I feel honored and privileged to be a member of the Florida Board of Dentistry and to serve alongside such hardworking and dedicated volunteers. This past year has been met with great enthusiasm and commitment from all its members with the consensus in advocating for quality dentistry. The board members serve as advisers, decision makers, problem solvers and advocates for all the people of the State of Florida.

I would like to thank Dr. Fatmi and Ms. Cabanzon for their hard work and dedication as the Board of Dentistry’s representatives to the state’s clinical testing agency (CDCA) and as steering committee members to the Dental & Dental Hygiene Exam Committee (ADEX).

I thank Dr. Tejera for co-chairing the joint committee on controlled substances and completing new rules on opioids. In addition, I would like to thank our council David Flynn. Lastly, I am extremely thankful to our Executive Director, Jennifer Wenhold, and her staff for their continual support.

In February we had our dental sedation workshop. Dentists were able to interact with our dental inspectors to learn more about our inspection programs, answering many questions and concerns.

We were given the opportunity to serve Florida Mission of Mercy (FLA-MOM) in Orlando, Florida this past March. Two-thousand patients were treated and we provided more than two-million dollars in donated dental care. I would like to express my gratitude for all the board members, dentist’s and staff that served and helped make a difference.

We will continue to work with the goal of finishing our anesthesia rules this year. New committees were successfully formed, and four probable cause meetings have been held to date.

We are excited to be a part of our States new transition period and welcome our New Governor, Ron DeSantis and our Lt. Governor Jeanette Nunez.

As Chair of the Board of Dentistry I would like to acknowledge our past members ardent work and legacy and look ahead towards continuing to work hard and serve our community together with all of our Board and Committee members who continue to work tirelessly. We all volunteer our time and talents because we love what we do and want to make a difference.

Warmest Regards,

Claudio Miro, DDS
Chair, Florida Board of Dentistry

“\textit{The best way to find yourself is to lose yourself in the service of others.}”

Mahatma Ghandi
2019 Legislation Update

The 2019 Legislative Session has concluded, and the following bills affecting the dental practice act are enrolled:

• HB 549 requires a minimum of 2 hours of CE on the prescribing of controlled substances for all licensed dentists.
• HB 831 requires all prescriptions be electronically generated and transmitted for medicinal drugs upon license renewal or by a specified date.
• HB 851 requires certain healthcare providers, including dentists and dental hygienists, to complete instruction on human trafficking.
• HB 23 authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients. This bill has not yet been presented to the governor for signature.

To read the full text of these bills, please visit http://www.flhealthsource.gov/2019-bills.

Dental Sedation Workshop

The Board of Dentistry, in conjunction with the Bureau of Enforcement, held its first-ever Dental Sedation Workshop on February 14 in Gainesville, Florida. The purpose of the workshop was to educate permit holders on the inspection process. Dr. Fernando Munoz, Board Inspector, gave a thorough presentation on initial and routine inspections. Other inspectors in attendance who contributed to the presentation were Drs. Jessica Stilley, Victor Spiro, Keith Kaner, and James Betancourt. Attendees commented on the valuable information that was shared and will be encouraging their colleagues to attend future workshops. For a copy of the presentation, email the Board Office at info@FloridasDentistry.gov.

Notice to Sedation Permit Holders

Any change or addition to the locations where you administer sedation must be reported directly to the Board Office at info@FloridasDentistry.gov. To verify your locations, enter your license information to view your address records here. Failure to notify the Board Office of address changes could result in a fine up to $250.00.
Student Outreach

The Board Office strives to provide an efficient licensure process for new graduates eager to begin their careers in providing dental services to patients. On May 1, Jessica Sapp, Program Administrator for the Board of Dentistry, met with D4 LECOM students in DeFuniak Springs to explain the process of applying for licensure. Faculty that may be interested in having the Board Office meet with your students, contact us at info@FloridasDentistry.gov.

Restorative Functions

Effective June 26, 2019, a dentist may delegate remedial restorative functions to a Dental Assistant or to a Dental Hygienist who has completed the mandatory training offered by an accredited dental or dental hygiene program.

To read the full text of the rules which includes all requirements, visit:

64B5-16.0051 Delegation of Remediable Restorative Functions to Dental Assistants; Supervision Level; and Training and Experience Requirements

64B5-16.0061 Delegation of Remediable Restorative Functions to Dental Hygienists; Supervision Level; and Training and Experience Requirements
Upcoming Renewal Cycle

The license renewal cycle will be opening in just a few short months. Be sure your address is updated so you can receive a reminder postcard in the mail. Now is a good time to log in to your CE Broker account to ensure the continuing education you have completed has been entered and to know how many hours you must complete to be in compliance. You can access CE Broker here.

Subscribe for Email Updates

Don’t have time to check the Board’s website for new info?

Subscribe to receive an email when new posts are added to the website. Examples of the types of updates provided by the subscription system includes: changes in the law and board rules, reminders about legal requirements and updates that impact professionals and consumers in Florida. Click here to subscribe today!

Subscribers’ email addresses are not publicly displayed and are not posted onto the Board’s website or onto public practitioner profiles.
The Board Invites You to Join us at a Future Meeting

The 2019-2020 meeting schedule of the Florida Board of Dentistry is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 23, 2019</td>
<td>Omni Jacksonville</td>
</tr>
<tr>
<td>245 Water Street</td>
<td>245 Water Street</td>
</tr>
<tr>
<td>Jacksonville, FL 32202</td>
<td>Jacksonville, FL 32202</td>
</tr>
<tr>
<td>November 22, 2019</td>
<td>Omni Jacksonville</td>
</tr>
<tr>
<td>February 21, 2020</td>
<td>Holiday Inn University Center</td>
</tr>
<tr>
<td>1250 W. University Avenue</td>
<td>555 N. Westshore Blvd</td>
</tr>
<tr>
<td>Gainesville, FL 32601</td>
<td>Tampa, FL 33609</td>
</tr>
<tr>
<td>May 15, 2020</td>
<td>Embassy Suites Tampa Airport</td>
</tr>
</tbody>
</table>

Up to 4 hours of CE per renewal cycle may be earned by attending a meeting where disciplinary cases are heard.

The Florida Board of Dentistry was established to ensure that every dentist and dental hygienist practicing in this state meets the minimum requirements for safe practice. The practice of these professions is a privilege granted by the State. The Board of Dentistry is responsible for licensure, monitoring and ensuring the safe practice of dentists and dental hygienists in their service to the people of Florida.
STANDARDS FOR THE PRESCRIBING OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF ACUTE PAIN

In response to HB 21 that was passed during the 2018 Legislative Session, the Board revised Rule 64B5-17.0045, F.A.C.:

The standards of practice in this rule do not supersede the level of care, skill and treatment recognized in general law related to healthcare licensure. All dentists who are authorized to prescribe controlled substances shall comply with the following:

(1) Definitions.

(a) Acute Pain. For the purpose of this rule, “acute pain” is defined as the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term does not include pain related to:


2. A terminal condition. For purposes of this subparagraph, the term “terminal condition” means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

3. Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury.

4. A traumatic injury with an Injury Severity Score of 9 or greater.

(b) Prescription Drug Monitoring Program (PDMP) or “the system.” For the purpose of this rule, the system is defined as the Florida Department of Health’s electronic system to collect and store controlled substance dispensing information as set forth in section 893.055, F.S.

(c) Substance Abuse. For the purpose of this rule, “substance abuse” is defined as the use of any substances for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

(2) Standards. The nature and extent of the requirements set forth below will vary depending on the practice setting and circumstances presented to the dentist. The Board has adopted the following standards for the prescribing of controlled substances for acute pain:

(a) Evaluation of the Patient. A medical history and physical examination appropriate for the patient’s clinical condition must be conducted and documented in the medical record. The medical record also shall document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) Treatment Plan. The written treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned including non-opioid medications and therapies if indicated. After treatment begins, the dentist shall adjust medication therapy, if necessary, to the individual medical needs of each patient.

(c) Informed Consent and Agreement for Treatment. The dentist shall discuss the risks and benefits of the use of controlled substances including the risk of abuse and addiction as well as physical dependence with the patient, persons designated by the patient, or with the patient’s surrogate or guardian if the patient is incompetent. The discussion shall also include expected pain intensity, duration, options, use of pain medications, non-medication therapies, and common side effects. Special attention must be given to those pain patients who are at risk of misuse or diversion of their medications.
STANDARDS FOR THE PRESCRIBING OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF ACUTE PAIN (Con’t.)

(d) Periodic Review. Based on the circumstances presented, the dentist shall review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy shall depend on the dentist’s evaluation of the patient’s progress. If treatment goals are not achieved, despite medication adjustments, the dentist shall reevaluate the patient and determine the appropriateness of continued treatment. The dentist shall monitor patient compliance of medication usage and related treatment plans.

(e) Consultation. The dentist shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation, and may require consultation with or referral to an expert in the management of such patients.

(f) Medical Records. The dentist is required to keep accurate and complete records to include, but not be limited to:

1. The medical history and a physical examination, including history of drug abuse or dependence, if indicated,
2. Diagnostic, therapeutic, and laboratory results,
3. Evaluations and consultations,
4. Treatment objectives,
5. Discussion of risks and benefits,
6. Treatments,
7. Medications (including date, type, dosage, and quantity prescribed),
8. Instructions and agreements,
9. Drug testing results if indicated,
10. Justification for deviation from the 3-day prescription supply limit for a Schedule II opioid controlled substance for acute pain,
11. Outline of problems encountered when attempting to consult the PDMP, if the system was non-operational or the clinician, or his or her designee, is unable to access the PDMP due to a temporary technological or electrical failure; and
12. Periodic reviews. Records must remain current, maintained in an accessible manner, readily available for review, and must be in full compliance with rule 64B5-17.002, F.A.C., sections 456.057, 466.018, and 466.028(1)(m), F.S.

(g) Compliance with Laws and Rules. Dentists shall at all times, remain in compliance with this rule and all state and federal laws and regulations addressing the prescribing and administration of controlled substances.