As the year comes to an end, I reflect on the recent past achievements of the Florida Board of Dentistry. The Board of Dentistry co-chaired the Joint Committee on Controlled Substances defining acute pain and management as mandated by the Florida Legislature. House Bill 21 is now fully in effect, and the board of dentistry has worked hard to educate the dentists of Florida regarding their requirements for continuing education and patient care. The Board of Dentistry and its staff is committed to help the dentists of Florida through this process as it becomes a part of everyday practice for dentists across the state.

In addition, we are very close to completing EFDA updates while working with the Rules Committee and Dental Hygiene Committee. I hope to finalize this before the end of this year and launch early next year.

Chapter 14 on anesthesia has been modified to reflect the current standard of care. The changes reflect the requirements for providing safe and effective anesthesia in the state of Florida. For example, one of the most recent changes will require dentists sedating patients under the age of seven to be trained in Pediatric Advanced Life Support (PALS). This will hopefully decrease adverse events in the future when treating pediatric patients.

I would like to thank Joe Calderon for his service to the Board of Dentistry and the citizens of Florida. Joe has worked tirelessly for the last three years as a board member, and provided us with the benefit of his many talents and knowledge to achieve our goals. I look forward to Dr. Calderon remaining involved in organized dentistry and wish him luck in his future endeavors.

I am humbled to have served as chair for the Florida Board of Dentistry. I look forward to continuing to work as a board member and supporting the future chair and the Board of Dentistry to achieve our mission. I would like to thank the Board Members, the Executive Staff, and the Board Attorney, who together made all of our accomplishments possible over the past year.

Warmest regards,
T. J. TEJERA, D.M.D., M.D.
Each prescribing practitioner who is registered with the DEA must complete the new required CE course on Prescribing Controlled Substances by January 31, 2019.

If you do not have an individual DEA registration, then you must indicate so as provided below or you will be held to comply with the January 31, 2019, statutory deadline.

How to indicate if you are registered with the U.S. DEA:


2. Do you already have an account?
   a. Click “Yes” and log in using your MQA Online Services user ID and password
   b. Click “No” and follow the instructions provided to complete your one-time account registration

3. Once logged in:
   a. Go to the “Manage My License” section
   b. Select “Add/Change DEA Registration” in the dropdown list and follow the instructions to indicate if you hold a current registration with the U.S. Drug Enforcement Administration
      i. If you hold a current individual DEA Registration
         1. You MUST provide your DEA number
         2. You MUST complete the CE/CME course by January 31, 2019
      ii. If you are using the DEA registration of an institution or supervisor and do not have an individual DEA registration
         1. Indicate that you are not registered with the DEA
         2. You do not have to take the CE/CME course by January 31, 2019
      iii. If you do not have a current individual DEA registration
         1. Indicate that you are not registered with the DEA
         2. You do not have to take the CE/CME course by January 31, 2019

**After indicating you are not registered with the DEA then you DO NOT have to take a course on controlled substance prescribing**
If you have an individual DEA registration, follow the instructions below on how to take an approved CE/CME course:

How do I find the correct course?

**Step 1:** Go to https://cebroker.com/

**Step 2:** Click on “Course Search”

**Step 3:** Select “Florida” from the drop-down menu and then select your specific profession

**Step 4:** After selecting your profession, the next screen will show the following box. Click “Find Courses;” this will provide you with the required board approved courses

**Step 5:** Take a course
The Board Invites You to Join us at a Future Meeting

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

**February 15, 2019**
Hilton UF Conference Center
1714 SW 34th Street
Gainesville, FL 32607

**May 17, 2019**
DoubleTree by Hilton Orlando Airport
5555 Hazeltine National Drive
Orlando, FL 32812

**August 23, 2019**
 Omni Jacksonville
245 Water Street
Jacksonville, FL 32202

**November 22, 2019**
 Omni Jacksonville
245 Water Street
Jacksonville, FL 32202

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**Inspector Recruitment**

**Seeking Consultants with General Anesthesia Permit for Orlando Area Inspections**

Working as a sedation inspector offers a range of benefits from flexible working arrangements, receiving continuing education hours to networking and seeing how others in your profession work in your field. The Board of Dentistry is looking for dentists who hold a sedation permit to serve as dental consultants to perform new and routine inspections on sedation permit holders. Specifically, there is a need for inspectors in central Florida. Inspectors are compensated and receive two hours of continuing education. For more information or to request an application, please email the board at info@floridasdentistry.gov.

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**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.
Sedation permit holders, as well as future permit holders, are invited to attend a Dental Sedation workshop hosted by the Florida Board of Dentistry and the Division of Medical Quality Assurance’s Bureau of Enforcement. The purpose of this workshop is to interact with our dental inspectors to learn more about our inspection program.

Date: February 14, 2019  
Time: 9:00 AM until 4:00 PM  
Place: Hilton UF Conference Center  
1714 SW 34th Street  
Gainesville, FL 32607

The Board also invites you to attend their board meeting the following day, February 15, 2019 beginning at 7:30 a.m., at the same location. Up to 4 hours of CE can be earned each biennium for attending a meeting where disciplinary cases are heard.

The workshop will review:

- Operatory Requirements
- Emergency Protocols
- Common Deficiencies
- Recovery Room Requirements
- Demonstrated and Simulated Techniques for Initial Inspections
- Reporting Adverse Incidents
- Standard Equipment
- Anesthesia Records
- Reporting Location Changes
- Emergency Equipment
- Continuous Monitoring
- Medicinal Drugs
- Anesthesia Office Team Requirements
- Demonstrated and Simulated Techniques for Initial Inspections
- Standard Equipment
- Anesthesia Office Team Requirements

Five (5) continuing education hours will be awarded to licensees who sign in and sign out at the workshop.

Interested parties should preregister here: [https://www.surveymonkey.com/r/9B8X7KR](https://www.surveymonkey.com/r/9B8X7KR)

**Please Note:** The survey registration link will close **January 14, 2019**.
PROPOSED RULE LANGUAGE ON THE STANDARDS FOR THE PRESCRIBING OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF ACUTE PAIN

(Substantial rewording of Rule 64B5-17.0045 follows. See Florida Administrative Code for present text.)

64B5-17.0045 Standards for the Prescribing of Controlled Substances for the Treatment of Acute Pain. The standards of practice in this rule do not supercede 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.
(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 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, Section 456.057, F.S., Section 466.018, F.S., and Section 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.

To follow the progress of this rule, visit https://www.flrules.org/gateway/ruleNo.asp?id=64B5-17.0045.