice in a safe and competent manner.

(iv) Declaration of mental incompetence by a court of competent jurisdiction.

(v) Conviction of a misdemeanor punishable by imprisonment for a maximum term of 2 years; conviction of a misdemeanor involving the illegal delivery, possession, or use of a controlled substance; or conviction of any felony other than a felony listed or described in another subparagraph of this subdivision. A certified copy of the court record is conclusive evidence of the conviction.

(vi) Lack of good moral character.

(vii) Conviction of a criminal offense under section 520e or 520g of the Michigan penal code, 1931 PA 328, MCL 750.520e and 750.520g. A certified copy of the court record is conclusive evidence of the conviction.

(viii) Conviction of a violation of section 492a of the Michigan penal code, 1931 PA 328, MCL 750.492a. A certified copy of the court record is conclusive evidence of the conviction.

(ix) Conviction of a misdemeanor or felony involving fraud in obtaining or attempting to obtain fees related to the practice of a health profession. A certified copy of the court record is conclusive evidence of the conviction.

(x) Final adverse administrative action by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States, by the United States military, by the federal government, or by another country. A certified copy of the record of the board is conclusive evidence of the final action.

(xi) Conviction of a misdemeanor that is reasonably related to or that adversely affects the licensee's or registrant's ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence of the conviction.

(xii) Conviction of a violation of section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430. A certified copy of the court record is conclusive evidence of the conviction.

(xiii) Conviction of a criminal offense under section 83, 84, 316, 317, 321, 520b, 520c, 520d, or 520f of the Michigan penal code, 1931 PA 328, MCL 750.83, 750.84, 750.316, 750.317, 750.321, 750.520b, 750.520c, 750.520d, and 750.520f. A certified copy of the court record is conclusive evidence of the conviction.

(xiv) Conviction of a violation of section 136 or 136a of the Michigan penal code, 1931 PA 328, MCL 750.136 and 750.136a. A certified copy of the court record is conclusive evidence of the conviction.

(c) Prohibited acts, consisting of 1 or more of the following:

(i) Fraud or deceit in obtaining or renewing a license or registration.

(ii) Permitting a license or registration to be used by an unauthorized person.

(iii) Practice outside the scope of a license.

(iv) Obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or a drug as defined in section 7105 without lawful authority; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.

(d) Except as otherwise specifically provided in this section, unethical business practices, consisting of 1 or more of the following:

(i) False or misleading advertising.

(ii) Dividing fees for referral of patients or accepting kickbacks on medical or surgical services, appliances, or medications purchased by or in behalf of patients.

(iii) Fraud or deceit in obtaining or attempting to obtain third party reimbursement.

(e) Except as otherwise specifically provided in this section, unprofessional conduct, consisting of 1 or more of the following:

(i) Misrepresentation to a consumer or patient or in obtaining or attempting to obtain third party reimbursement in the course of professional practice.

(ii) Betrayal of a professional confidence.

(iii) Promotion for personal gain of an unnecessary drug, device, treatment, procedure, or service.

(iv) Either of the following:

(A) A requirement by a licensee other than a physician or a registrant that an individual purchase or secure a drug, device, treatment, procedure, or service from another person, place, facility, or business in which the licensee or registrant has a financial interest.

(B) A referral by a physician for a designated health service that violates 42 USC 1395nn or a regulation promulgated under that section. For purposes of this subdivision, 42 USC 1395nn and the regulations promulgated under that section as they exist on June 3, 2002 are incorporated by reference. A disciplinary subcommittee shall apply 42 USC 1395nn and the regulations promulgated under that section regardless of the source of payment for the designated health service referred and rendered. If 42 USC 1395nn or a regulation promulgated under that section is revised after June 3, 2002, the department shall officially take notice of the revision. Within 30 days after taking notice of the revision, the department shall decide whether or not the revision pertains to referral by physicians for designated health services and continues to protect the public from inappropriate referrals by physicians. If the department decides that the revision does both of those things, the department may promulgate rules to incorporate the revision by reference. If the department does promulgate rules to incorporate the revision by reference, the department shall not make any changes to the revision. As used in this sub-subparagraph, "designated health service" means that term as defined in 42 USC 1395nn and the regulations promulgated under that section and "physician" means that term as defined in sections 17001 and 17501.

(v) For a physician who makes referrals under 42 USC 1395nn or a regulation promulgated under that section, refusing to accept a reasonable proportion of patients eligible for Medicaid and refusing to accept payment from Medicaid or Medicare as payment *in full* for a treatment, procedure, or service for which the physician refers the individual and in which the physician has a financial interest. A physician who owns all or part of a facility in which he or she provides surgical services is not subject to this subparagraph if a referred surgical procedure he or she performs in the facility is not reimbursed at a minimum of the appropriate Medicaid or Medicare outpatient fee schedule, including the combined technical and professional components.

(vi) Any conduct by a health professional with a patient while he or she is acting within the health profession for which he or she is licensed or registered, including conduct initiated by a patient or to which the patient consents, that is sexual or may reasonably be interpreted as sexual, including, but not limited to, sexual intercourse, kissing in a sexual manner, or touching of a body part for any purpose other than appropriate examination, treatment, or comfort.

(vii) Offering to provide practice-related services, such as drugs, in exchange for sexual favors.

(viii) A violation of section 16655(4) by a dental therapist.

(f) Failure to notify under section 16222(3) or (4).

(g) Failure to report a change of name or mailing address as required in section 16192.

(h) A violation, or aiding or abetting in a violation, of this article or of a rule promulgated under this article.

(i) Failure to comply with a subpoena issued pursuant to this part, failure to respond to a complaint issued under this article, article 7, or article 8, failure to appear at a compliance conference or an administrative hearing, or failure to report under section 16222(1) or 16223.

(j) Failure to pay an installment of an assessment levied under the insurance code of 1956, 1956 PA 218, MCL 500.100 to 500.8302, within 60 days after notice by the appropriate board.

(k) A violation of section 17013 or 17513.

(l) Failure to meet 1 or more of the requirements for licensure or registration under section 16174.

(m) A violation of section 17015, 17015a, 17017, 17515, or 17517.

(n) A violation of section 17016 or 17516.

(o) Failure to comply with section 9206(3).

(p) A violation of section 5654 or 5655.

(q) A violation of section 1627•1.

(r) A violation of section 17020 or 17520.

(s) A violation of the medical records access act, 2004 PA 47, MCL 333.26261 to 333.26271.

(t) A violation of section 17764(2).

(u) Failure to comply with the terms of a practice agreement described in section 17047(2)(a) or (b), 17547(2)(a) or (b), or 18047(2)(a) or (b).

(v) A violation of section 7303a(2).

(w) A violation of section 7303a(4) or (5).

(x) A violation of section 7303b.

Sec. 16226. (1) After finding the existence of 1 or more of the grounds for disciplinary subcommittee action listed in section 16221, a disciplinary subcommittee shall impose 1 or more of the following sanctions for each violation:

Violations of Section 16221

Sanctions

Subdivision (a), (b)(i), (b)(ii), (b)(iii), (b)(iv), (b)(v), (b)(vi), (b)(vii), (b)(ix), (b)(x), (b)(xi), or (b)(xii)	Probation, limitation, denial, suspension, revocation, permanent revocation, restitution, or fine.
Subdivision (b)(viii)	Revocation, permanent revocation, or denial.
Subdivision (b)(xiii)	Permanent revocation for a violation described in subsection (5); otherwise, probation, limitation, denial, suspension, revocation, restitution, or fine.
Subdivision (b)(xiv)	Permanent revocation.
Subdivision (c)(i)	Denial, revocation, suspension, probation, limitation, or fine.
Subdivision (c)(ii)	Denial, suspension, revocation, restitution, or fine.
Subdivision (c)(iii)	Probation, denial, suspension, revocation, restitution, or fine.
Subdivision (c)(iv) or (d)(iii)	Fine, probation, denial, suspension, revocation, permanent revocation, or restitution.
Subdivision (d)(i) or (d)(ii)	Reprimand, fine, probation, denial, or restitution.
Subdivision (e)(i), (e)(iii), (e)(iv), (e)(v), (h), or (s)	Reprimand, fine, probation, limitation, suspension, revocation, permanent revocation, denial, or restitution.
Subdivision (e)(ii) or (i)	Reprimand, probation, suspension, revocation, permanent revocation, restitution, denial, or fine.
Subdivision (e)(vi), (e)(vii), or (e)(viii)	Probation, suspension, revocation, limitation, denial, restitution, or fine.
Subdivision (f)	Reprimand, denial, limitation, probation, or fine.
Subdivision (g)	Reprimand or fine.
Subdivision (j)	Suspension or fine.
Subdivision (k), (p), or (r)	Reprimand, probation, suspension, revocation, permanent revocation, or fine.
Subdivision (l)	Reprimand, denial, or limitation.
Subdivision (m) or (o)	Denial, revocation, restitution, probation, suspension, limitation, reprimand, or fine.
Subdivision (n)	Revocation or denial.
Subdivision (q)	Revocation.
Subdivision (t)	Revocation, permanent revocation, fine, or restitution.
Subdivision (u)	Denial, revocation, probation, suspension, limitation, reprimand, or fine.
Subdivision (v) or (x)	Probation, limitation, denial, fine, suspension, revocation, or permanent revocation.
Subdivision (w)	Denial, fine, reprimand, probation, limitation, suspension, revocation, or permanent revocation.

(2) Determination of sanctions for violations under this section shall be made by a disciplinary subcommittee. If, during judicial review, the court of appeals determines that a final decision or order of a disciplinary subcommittee prejudices substantial rights of the petitioner for 1 or more of the grounds listed in section 106 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.306, and holds that the final decision or order is unlawful and is to be set aside, the court shall state on the record the reasons for the holding and may remand the case to the disciplinary subcommittee for further consideration.

(3) A disciplinary subcommittee may impose a fine in an amount that does not exceed \$250,000.00 for a violation of section 16221(a) or (b). A disciplinary subcommittee shall impose a fine of at least \$25,000.00 if the violation of section 16221(a) or (b) results in the death of 1 or more patients.

(4) A disciplinary subcommittee may require a licensee or registrant or an applicant for licensure or registration who has violated this article, article 7, or article 8 or a rule promulgated under this article, article 7 or article 8 to satisfactorily complete an educational program, a training program, or a treatment program, a mental, physical, or professional competence examination, or a combination of those programs and examinations.

(5) A disciplinary subcommittee shall impose the sanction of permanent revocation for a violation of section 16221(b)(xiii) if the violation occurred while the licensee or registrant was acting within the health profession for which he or she was licensed or registered.

(6) Except as otherwise provided in subsection (5) and this subsection, a disciplinary subcommittee shall not impose the sanction of permanent revocation under this section without a finding that the licensee or registrant engaged in a pattern of intentional acts of fraud or deceit resulting in personal financial gain to the licensee or registrant and had an impact on the health of patients under the licensee's or registrant's care. This subsection does not apply if a disciplinary subcommittee finds that a licensee or registrant has violated section 16221(b)(xiv).

Sec. 16323. (1) Except as otherwise provided in subsection (2), fees for an individual licensed or seeking licensure to practice as a dentist, dental assistant, dental hygienist, or dental therapist under part 166 are as follows:

(a) Application processing fees:

(i) Dentist.....	\$ 20.00
(ii) Dental assistant.....	10.00
(iii) Dental hygienist.....	15.00
(iv) Dental therapist.....	15.00
(v) Health profession specialty field license for a dentist.....	20.00

(b) Examination fees:

(i) Dental assistant's examination, complete	70.00
(ii) Dental assistant's examination, per part.....	35.00
(iii) Dental therapist.....	300.00
(iv) Dentist's health profession specialty field license examination, complete.....	300.00
(v) Dentist's health profession specialty field license examination, per part.....	100.00

(c) License fees, per year:

(i) Dentist.....	90.00
(ii) Dental assistant.....	10.00
(iii) Dental hygienist.....	20.00
(iv) Dental therapist.....	40.00
(v) Dentist's health profession specialty field license ..	15.00

(cl) Temporary license fees:

(i) Dentist.....	20.00
(ii) Dental assistant.....	5.00
(iii) Dental hygienist.....	10.00
(iv) Dental therapist.....	15.00

(e) Limited license fee, per year:

(i) Dentist.....	25.00
(ii) Dental assistant.....	5.00
(iii) Dental hygienist.....	10.00
(iv) Dental therapist.....	15.00

(f) Examination review fees:

(i) Dental preclinical or dentist's health profession specialty field license	50.00
(ii) Dental assistant.....	20.00
(iii) Dental therapist	50.00

(2) The department shall waive the application processing and license fees required under subsection (1) for an initial license to engage in practice as a dental assistant if the applicant for initial licensure, while on active duty as a member of the armed forces, served as a military dental specialist and was separated from service with an honorable character of service or under honorable conditions (general) character of service in the armed forces. The applicant shall provide a form DD214, DD215, or any other form that is satisfactory to the department to be eligible for the waiver of fees under this subsection. As used in this subsection, "armed forces" means the United States Army, Air Force, Navy, Marine Corps, or Coast Guard or other military force designated by Congress as a part of the Armed Forces of the United States.

Sec. 16601. (1) As used in this part:

(a) "Assignment" means that a dentist has designated a patient of record on whom services are to be performed and has described the procedures to be performed. The dentist need not be physically present in the office or in the treatment room at the time the procedures are being performed.

(b) "Dental laboratory" means a dental workroom that is operated as a part of a dental office or otherwise, by a person, other than a dentist) who is engaged in, or holds himself, herself, or itself out as being directly or indirectly engaged in, constructing, repairing, or altering prosthetic dentures, bridges, orthodontic or other appliances, or structures to be used as substitutes for or as a part of human teeth or jaws or associated structures, or for the correction of malocclusions or deformities.

(c) "Dentist" means an individual who is licensed under this article to engage in the practice of dentistry.

(d) "Practice of dentistry" means the diagnosis, treatment, prescription, or operation for a disease, pain, deformity, deficiency, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaws, or their dependent tissues, or an offer, undertaking, attempt to do, or holding oneself out as able to do any of these acts.

(e) "Practice as a dental assistant" means assistance in the clinical practice of dentistry based on formal education, specialized knowledge, and skill at the assignment and under the supervision of a dentist.

(f) "Practice as a dental hygienist" means practice at the assignment of a dentist in that specific area of dentistry based on specialized knowledge, formal education, and skill with particular emphasis on preventive services and oral health education.

(g) "Practice as a dental therapist" means providing any of the care and services, and performing any of the duties, described in section 16656.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code and part 161 contains definitions applicable to this part.

Sec. 16605. The following words, titles, or letters, or a combination of any of those words, titles, or letters with or without qualifying words or phrases, are restricted in use only to those individuals who are authorized under this part to use the following terms and in a way prescribed in this part: "dentist", "doctor of dental surgery", "oral and maxillofacial surgeon", "orthodontist", "prosthodontist", "periodontist", "endodontist", "oral pathologist", "pediatric dentist", "dental hygienist", "registered dental hygienist", "dental assistant", "registered dental assistant", "dental therapist", "r.d.a.", "d.d.s.", "d.m.d.", "r.d.h." and "d.t."

Sec. 16621. (1) The Michigan board of dentistry is created in the department. Subject to subsection (2), the board consists of the following 20 voting members, each of whom must meet the requirements of part 161:

(a) Nine dentists. Subject to subsection (4), 1 or more of the dentists appointed under this subdivision may have a health profession specialty certification issued under section 16608.

(b) Subject to subsection (4), 2 dentists who have been issued a health profession specialty certification under section 16608.

(c) Four dental hygienists.

(d) Two dental assistants.

(e) Three public members.

(2) Beginning 5 years after the effective date of the 2018 amendatory act that amended this subsection, the board must include 1 dental therapist, bringing the total number of voting members on the board to 21. The dental therapists appointed under this subsection must each meet the requirements of part 161.

(3) The board meeting dates and times must be concurred in by a vote of not less than 13 board members.

(4) One member of the board shall be a dentist who is a dental school faculty member.

(5) A board member who is licensed to practice as a dental hygienist, a dental assistant, or a dental therapist votes as an equal member of the board in all matters except those designated in section 16148(1) or (2) that apply only to dentists and not to dental hygienists, dental assistants, or dental therapists.

Sec. 16626. (1) Subject to subsection (2), and notwithstanding section 16601(1)(f) or the rules promulgated under section 16625(1), a dental hygienist or dental therapist may utilize a dental assistant to act as his or her second pair of hands.

(2) Notwithstanding section 16601(1)(e) or the rules promulgated under section 16625(1), a dental assistant may function as a second pair of hands for a dentist, dental hygienist, or dental therapist if all of the following are met:

(a) The dentist, dental hygienist, or dental therapist is actively performing services in the mouth of a patient at the time the dental assistant is assisting him or her.

(b) If the dental assistant is assisting a dental hygienist, a supervising dentist has assigned the dental assistant to act as the dental hygienist's second pair of hands.

(3) This section does not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual who is licensed as a dental assistant, dental hygienist, or dental therapist under this article.

(4) As used in this section, "second pair of hands" means that term as defined in R 338.11101 of the Michigan Administrative Code.

Sec. 16651. (1) An individual who is granted a license under this part as a dental therapist may engage in practice as a dental therapist to the extent permitted under this section and sections 16652 to 16658.

(2) To qualify for licensure under this part as a dental therapist, an individual shall apply to the department on forms provided by the department, pay the application fee under section 16323, and demonstrate to the department that he or she meets all of the following:

(a) Has graduated from a dental therapy education program that satisfies all of the following:

(i) Meets the standards established under section 16148 for accreditation of a degree-granting program in dental therapy education at an approved postsecondary education institution.

(ii) As determined by the department in consultation with the board, meets the accreditation standards for dental therapy education programs established by the Commission on Dental Accreditation.

(iii) Is accredited under section 16148.

(iv) Meets any other requirements for dental therapy education programs adopted by the board.

(b) Has passed a comprehensive, competency-based clinical examination approved by the department that includes an examination of the applicant's knowledge of the laws of this state under this part and rules promulgated under this part.

(c) Has completed 500 hours of supervised clinical practice under the direct supervision of a dentist and in conformity with rules adopted by the board. As used in this subdivision, "direct supervision" means that a dentist complies with all of the following:

(i) Designates a patient of record upon whom the procedures are to be performed and describes the procedures to be performed.

(ii) Examines the patient before prescribing the procedures to be performed and upon completion of the procedures.

(iii) Is physically present in the office at the time the procedures are being performed.

Sec. 16652. (1) The board shall grant a license to practice as a dental therapist to an applicant for licensure under sections 16651 to 16658 who meets the requirements of sections 16651 to 16658 and rules adopted under those sections for licensure and pays the application fee under section 16323.

(2) A dental therapist shall pay to the board the license fee under section 16323.

Sec. 16653. As a condition of renewal of a license to practice under sections 16651 to 16658, a dental therapist shall certify that he or she has successfully completed 35 hours of continuing education in the 2 years before renewal. Continuing education under this section must conform with the requirements of part 161 concerning continuing education courses and must include board-approved courses, including, but not limited to, a course in cardiopulmonary resuscitation.

Sec. 16654. A dental therapist may provide services described in section 16656 included within the scope of practice as a dental therapist and under the supervision of a dentist in any of the following health settings:

(a) A hospital that is licensed under article 17.

(b) A health facility or agency, other than a hospital, that is licensed under article 17 and is reimbursed as a federally qualified health center as defined in 42 USC 1395x(aa)(4) or that has been determined by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to meet the requirements for funding under section 330 of the public health service act, 42 USC 254b.

(c) A federally qualified health center, as defined in 42 USC 1395x(aa)(4), that is licensed as a health facility or agency under article 17.

(cl) An outpatient health program or facility operated by a tribe or tribal organization under the Indian self-determination act, 25 USC 5321 to 5332, or by an Indian organization receiving funds under title V of the Indian health care improvement act, 25 USC 1651 to 1660h.

(e) A correctional facility. As used in this subdivision, "correctional facility" means a facility or institution that houses a prisoner population under the jurisdiction of the department of corrections.

(f) A health setting in a geographic area that is designated as a dental shortage area by the United States Department of Health and Human Services.

(g) A school-based health center, as that term is defined in 42 USC 280h-5.

(01) A local health department.

(i) Any other clinic or practice setting, including a mobile dental unit, in which at least 50% of the annual total patient base of the dental therapist will consist of patients who meet any of the following:

(i) Are enrolled in a health care program administered by the department of health and human services.

(ii) Have a medical disability or chronic condition that creates a significant barrier to receiving dental care.

(iii) Do not have dental health coverage, either through a public health care program or private insurance, and have an annual gross family income equal to or less than 200% of the federal poverty level. As used in this subparagraph and subparagraph (iv), "federal poverty level" means the poverty guidelines published annually in the federal register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902.

(iv) Do not have dental health coverage, either through a state public health care program or private insurance, and whose family gross income is equal to or less than 200% of the federal poverty level.

Sec. 16655. (1) A dental therapist may practice only under the supervision of a dentist and through a written practice agreement signed by the dental therapist and the dentist. A dental therapist may provide only the services that are within his or her scope of practice, are authorized by a supervising dentist, and are provided according to written protocols or orders established by the supervising dentist.

(2) A dental therapist may perform an oral evaluation and assessment of dental disease and develop an individualized treatment plan if the supervising dentist has given the dental therapist written authorization to provide the services and reviews the patient records as provided in the written practice agreement. The written practice agreement may require the supervising dentist to personally examine patients either face-to-face or by the use of electronic means.

(3) A written practice agreement between a supervising dentist and a dental therapist must include all of the following elements:

(a) The services and procedures and the practice settings for those services and procedures that the dental therapist may provide, together with any limitations on those services and procedures.

(b) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines, and imaging frequency.

(c) Procedures to be used with patients treated by the dental therapist for obtaining informed consent and for creating and maintaining dental records.

(c) A plan for review of patient records by the supervising dentist and the dental therapist.

(e) A plan for managing medical emergencies in each practice setting in which the dental therapist provides care.

(f) A quality assurance plan for monitoring care, including patient care review, referral follow-up, and a quality assurance chart review.

(g) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed.

(h) Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation before initiating care.

(i) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the dental therapist's capabilities or the scope of practice as a dental therapist.

(4) A dental therapist who provides services or procedures beyond those authorized in the written practice agreement engages in unprofessional conduct for the purposes of section 16221.

(5) A supervising dentist shall not supervise more than 4 dental therapists.

(6) A supervising dentist shall actively participate in drafting a written practice agreement with a dental therapist. Any revision to the written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental therapist.

(7) A written practice agreement is valid for 3 years. A supervising dentist and dental therapist shall each review the practice agreement before renewing the practice agreement.

(8) A supervising dentist and a dental therapist who sign a written practice agreement shall keep a copy for the dentist's or dental therapist's own records and make a copy available to patients of the dental therapist, or to the department, on request.

(9) As used in this section and sections 16656 and 16657, "written practice agreement" means a document that is signed by a dentist and a dental therapist and that, in conformity with the legal scope of practice as a dental therapist, outlines the functions that the dental therapist is authorized to perform.

Sec. 16656. (1) Under the supervision of a dentist, a licensed dental therapist may provide any of the following care or services:

(a) Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals.

(b) Comprehensive charting of the oral cavity.

(c) Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.

(d) Administering and exposing radiographic images.

(e) Dental prophylaxis including subgingival scaling or polishing procedures.

(f) Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional.

(g) Applying topical preventative or prophylactic agents, including fluoride varnish, silver diamine fluoride and other fluoride treatments, antimicrobial agents, and pit and fissure sealants.

(h) Pulp vitality testing.

(i) Applying desensitizing medication or resin.

(j) Fabricating athletic mouth guards.

(k) Changing periodontal dressings.

(l) Administering local anesthetic and nitrous oxide analgesia.

(m) Simple extraction of erupted primary teeth.

(n) Emergency palliative treatment of dental pain related to a care service described in this subsection.

(o) Preparation and placement of direct restoration in primary and permanent teeth.

(p) Fabrication and placement of single-tooth temporary crowns.

(q) Preparation and placement of preformed crowns on primary teeth.

(r) Indirect and direct pulp capping on permanent teeth.

(s) Indirect pulp capping on primary teeth.

(t) Suturing and suture removal.

(u) Minor adjustments and repairs on removable prostheses.

(v) Placement and removal of space maintainers.

(w) Non-surgical extractions of periodontally diseased permanent teeth with tooth mobility +3. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal.

(x) Performing other related services and functions authorized by the supervising dentist and for which the dental therapist is trained.

(y) Performing any other duties of a dental therapist that are authorized by the board by rule.

(2) A dental therapist may supervise dental assistants and dental hygienists to the extent permitted in a written practice agreement. However, a dental therapist shall not supervise more than 3 dental assistants and 2 dental hygienists in any 1 practice setting.

(3) A dental therapist shall not prescribe a controlled substance that is included in schedules 2 to 5 of part 72.

(4) As used in this section and section 16657, "health care professional" means an individual who is authorized to practice a health profession under this article.

Sec. 16657. (1) A supervising dentist shall arrange for another dentist or specialist to provide any services needed by a patient of a dental therapist who is supervised by that dentist that are beyond the scope of practice of the dental therapist and that the supervising dentist is unable to provide.

(2) A dental therapist, in accordance with a written practice agreement entered into under section 16655, shall refer patients to another qualified dental professional or health care professional to receive needed services that exceed the scope of practice of the dental therapist.

~~Sec. 16658. (1) Within 12 months after the effective date of the amendatory act that added this section, the department of health and human services, in consultation with the board, shall promulgate rules that are necessary to implement this section and sections 16651 to 16657.~~

(2) Within 7 years after the effective date of the amendatory act that added this section, the department of health and human services, in consultation with the department, shall conduct and complete a study concerning the impact of licensing dental therapists on patient safety, cost-effectiveness, and access to dental services in this state. The study shall focus on the following outcome measures:

- (a) Number of new patients served.
- (b) Reduction in waiting time for needed services.
- (c) Decreased travel time for patients.
- (c) Impact on emergency room usage for dental care.
- (e) Costs to the health care system.

(3) Within 30 days after the completion of the study described in subsection (2), the department of health and human services shall provide a written report concerning the results of the study to the director of the department and the chairs of the standing committees of the senate and house of representatives responsible for health policy.

Sec. 16659. Sections 16651 to 16658 do not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual who is licensed as a dental therapist under this article.

Sec. 17031. (1) Except as provided in subsection (2), an applicant, in addition to completing the requirements for the degree in medicine, shall complete a period of postgraduate education to attain proficiency in the practice of the profession, as prescribed by the board in rules, as a condition for more than limited licensure.

(2) The board may grant a full license to practice medicine to an applicant who has completed the requirements for a degree in medicine at a medical school located outside the United States or Canada if, except as provided in subsection (4), the applicant demonstrates to the board all of the following:

(a) That the applicant has engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine.

(b) That the applicant has completed not less than 3 years of postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the World Health Organization as approved by the board.

(c) That the applicant has achieved a score determined by the board to be a passing score on an initial medical licensure examination approved by the board.

(c) That the applicant has safely and competently practiced medicine under a clinical academic limited license granted by the board under this article for 1 or more academic institutions located in this state for not less than the 2 years immediately preceding the date of application for a license under this subsection, during which time the applicant functioned not less than 800 hours per year in the observation and treatment of patients.

(3) An applicant who is required to meet the requirements of subsection (2)(c) shall file with the board a written statement from each academic institution upon which the applicant relies to satisfy that subsection. The statement shall indicate, at a minimum, that the applicant functioned for the academic institution in the observation and treatment of patients not less than 800 hours per year and that in so doing the applicant practiced medicine safely and competently. A person who in good faith makes a written statement that is filed under this subsection is not civilly or criminally liable for that statement. There is a rebuttable presumption that a person who makes a written statement that is filed under this subsection has done so in good faith.

(4) Subsection (2)(c) and (c) do not apply to an applicant who was granted a clinical academic limited license after January 1, 2011 but before January 1, 2017 and who has continuously held a license to practice medicine from the effective date of the amendatory act that added this subsection through the date of application for a full license under **subsection (2)**.

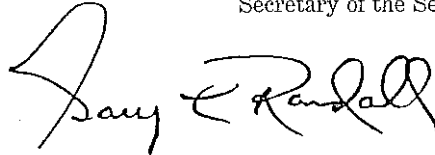
Sec. 20189a. A health facility or agency shall not require a dentist to enter into a written practice agreement with a dental therapist as a condition of employment. As used in this section, "written practice agreement" means that term as defined in section 16655.

Enacting section 1. This amendatory act takes effect 90 days after the date it is enacted into law.

This act is ordered to take immediate effect.



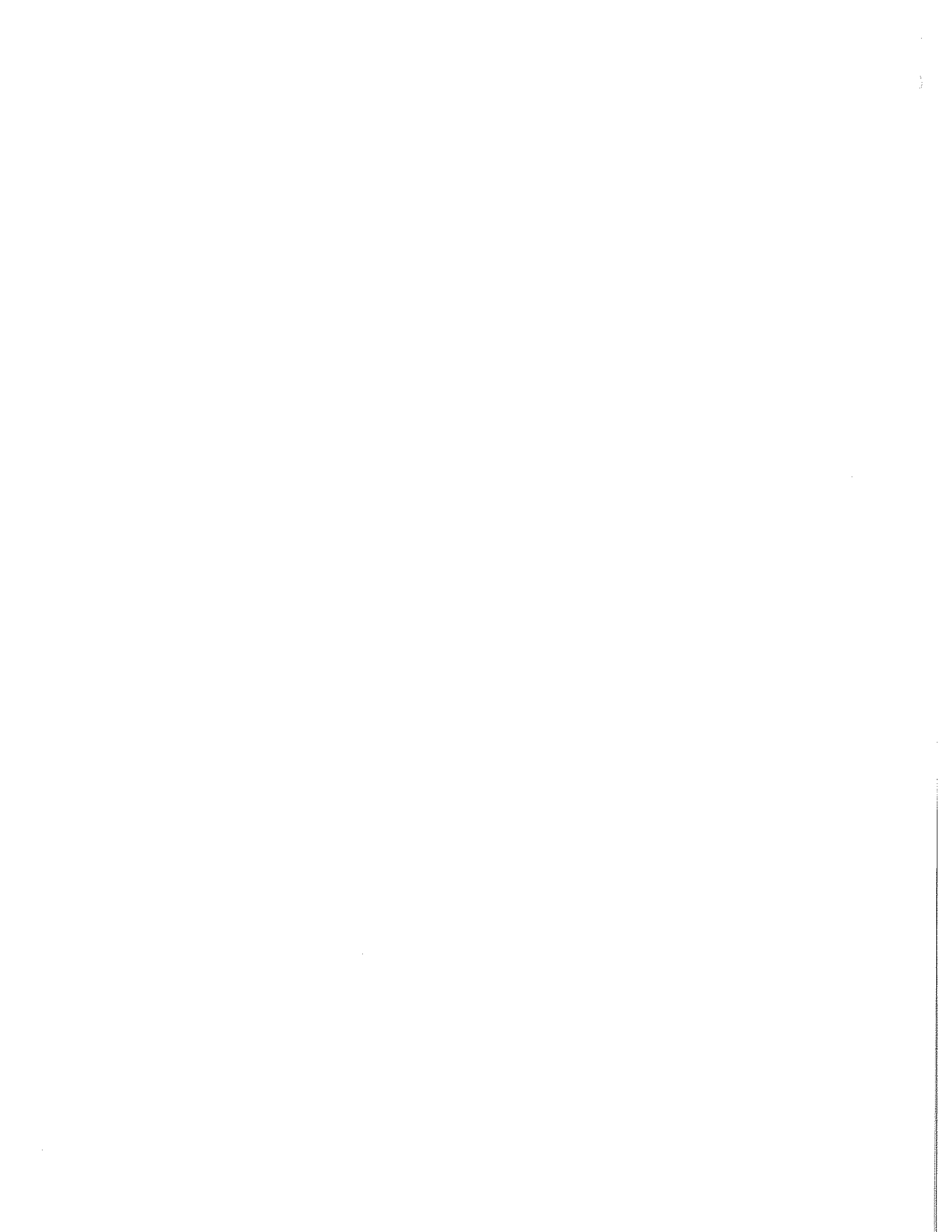
Secretary of the Senate



Clede of the House of Representatives

Approved _____

Governor





Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 (517) 241-0199
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BPLHelp@michigan.gov

DENTAL CONTINUING EDUCATION APPROVAL

Authority: 1978 PA 368

An application must be submitted prior to offering the continuing education program you are seeking approval for. A separate request must be submitted for each continuing education program being offered after initial approval is granted. Approval may be granted for a period of up to 2 years.

Part 1

Type of Request I am a new sponsor requesting initial sponsorship and program approval (complete all parts of the form and submit requested documentation) I am an approved sponsor and would like to add a program (complete part 1 of the form and submit requested documentation) I am an approved sponsor and would like to renew my sponsorship approval (complete all parts of the form and submit requested documentation)		
Continuing Education Program Name		
Name of Contact Person	Phone Number for Contact Person	
Sponsor Name		
Sponsor Street Address		
City	State	Zip Code
Email Address	MI Approval Number and Expiration Date (if applicable)	
Is any lecturer/presenter subject to any current disciplinary action in Michigan or elsewhere? Yes No (If "yes", please explain)		

Part 2 (attach additional information if necessary)

List the names and titles of all individuals responsible for continuing education programs. List the individuals with primary day-to-day responsibility for the continuing education programs first. <i>(Attach additional sheets if necessary)</i>	
Name	Title
Name	Title
Name	Title
How long have you offered continuing education programs?	

Part 2 Continued

Explain how your CE programs are funded:		
List the goals of your CE programs:		
How do you accomplish participant needs assessment?		
If specific objectives (participant outcomes) are developed for each program, how are objectives communicated to potential participants?		
How are educational methods (lecture, discussion, participation, slides, etc) chosen?		
Describe how you determine suitability of facilities for your programs:		
Do any of your CE programs involve the treatment of patients by either the clinician or participants? (if "yes", complete the Patient Protection Form)	Yes	No
Which elements of the course will participants be asked to evaluate?		
Describe how the results of the course evaluations are used:		
Indicate how the participants obtain information about their record of attendance at the program:		

Reg_uired Additional Documents:

- A curriculum vitae/resume for each instructor.
- Course content for courses to be offered (rationale, objectives, goals, schedule, outline, PowerPoints, and number of hours requested for each program)
- Patient Protection Form (if applicable).
- This application and supporting documentation may be submitted by mail to Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909 or by email to BPLData@michigan.gov.

Note: A sponsor should not issue a completion certification to a course attendee until the sponsor receives program approval from the Michigan Board of Dentistry.

CERTIFICATION AND SIGNATURE

I certify that the information provided on the enclosed forms, for approval as a sponsor for Michigan Dentistry continuing education, is true and complete. If approval is granted by the Michigan Board of Dentistry, I certify that accurate, permanent records of attendance for each program will be maintained, and written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each licensee and only those licensees in attendance. Our continuing education programs will meet the standards and criteria adopted by the Michigan Board of Dentistry.

Signature

Title

Type orPrint Name

Date

