



D.C. Board of Dentistry

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of Dentistry
Processing Department
Address/Name Change
899 North Capitol St. NE
First Floor
Washington, DC 20002

★ ★ ★
Government of the
District of Columbia
Vincent C. Gray, Mayor



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

Summer 2014

LETTER FROM THE CHAIR

Dear Colleagues,

Welcome to the Summer 2014 edition of the Board of Dentistry newsletter.

I am honored to serve as Chairperson of the Board of Dentistry. My tenure as Chair began January 15, 2014. Previously, I served as a Board member from 2010 and then as Vice Chair under the esteemed leadership of my predecessor, Dr. Daniel Howard.

The Board has been busy drafting regulations in response to the passage of the Omnibus Health Regulation Act of 2014. On page 5 of this newsletter our Board Attorney Advisory, Ms. Panravee Vongjaroenrat, Esq., highlights the matters that the Board is currently addressing. She also offers advice to licensees on how to stay in good standing with the Board. Ms. Vongjaroenrat has also included a legislative update, and an article about the laws pertaining to Corporate Dentistry in the District of Columbia.

Please note the article on page 8 about the need for licensees to be honest during the renewal process when answering the question "Have you ever been arrested, convicted or charged for a felony or misdemeanor including DUI, OWI or DWI?" during license renewal.

The Board is also addressing complaints submitted to the Board regarding dentists, hygienists and dental assistants. See the Board Orders at the back of the newsletter for our recent Board actions. Recently, there has been a significant increase in the number of patient complaints.

The practice of Dentistry today, in our ever changing and challenging world, is more than clinical patient care and practice administration. Practicing dentistry today is the exciting culmination of ideas, innovation, a collection of intangible resources, technology, social media and communication evolving instantaneously and attitudes having a direct impact on the treatment and structure of patient care in offices or practice settings. Economics and an increasing litigious society also have established a new reality in our industry as forces colliding and reshaping the Dental practice industry. These changes are often challenging and lead to a continual increase in the number of patients searching for a means to get quality treatment for their oral health needs and resolution of any dissatisfaction in the provision of those services.



Renee A. McCoy-Collins,
DDS, FACD, FICD

(continued on page 2)

Upcoming Board Meetings

**THIRD WEDNESDAY
OF THE MONTH**

at 899 North Capitol Street, NE
Washington, DC 20002

Open Session is at 10:30 a.m.

WHEN YOU MOVE (OR CHANGE YOUR NAME)

Licensees sometimes forget to inform the Board of Dentistry when they move or change names. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. All name and address changes must be submitted in writing to our office within 30 days of the change. Please include your name, address, Social Security number, and license number, if you know it. If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change. Fax your request to (202) 724-8677, or mail your name and/or address change to:

DC Board of Dentistry
Processing Department
Address/Name Change
899 N. Capitol Street NE
First Floor
Washington, DC 20002

THE BOARD NEEDS YOUR EMAIL ADDRESS

Send us your email address so that we will be able to deliver the newsletter electronically. Please send an email to thomasine.pointer@dc.gov. Please provide your full name and license type. Place "DENTISTRY NEWSLETTER" in the subject line.

LETTER FROM THE CHAIR (continued)

Although we now have additional biomedical and technological resources, clinical techniques and research that have enabled us to improve the quality of patient health and delivery of dental services to our patients we must still also focus on the basics of patients' understanding of the actual treatment.

Practicing Dentistry is a privilege dentists and dental hygienists endeavor to provide. I am certain, as a profession, we are dedicated to the provision of compassionate quality clinical care by effective treatment planning and dental team total care management (involving front office and finance) as the ultimate resource to achieving ideal comprehensive care. In the dental industry there are many organizations that support dentists in the provision of care by partnering for practitioner success so patients achieve the results they want.

Our role as the Board of Dentistry for the District of Columbia is to oversee the practice of dentistry and, in so doing, ensure competency of those individuals licensed or registered to do so and thereby protection of the public welfare. The Board notes the increase in patient complaints primarily begin and are related to communication over finances and unanticipated clinical services. During investigation of the complaints insufficient patient record documentation and inadequate patient education often create issues leading to necessary action by the Board. Helping your dental team members to be better communicators, and this often begins at the initial greeting, is a preventive measure in almost all instances. The power of communication can enhance the patient care visit. Front desk communication with members of the team on patient wishes and expectations for that visit and a clear understanding of the treatment plan and their personal accountability improves understanding, awareness and effective clinical management and trusted service.

Since our last newsletter, the Board has welcomed new arrivals to the Department of Health, DOH Director Dr. Joxel Garcia, and Senior Deputy Director Dr. Rikin Mehta. Dr. Mehta joined DOH and his biographical sketch is on page 11. Our previous HRLA Director, Dr. Feseha Woldu, accepted a position at Howard University. Our words of thanks to Dr. Woldu for 14 years of service to HRLA are on page 10.

Within the Board, we welcome new member Wesley Thomas, DMD. Dr. Thomas is interviewed on page 4. We are glad to have him and are confident that he will bring a new perspective to our Board meetings.

I would also like to take the opportunity to recognize the dedication of our other Board members, Dr. Jezelle Sonnier, Dr. Bernie McDermott, and Ms. Sibyl Gant, as well as Executive Director Dr. Vito DelVento, Counsel Ms. Pan Vongjaroenrat, and Ms. Thomasine Pointer, Health Licensing Specialist. Thank you all for the support and hard work.

Our Board continues to have the conviction, commitment and focus toward improvements in the evolving and exciting professional future in the practice of dentistry as we all endeavor to provide compassionate quality patient care to patients in the District of Columbia.

Please contact the Board with your concerns. The public is welcome to attend our Open Sessions, which begin at 10:30 am on the third Wednesday of every month.

Best Regards,

Renee A. McCoy-Collins, DDS, FACD, FICD
Chairperson, DC Board of Dentistry

BOARD OF DENTISTRY WELCOMES NEW MEMBER



Newly sworn-in Board Member **WESLEY THOMAS, DMD** (holding certificate), is welcomed by **DARRYL GORMAN** of the Office of Boards and Commissions, Dentistry Board Chairperson **RENEE MCCOY-COLLINS, DDS**, and Board Executive Director **VITO R. DELVENTO, DVM, MS**.

VERIFICATION OF LICENSURE

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called “letters of good standing,” even though your DC license may have expired. If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to “DC Treasurer” in the amount of thirty-four dollars (\$34.00) to:

Ms. Alma White
 Health Licensing Specialist
 DC Board of Dentistry
 899 North Capitol Street NE
 Second Floor
 Washington, DC 20002

On the form, be sure to include your name, along with the name and address where the form is to be sent. If the jurisdiction or institution that you wish the letter sent to did not provide a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name along with the name and address of where you want the letter of verification sent.

Please feel free to contact Ms. Alma White at **202-724-7325** or by email at **alma.white@dc.gov**.

YOUR RESPONSIBILITY

It is the responsibility of every Dentist and Dental Hygienist to read and be familiar with all regulations relevant to his/her practice.

Please take a moment to locate your regulations online, on the DC Department of Health website, at

<http://doh.dc.gov/node/146102>

Select “DC Municipal Regulations” for:

- Dental Hygiene
- Dentistry, or
- Dental Assistants



Wesley Thomas, DMD

MEET BOARD OF DENTISTRY MEMBER WESLEY THOMAS, DMD

"I am extremely impressed with the fairness, earnestness and diligence in which the Board acts in each case to ensure that residents of the District of Columbia receive optimal and safe oral health care from providers who are licensed in the District of Columbia."

Dr. Wesley Thomas is a 2001 Phi Beta Kappa graduate of Morehouse College in Atlanta, GA. During his matriculation through dental school at the University of Connecticut (UConn) School of Dental Medicine, he served as president of the Student National Dental Association and also helped to establish a chapter of the Student Hispanic Dental Association at UConn. Upon graduation from UConn in May 2005, Dr. Thomas moved to New York City to complete a General Practice Residency (GPR) at the Bronx-Lebanon in the Bronx, NY, from 2005 to 2007 where he also served as the Chief Resident of the GPR program.

Dr. Thomas moved to Washington, DC, in July 2007 upon completion of his Residency and worked as an Associate Dentist in Northwest DC from July 2007 to June 2008. In July 2008, he accepted a position with the US Department of Defense at the Washington Navy Yard as General Dentist where he currently practices.

Dr. Thomas serves on the Board of Directors for the Recreation Wish List Committee in Southeast DC. He served on the Board of Directors of Whitman Walker Health from 2009 until 2012, where he also chaired the Board Relations Committee. Dr. Thomas also served on the DC Mayor's LGBT Advisory Committee from 2011 to 2012. He has been a member of the DC Dental Society since 2007. He lives in the Brookland neighborhood in Northeast DC.

When were you appointed to the Board?

I was officially appointed to the Board of Dentistry in January 2014.

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

I have always been involved in organized dentistry since dental school and, for most of my life, I've been active in public service. I first learned of the District of Columbia Board of Dentistry from two dentists whom I have admired for their service in dentistry on the District of Columbia Board of Dentistry, Dr. Robert Ray and Dr. Robert Caldwell. Both shared with me about their experience and the invaluable service the Board of Dentistry provides for the residents of the District of Columbia, and encouraged me to apply.

Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?

I have been most surprised about the amount of time, work and preparation that goes into each Board meeting. Each Board member usually spends a number of days reading and preparing for the monthly meetings, which start at 9:00 am and end usually after 6:00 pm.

Some meetings have required a subsequent meeting or conference call to complete the monthly agenda. I am extremely impressed with the fairness, earnestness and diligence in which the Board acts in each case to ensure that residents of the District of Columbia receive optimal and safe oral health care from providers who are licensed in the District of Columbia.

What future goals do you have as a Board member?

My only goal as a Board member is to serve the residents of the District of Columbia and the dental professionals who practice in DC with the utmost integrity, fairness and respect.

What would you tell someone who is thinking about applying to serve on the Board?

Please apply! Citizens are needed to serve the residents of the District of Columbia with integrity, fairness and professionalism.

Any message you would like to convey to licensees?

Thoroughly read the application in its entirety, answer all questions honestly and provide all necessary documents and fees with the application. This will ensure that your application is reviewed and a decision rendered expeditiously.



Panravee Vongjaroenrat, Esq.

MEET BOARD OF DENTISTRY ATTORNEY ADVISOR PANRAVEE VONGJAROENRAT, ESQ.

How long have you been the attorney for the Board of Dentistry?

I began serving as attorney advisor to the Board of Dentistry in March 2012.

Can you briefly tell us about your background as an attorney?

I graduated from Georgetown University Law Center in 1995 and, prior to my current position, practiced immigration law for 15 years. My work experience has been in the private sector – law firms – and non-profit organizations. I represented individuals and business entities in their attempt to navigate and comply with immigration law. My practice spanned administrative representation before the United States Citizenship and Naturalization Service (USCIS) to deportation proceedings (litigation) before immigration courts and appellate practice before the Board of Immigration Appeals as well as the circuit courts for the United States.

Are there any legal/regulatory matters that the Board of Dentistry is currently addressing?

The Board is currently considering several regulatory measures. On February 5, 2014, the Mayor signed into law the Omnibus Health Regulation Amendment Act of 2014, D.C. Law 20-273, which amends the Health Occupations Revision Act (HORA) of 1985, effective March 25, 1986, D.C. Official Code § 3-1201.01 et seq., in several areas including creating

dentistry and dental hygiene **teaching licenses** as well as a **certification requirement for** dentists and dental practices that administer general and sedation **anesthesia**. Accordingly, the Board is drafting implementing regulations in these areas. Additionally, another matter that has been at the forefront of the Board's attention – as well as other boards of dentistry nationwide – is the matter of **ownership and control of dental practices**. The HORA prohibits, except in very limited circumstances, ownership and management of a dental practice by anyone without a dental license. This prohibition is broad and requires the promulgation of regulations to clarify the statutory provision. Licensees and the members of the public who wish to be informed of any proposed regulations or regulatory amendments should subscribe to the D.C. Register, which can now be done on the internet and sends alerts and notifications by e-mail. The D.C. Register can be accessed at www.dcregs.org.

What concerns do you foresee the Board might be considering in the coming years?

The regulatory matters mentioned above will remain the Board's priorities for the near future, particularly including the implementation of the anesthesia certification after the regulations have been promulgated. In addition to these new regulatory areas, the Board will continue to focus its attention on the professional standards and quality of dental care provided in the District to ensure the maximum protection of the public's dental health and welfare. Some additional matters that are prominently before many state boards also include creation of mid-level providers such as dental therapists, standards for botox and dermal fillers, and the prescription monitoring program.

What advice would you give to Board of Dentistry licensees (so they won't get in trouble with the Board)?

Based on my experience with the disciplinary issues that came before the Board, I find that high-quality **documentation is crucial** to protecting both the patients as well as the practitioners. I understand that dentists may consider it tedious and "a waste of time" to note down details of treatment plans, discussions with patients, clinical observations, and the like. And some dentists may have and take pride in their great memory and power of recollection. But it is important to bear in mind that patients do not see things from the same perspective or knowledge. They certainly may develop a very different memory and understanding of the event and the care they received. When it comes to weighing the words of the dentists against those of their patients, the Board must take great care and time in reviewing all the available record to arrive at the truth or what can be understood to be the truth. This is the time and resources that will likewise be needed from the dentists as well. However, if the dentists kept good notes and records, the Board's review could become only a matter of a few minutes and the matter can be dealt with expeditiously for all concerned.

Additionally, I would also like to note that practitioners of all professions would do well to take **ethics classes** periodically and find occasions to fully appreciate the trust that their professions implicitly enjoy from the public and clients they serve. In the pressure of everyday life and concerns, we may sometimes accidentally lose sight of ethical principles for the sake of financial or personal interests. Periodic attention to our ethical obligations may serve as a reminder and reinforcement of our commitment to others.

Get email alerts about proposed regulations and amendments in the District. Subscribe to the DC Register at www.dcregs.org.

CORPORATE DENTISTRY

By Panravee Vongjaroenrat, Esq., Assistant Attorney General
Board of Dentistry Attorney Advisor

Today, the issue of “corporate dentistry” is at the forefront of the attention of nearly all state boards of dentistry. This article is written to bring the issue to the attention of the District’s dental community. The matter is of grave significance to newly-graduated dentists who may receive attractive offers of employment in a circumstance involving corporate dentistry. However, the matter is also of high relevance to all dentists, particularly those who have considered or may consider a corporate structure for their dental practice.

What Is “Corporate Dentistry”?

Corporate dentistry as used in this article refers to a wide range of dental practices such as those owned and controlled by a corporation as well as those that may be owned and controlled by a single licensed dentist or group of dentists who may or may not be present and practicing at a particular practice but rely on others to manage, operate, and control the practice.

District of Columbia Laws Relating to Corporate Dentistry

D.C. Official Code § 3-1201.02(5) defined the practice of dentistry to include many actions. Subsection (J) further identifies the practice of dentistry as “[t]o be a manager, proprietor, or conductor of a business or place where dental or dental-hygiene services are performed.” D.C. Official Code § 3-1201.02(5)(J). In other words, no one other than a licensed dentist or license dentists may manage, operate, or own a dental practice.

Based on this legal definition, a corporation may not own or manage a dental practice since a corporation

The District of Columbia historically had no prohibition against ownership and management of a dental practice by non-dentists. However, in 2006, the Federal Bureau of Investigation (FBI) brought charges against a non-dentist owner of a dental practice in the District for health care frauds and false statements.

would not qualify for a dental license. “However, D.C. Official Code § 3-1201.02(5)(J)(vi) permits a professional corporation, organized in accordance with Title 29 Chapter 5 of the District law, to own and operate a dental practice.” D.C. Official Code § 29-502(2) defines a professional corporation as “a corporation organized under this chapter solely for the specific purposes provided under this chapter and which has, as its shareholders, only individuals who themselves are duly licensed to render the same professional service as the corporation.”

In addition to the exception for professional corporations, there are a few other exceptions to the dental license requirement for the ownership and management of a dental practice. Most notable of these exceptions is one applicable to non-profit community based entities or organizations that use a majority of public funds to provide dental and dental-hygiene services for indigent persons. D.C. Official Code § 3-1201.02(5)(J)(iv). Additionally, a short-term (one-year) exception is provided for the situation in which a

dentist owner of a practice is deceased and the ownership interest is passed to an heir who is not a licensed dentist. The non-licensed heir and owner, as well as any relevant administrator or executor, is permitted to retain the ownership and management for a year to permit final disposition of the ownership interest.

Small Smiles and Issues Involved in Corporate Dentistry

The District of Columbia historically had no prohibition against ownership and

management of a dental practice by non-dentists. However, in 2006, the Federal Bureau of Investigation (FBI) brought charges against a non-dentist owner of a dental practice in the District for health care frauds and false statements. The FBI investigation found evidence that the non-dentist owner of the practice had submitted claims for insurance payments for dental services that were not performed. The non-dentist owner pled guilty to the charges and agreed to pay restitution of \$164,000 and a fine of \$40,000. After this incident, the District law was changed in 2009 to require a dental license for ownership and management of a dental practice.

In 2008, the ABC7’s I-Team conducted an investigative report into the practices at Small Smiles Dental Clinics in the Washington Metro area. The report showed that Small Smiles, serving primarily Medicaid-eligible population including children, maintained the policy of using restraints such as papoose boards on children unnecessarily or without parental consent and rewarding dentists for the amount of services performed despite the lack of dental necessity for them.¹

(continued on page 7)

¹ See *Joint Staff Report on the Corporate Practice of Dentistry in the Medicaid Program, prepared by the staff of the Committee on Finance and Committee on the Judiciary, June 2013, at 7.*

APPLY TO SERVE ON THE BOARD

If you are a resident of the District of Columbia, in practice for 3 years or more, and in good standing with the Board, you may apply to serve on the Board of Dentistry. For full instructions on how to apply, please contact the Mayor's Office of Boards and Commissions (OBC):

OBC Website: www.obc.dc.gov

Phone: (202) 727-1372

Fax: (202) 727-2359

Address:

Office of Boards and Commissions
Executive Office of the Mayor
1350 Pennsylvania Ave., NW, Suite 302
Washington, DC 20004

CORPORATE DENTISTRY

(continued from page 6)

Following this exposé, Small Smiles' parent company, FORBA, and the Office of the Inspector General (OIG) of the Department of Health and Human Services (HHS) entered into a Corporate Integrity Agreement (CIA) which provided for a three (3)-year monitoring and review.²

Small Smiles emerged from the CIA under new management and ownership of Church Street Health Management (CSHM), which claims that it does not own dental clinics but instead provides management services to dentists who own the practices. However, based on a joint Senate committee report, *Joint Staff Report on the Corporate Practice of Dentistry in the Medicaid Program*, prepared by the staff of the Committee on Finance and Committee on the Judiciary, June 2013 ("Senate Report"), it was determined that CSHM was the *de facto* owner of all Small Smiles clinics and that, indeed, many companies purporting to offer management services to dental practices are in fact exercising improper control over the practices.³

Based on review of documents and investigation, the Senate Report notes that the control exercised by so-called management companies "undermined the independent, professional, and clinical judgment"⁴ of dentists through, among other things, the elevation of profit motivation at the expense of the quality of care.⁵ The Report details instances where the dental services provided were found not to be medically necessary.

Additionally, the first instance of the fraud-related case shows further that when the professional control and accountability of a licensed dentist is superseded by non-professional control, the possibility of fraudulent billing – billing for services not provided – may occur and, worse still, falls outside the oversight and jurisdiction of the Board of Dentistry where the practice owner is not a licensee.

The Senate Report concludes with three recommendations, one of which is that states should enforce existing laws against the corporate practice of dentistry.⁶ The recommendation indeed accords with the Board of Dentistry's priority. The Board is reviewing and drafting regulations that will clarify the license requirement for ownership and management of dental practices. The rulemaking process requires that proposed new regulations be published in the *D.C. Register* for public comment before they can be finalized and become effective. *D.C. Register* is issued weekly on Friday and is available at www.dcregs.org. Interested persons may create an account and subscribe to alerts relating to the subject matter of interest.

² *Id.* at 6.

³ *Id.*

⁴ *Id.* at 10.

⁵ *Id.* at 11.

⁶ *Id.* at 32.

The Board is reviewing and drafting regulations that will clarify the license requirement for ownership and management of dental practices.

HONESTY IS INDEED THE BEST POLICY

By Eric Yeager, Esq., Senior Health Licensing Specialist
District of Columbia Department of Health

Licensees and applicants should give serious consideration to the consequences of giving **incorrect, false, or misleading answers and omissions** when responding to the licensure application questions. Regarding the criminal background question, all DOH renewal applications will soon more clearly ask the following: “Have you ever been arrested, convicted or charged for a felony or misdemeanor including a **DUI, OWI, or DWI** (other than minor traffic violations for which a fine or ticket is the maximum penalty)?” For renewal applications, the applicable time period will be “Since your last renewal...”

There have been many iterations of this question over the years, and prior versions have asked whether one has “ever” been “investigated,”

“Have you ever been arrested, convicted or charged for a felony or misdemeanor including a DUI, OWI, or DWI (other than minor traffic violations for which a fine or ticket is the maximum penalty)?”

“arrested,” or “convicted” for “a crime or misdemeanor other than a minor traffic violation.” Licensees and applicants who improperly answer “no” on this question often explain to the Licensing Boards that they were confused by the question, “forgot” the arrests/charges, “turned themselves in” to authorities, or thought the arrests/charges were expunged by courts. However, many of the Licensing Boards find these explanations unpersuasive and

impose **monetary fines** and other **disciplinary actions** on licensees/applicants who submit false or misleading information on their licensure applications.

Regardless of the arrests, convictions, or other adverse actions in one’s past, an **applicant or licensee will not improve his or her plight** by adding new grounds for disciplinary action through the submission of a false or misleading statement to the Licensing Board. Please remember, even if the initial matter would not have been an issue, such as a 10-year-old jaywalking charge, **by failing to disclose the arrest on your application**, you could face the possibility of disciplinary action for submitting a false or misleading statement to the Board. Honesty is always the best policy.

THE DISTRICT OF COLUMBIA HAS THREE DIFFERENT TYPES OF “DRUNK DRIVING” VIOLATIONS

1. **Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
2. **Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an “appreciable degree.”
3. **Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

LEGISLATIVE UPDATE

By Panravee Vongjaroenrat, Esq., Assistant Attorney General
Board of Dentistry Attorney Advisor

On February 5, 2014, the Mayor signed into law the **Omnibus Health Regulation Amendment Act of 2013, D.C. Law 20-273, (“OHRA”)** which became effective on March 26, 2014. The OHRA includes several provisions amending health professional licensure law, creating new licensure requirements such as audiology assistants, speech-language pathologist assistants, personal fitness trainers, and athletic trainers. In addition to these new licenses, the OHRA also creates a **dental and dental hygiene teaching license** and the **certification requirement for general and sedation anesthesia**.

An applicant may qualify for a dental teaching license if he or she obtained a degree in dentistry from a program accredited by the American Dental Association (ADA)’s Commission on Dental Accreditation (CODA) or can demonstrate to the Board that his or her education and training are substantially equivalent, has passed the National Examination, and has an appointment or a promise of an appointment as a full-time or part-time faculty member at an accredited dental school located in the District.

An applicant may qualify for a dental hygiene teaching license if he or she completed an educational program in the practice of dental hygiene of at least 2 academic years at an institution recognized by the CODA or can demonstrate that his or her education and training are substantially equivalent, has been actively engaged in the practice of dental hygiene for three years immediately preceding the application, and has at least 150 hours of active dental hygiene practice, has passed the National Exam, and has an appointment or a promise of an appointment as a full-time or part-time faculty member at an accredited dental school located in the District.

Dental and dental hygiene teaching licensees may practice dentistry only at the institution where they are employed and under supervision of a licensed dentist at the institution – general supervision in the case of dental teaching licensees and direct supervision in the case of dental hygiene teaching licensees. A license expires when the licensee ceases to be employed at the sponsoring institution.

The OHRA also authorizes the Board of Dentistry to adopt regulations governing the certification of dentists and dental facilities that administer general anesthesia or sedation. The law does not require certification where a dentist administers nitrous oxide alone or only in conjunction with local anesthesia or non-prescription drug. Nor does the law require certification where a dentist prescribes or administers oral anxiety-relieving medication alone – i.e. not in conjunction with a pain-relieving medication (except local anesthesia or non-prescription drug) or nitrous oxide.

The Board will be working to draft regulations to be presented to the Mayor for adoption during the upcoming months. Proposed regulations will be first published in the D.C. Register for a thirty (30)-day comment period. Interested persons may wish to subscribe to alert notification at www.dcregs.org. Additionally, all proposed rulemakings will be discussed and reviewed during the open session of the Board, which meets regularly on the third Wednesday of each month at 899 N. Capitol Street, NE, 2nd Floor, Washington, DC 20002. The open session is generally held from 10:30 am to 12:00 pm.

Visit the Board of Dentistry webpage at: <http://doh.dc.gov/node/146102>

There you will find links to DC Municipal Regulations for Dentistry,
Dental Hygienists, and Dental Assistants, among othe links.

DOH WELCOMES NEW DIRECTOR JOXEL GARCIA, MD, MBA

In February, Dr. Joxel Garcia was confirmed to serve as the Director of the District's Department of Health (DOH).

Dr. Joxel Garcia is a physician and a former four-star admiral in the US Public Health Service Commissioned Corps. He served as the thirteenth Assistant Secretary for Health (ASH), US Department of Health and Human Services from March 13, 2008 to January 20, 2009. Most recently he served as the President of the Ponce School of Medicine, Ponce, Puerto Rico.

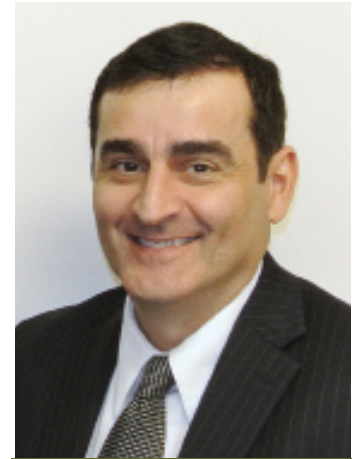
From 1999 to 2003, Dr. Garcia was Commissioner of Public Health for the state of Connecticut. During that time, he instituted a bioterrorism preparedness program, launched the national smallpox preparation and vaccination plans, and

led Connecticut's response to the anthrax attack. He also created urban health initiatives for disease prevention, and managed improvements in health literacy and economic conditions.

From 2003 to 2006, Dr. Garcia served as Deputy Director of the Pan American Health Organization (PAHO)/Regional Office Western Hemisphere for the World Health Organization. As Deputy Director, Dr. Garcia was responsible for setting the general direction and strategy of the organization alongside the director and for providing leadership and advice on all policy decisions. He was also responsible for maintaining effective relations between the organization and the governments of the United States, Canada, and Puerto Rico.

Dr. Garcia was nominated for appointment by President George W. Bush for the position of Assistant Secretary for Health with the rank of admiral in the Public Health Service Commissioned Corps in late 2007. He was confirmed by the US Senate on March 14, 2008, becoming the first Puerto Rican to serve as Assistant Secretary for Health.

As the Assistant Secretary for Health, Garcia was the primary advisor to the Secretary of Health on matters involving the nation's public health system and health science. He also oversaw the US Public Health Service and its Commissioned Corps for the Secretary of Health. In his position, Garcia's responsibilities included disease prevention, health promotion, public health



Joxel Garcia, MD, MBA

preparedness, women's and minority health, reduction of health disparities, fight against HIV/AIDS, pandemic influenza planning, and vaccine preventable diseases. Dr. Garcia's experience in public health encompassed health care delivery, bioterrorism preparedness, health policy, and international health affairs.

THANKS AND FAREWELL, DR. FESEHA WOLDU

In 2013, DC Department of Health bid farewell to Feseha Woldu, PhD, who served as Senior Deputy Director of the Health Regulation and Licensing Administration (HRLA) for 14 years. During his tenure, Dr. Woldu was able to expedite online licensure renewal and instituted a system to make compliance information available online. Dr. Woldu is now serving as the Associate Vice President for Clinical Affairs and Quality for Howard University. We wish him all the best in his new position.



Dr. Feseha Woldu with Councilmember Yvette M. Alexander and the current and former Directors of the Department of Health. Left to right: Dr. Gregg Pane, Dr. Woldu, Ms. Alexander, Dr. Joxel Garcia, Dr. Pierre N.D. Vigilance, and Dr. Ivan Walks.

DOH WELCOMES SENIOR DEPUTY DIRECTOR RIKIN MEHTA, PHARMD, JD, LLM

Dr. Rikin Mehta was appointed Senior Deputy Director for the Health Regulation and Licensing Administration for the DC Department of Health on January 13, 2014.

Dr. Mehta (or Rik) comes from the US Food and Drug Administration (FDA) where he served as the Deputy Director for the Division of Medical Policy Programs at the Center for Drug Evaluation and Research (CDER), Office of Medical Policy. As the Deputy, Dr. Mehta created and led the Nonprescription drug Safe Use Regulatory Expansion (NSURE) Initiative exploring regulatory methods to alleviate the undertreatment of common conditions or diseases through the use of innovative technologies or other conditions of safe use to expand access to medications.

Dr. Mehta started his FDA career in CDER, Office of

Compliance (OC), where he worked primarily on the Agency's unapproved drugs initiative. His responsibilities included ensuring industry compliance for the drug approval process, better patient access to safe and effective medicine. Following this work, Dr. Mehta served on detail as Senior Advisor for Globalization. In that role, he advised a working group that published the Commissioner's Special Report on the Pathway to Global Product Safety and Quality. Dr. Mehta was also involved in creating a new sub-office within CDER's Office of Compliance focused on drug security, integrity and recalls to work on domestic and international policies related to supply chain security and anti-counterfeiting. In this position, he enhanced the programmatic mission for global supply chain security by working on a 6-month tour of duty at the

World Health Organization in Geneva, Switzerland to further elements of a global surveillance system for detecting and reporting counterfeit drugs. Notably, Dr. Mehta served as an FDA technical advisor to INTERPOL and member of their coordination committee for a week-long operation called Operation Pangea IV. This operation involved the coordination of 81 countries and resulted in multiple arrests and the seizure of 2.4 million potentially harmful medicines worth USD 6.3 million worldwide.

Prior to FDA, Dr. Mehta worked as a drug store pharmacist as well as an emergency room/critical care pharmacist at a university hospital. Dr. Mehta received his B.S. in pharmacy from Rutgers University and Pharm.D. from the University of Arkansas for Medical Sciences. He later received a J.D. from Rutgers University



**Rikin S. Mehta,
PharmD, JD, LLM**

School of Law and a Master of Laws in Global Health Law and International Institutions through a joint program with Georgetown University Law Center and the Graduate Institute for International and Development Studies in Geneva, Switzerland. Dr. Mehta is originally from Houston, Texas and lives in the District of Columbia with his wife Reema, son Shailen and his puppy Dexter.

The DC Board of Dentistry regulates the practice of dentistry and dental hygiene in the District. The Board advises the Mayor and administers and enforces the law. The Board also evaluates qualifications, administers exams, and recommends standards and procedures. Moreover, the Board issues licenses, receives and reviews complaints, requests investigations, conducts hearings, and issues an annual report. Members must file personal financial disclosure statements.

The Board consists of DC residents appointed by the Mayor with the advice and consent of the Council. Members must have been in practice for at least three years preceding appointment. The consumer member must be at least 18 years old, not be a health professional, or in training to become one, and may have no household member who is involved directly or indirectly in providing health care. The Mayor appoints the chairperson. Licenses expire on December 31 of odd years.

BOARD OF DENTISTRY MEETINGS

The DC Board of Dentistry meets the third Wednesday of each month at 899 N. Capitol Street, NE, Second Floor, Washington, DC 20002. Open Session is at 10:30 am. Time is allocated during Open Session to allow the public an opportunity to speak to the Board. Please notify us in advance if you plan to attend a meeting by sending an email to hpla@dc.gov.

DENTAL ASSISTANT REGISTRATION

The Board of Dentistry would like to emphasize to dentists practicing in the District of Columbia, that **all dental assistants must be registered**. It has come to the Board's attention that the number of dental assistants who are currently registered does not reasonably reflect upon the number of dentists who are practicing in the District. **Any dentist who is found to be utilizing dental assistants who are not registered will be subject to disciplinary action.**

Assistants may be registered as either a Level 1 or Level 2 dental assistant. Those who do not meet the educational requirements set forth in the DC Municipal Regulations for Dental Assistants for Level 2, may be registered as a Level 1 dental assistant. Level 1 assistants may only perform more limited functions than those functions that a dentist may delegate to a Level 2 assistant. All assistants who have already been grandfathered in will be classified as a Level 2 dental assistant. Please refer to the current DC Municipal Regulations For Dental Assistants for more specific information.

Again, it is very important that all dental assistants are registered in the District of Columbia. The Board of Dentistry will be actively enforcing this regulation.

DC HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM

To attract healthcare providers to underserved areas, the DC Department of Health has established the **DC Health Professional Loan Repayment Program (HPLRP)**.

Dentists and registered dental hygienists may apply.

The goal of the program is to recruit and retain health professionals in Health Professional Shortage and Medically Underserved Areas of the District." Participants must have no obligation to any other loan repayment program, and practice in a clinic which accepts patients regardless of their ability to pay.

The contracts amounts are equivalent to 44 percent of a provider's total eligible debt up to \$61,952 for dentists and up to \$34,073 for all other eligible professionals.

For more information about the program, contact the HPLRP:

Webpage: <http://doh.dc.gov/service/dc-health-professional-loan-repayment-program-hplr>

Location:	Department of Health 899 North Capitol Street, NE, 3rd Floor Washington, DC 20002 Office Hours are Monday through Friday 8:15 am – 4:45 pm	Email:	HPLRP@dc.gov
		Phone:	(202) 442-9168
		Fax:	(202) 442-4947
		Contact	TTY: 711

HRLA'S PHARMACEUTICAL CONTROL DIVISION LAUNCHES PRESCRIPTION FRAUD REPORTING WEBSITE

In an effort to tackle prescription drug abuse, the DC Department of Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD) has developed and launched a website for **Prescription Fraud Reporting**—to report lost, stolen, and fraudulent prescriptions at:

<http://doh.dc.gov/page/prescription-fraud-reporting>.

This method will provide an accessible way for licensed practitioners and pharmacies to notify HRLA of incidents of fraudulent prescriptions. The HRLA website includes links to documents to report fraudulent prescriptions, tips for safeguarding prescriptions and helpful resources for prescribers, pharmacists and other health care professionals. This brings us one step closer to tackling a pervasive public health problem. The link can be found on the HRLA/Pharmaceutical Control Division website at <http://doh.dc.gov/pcd> or you may access it directly at <http://doh.dc.gov/page/prescription-fraud-reporting>.

Prescription drug abuse has risen to historic high levels across the United States, and this includes the District of Columbia. With this rise come many methods of obtaining prescription drugs for abuse. Some of these drugs are obtained legally for a legitimate purpose, and then used in a manner inconsistent with the intended purpose.

This method for abuse of prescription drugs is not something that can be easily controlled. The other method of obtaining prescription drugs for abuse is through diversion by theft or fraud, which can be controlled to some degree.

In an effort to track, monitor, and curtail prescription fraud, the District of Columbia Department of Health, Pharmaceutical Control Division (PCD) has developed a method for reporting lost, stolen, and fraudulent prescriptions. This method will provide a convenient way for licensed practitioners and pharmacies to notify PCD of those incidents of fraudulent prescriptions.

The website includes links to documents to report fraudulent prescriptions, tips for safeguarding prescriptions and helpful resources for prescribers, pharmacists and other health care professionals.

Pharmaceutical Control Division:

<http://doh.dc.gov/pcd>

Prescription Fraud Reporting:

<http://doh.dc.gov/page/prescription-fraud-reporting>

CONTROLLED SUBSTANCE REGISTRATION NUMBER

Practitioners must have both a Federal Drug Enforcement Agency (DEA) registration number and a District of Columbia controlled substance registration number (DC CSR) in order to legally prescribe controlled substances in the District. Pharmacies are prohibited from accepting prescriptions for controlled substances without a DC controlled substance registration number on the prescriptions. **Controlled substance registration numbers expire simultaneously with your dental license and can be renewed as part of your biennial dental license renewal.**

For more information, see 22 District of Columbia Municipal Regulations chapters 10 and 13. If you do not have a DC controlled substance registration number, please contact the Pharmaceutical Control Division, at (202) 442-5877.

**Get email alerts about proposed regulations and amendments in the District.
Subscribe to the DC Register at www.dcregs.org.**

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a Dentist, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have. The letter must also include your address, so we may contact you as necessary and notify you of any findings.

Please note: You can print a complaint form from our website at www.doh.dc.gov.

You may fax the complaint to the Board at (202) 724-8677, or mail it to one of the addresses below. You should mail the complaint to:

DC Board of Dentistry
899 North Capitol Street NE
First Floor
Washington, DC 20002

If your complaint alleges unlicensed activity, mail it to:

Supervisory Investigator
899 North Capitol Street NE
First Floor
Washington, DC 20002

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

CPR CERTIFICATION & INFECTION CONTROL CONTINUING EDUCATION REQUIREMENT

Renewal applicants are required to submit a current cardiopulmonary resuscitation certification for health care providers (CPR certification) and four (4) hours of infection control which are included in the 25 hours of continuing education. Dental hygiene licensees are required to have a current (CPR certification) and two (2) hours of infection control which are included in the overall fifteen (15) continuing education hours.

PAID INACTIVE STATUS

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must complete the paper renewal application indicating your decision to opt for Paid Inactive status before the date expires. If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired). It is unlawful to practice while your license is delinquent/expired.

BOARD ORDERS

2013 - 2014

REVOCATION

Neil Sushner (4/17/2013) - The dentist's license was revoked for violation of his consent order with the Board requiring him to maintain compliance with laws relating to boundary.

FINAL ORDER

Muhsen Haddad (3/13/2013) – The dentist was reprimanded and suspended until satisfactory completion of a remedial program, Dentist Professional Review and Evaluation Program (D-PREP), due to his conviction for assaulting an employee and failure to conform to standard of practice in dental restoration based on a former patient's complaint.

Bruce Hoffman (4/17/2013) – Based on complaints filed by three former patients, the dentist was reprimanded, assessed a fine of \$5,000, and ordered to complete remedial education in ethics, record maintenance, risk management, as well as diagnosis, treatment planning, and case selection.

Richard Lee (4/17/2013) – The dentist was reprimanded, ordered to undergo a fitness-to-practice assessment, and required to submit to two-year monitoring and probation based on his failure to maintain his dental office in sanitary condition and violation of a previous agreement with the Board.

Arthur Stubbs (9/19/2013) – The dentist was reprimanded, assessed a fine of \$1,000, and ordered to complete remedial education in record maintenance based on his failure to conform to standard of practice with regard to veneer restoration and radiographs.

Eddi Olachea (7/24/2014) – The dental assistant was granted registration based on the payment of a fine of \$200 and a monitoring program requiring annual criminal background check and supervisory report of good behavior for a period of five years due to his conviction for theft.

CONSENT ORDER

Richard Lee (2/26/2014) – The dentist was issued a consent order requiring him to enter into a monitoring program for a period of at least one year due to his violation of the Board's order.

Michael Sims (3/12/2014) – The dentist was issued a consent order requiring production of a patient's record, payment of a fine of \$2,500, and completion of a remedial ethics program based on two complaints from former patients.

DENIAL OF LICENSE

Gladys Haller (3/19/2014) – The applicant was denied registration as a dental assistant due to her conviction for a crime of moral turpitude.

David Hyde (4/23/2014) – The applicant was denied dental license due to having attempted to obtain licensure by fraud and having been denied licensure by the Maryland Board of Dental Examiners.



Government of the District of Columbia
Vincent C. Gray, Mayor



Health Regulation and Licensing Administration

Address

DC Board of Dentistry
899 N. Capitol Street NE
First Floor
Washington, DC 20002

Phone

(202) 724-8872

Fax

(202) 724-8677

Webpage

www.doh.dc.gov

DC Government website

www.dc.gov

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