



Update on Regulations Regarding Sedation in the Dental Office - p.7

In this issue

Legislative Session Recap - p. 4

Senator Chambers Kills LB 901
p. 5

Medicare Opt Out/ Opt In p. 14

President's Message

No Magic Wand



Dr. Mark Schlothauer

First of all, I would like to thank **Dr. Vogt** for his fearless leadership of our dental association this past year. I thank him for volunteering

his time and talents to organized dentistry. Next, I would like to thank **Jody** and **David** who are second to none in their efforts to keep and stay on top of the day to day operations of the NDA and for all of their efforts making the annual meeting a success.

Speaking of the annual session, to those of you that attended, I hope you enjoyed the CE (they were great), I hope you were able to talk to the vendors and buy something from them and for those of you that took advantage of the social events, I know you were not disappointed. Finally, I would like to say thank you for your confidence in me to lead our organization. I am humbled and excited for this opportunity and I look forward to a great year. Please mark your calendars now for my meeting on **April 28th, 2017** at **Embassy Suites in La Vista**.

Believe it or not I had a very upbeat and positive letter written as my first message, but something from the last couple of years has been brewing and has recently come to a boil so, I have scrapped the plans for that letter and have decided to write this instead. The issue that has me going, are the members that are unhappy with one thing or another with the NDA and or-

ganized dentistry in general. So, if you are one of those members and you are reading this, I hope that by the end of this message you can see that there are many complex issues facing our profession. Let me take the two most common reasons, in my opinion, why people aren't members or are thinking of not renewing their memberships.

First and foremost, the biggest reason is, "nothing ever seems to get done and if it ever does, it takes so long". I totally understand this frustration and believe me, it is slow and frustrating to get things done in an organization or in government. This is not your private practice where you can have a meeting on Monday and change the office policy to go into effect immediately. You must remember a lot of your concerns and things you want changed have to be changed by voting/elected members of the Association. Any change has to be discussed and vetted before the change can be made and this takes time so it is done correctly. If that change involves changing something in State statute then of course this also takes more time, especially with the art of the filibuster that some have perfected in government.

Take away lesson: Neither the NDA or the ADA (to my knowledge) has a magic wand that, with a wave of the hand or a flick of the wrist, can rewrite ADA or NDA bylaws or State statutes. How you can help: Volunteer your time and efforts to join a Council that is currently working on the issue that you want changed by tomorrow and offer your insights as to how the process will move faster once you are head of that Council.



The second biggest issue/concern that I hear, "I don't see any benefit to being a member." The benefits obviously depend on what you are looking for as a benefit and what you consider to be a benefit. It is true there are many of us that would like to see tangible benefits that you can hold in your hand or play with, but there are many more non tangible benefits that are more important than something you can touch or put a number on. Your Association is protecting you from special interest groups that are bound and determined to make the current model of our profession into the current medical model. Personally, I like knowing that firemen are being paid by my tax dollars, but that doesn't mean I want to set my house on fire to make sure I am getting my money's worth out of them.

How you can help: Volunteer your time and efforts to join the Council on Membership so that you can offer your insights as to what tangible thing you believe every member should receive by being a member.

Of course I realize, and you should too, that there is no magic wand that makes everything in dentistry just the way you think it should be. It should also be very clear to you that there are things that are threatening the practice of dentistry as we know it and will eventually trickle down and affect

your practice and how you practice. The answer is not to pull back your support to the only entity that has your interests in mind and pretend like nothing is happening, or that it is the dentist down the streets problem. The answer is not to regress into your office and be apathetic.

The answer is to be involved. Be proactive; not reactive with the issues that concern you. Just like when you tell a patient they have a cavity and it needs to be restored. We all have those patients that think that if they just ignore it that it will go away or if it doesn't hurt, it is out of sight and out of mind. There is no magic wand that makes that cavity go away. We all know that cavity will eventually turn into a bigger problem if it is ignored. We need to catch things now before they become a bigger problem.

We must be at the table speaking with **ONE LOUD VOICE** together! I am telling you now that the dentistry profession has a cavity and it needs some attention from you, from me, from all of us working together. If you have a concern or an issue about dentistry, I encourage you to talk it over with your NDA Trustee and get your concerns voiced. Please remember, most of us just like you, have a full time practice, children, sports activities etc. and are volunteering our time to give back to our profession that has given so much to all of us. I encourage those of you that aren't currently involved to become involved.

Thought for the day: "If you aren't at the table to eat the meal, then you may just be the meal."

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Legislative Session Recap

LB 901

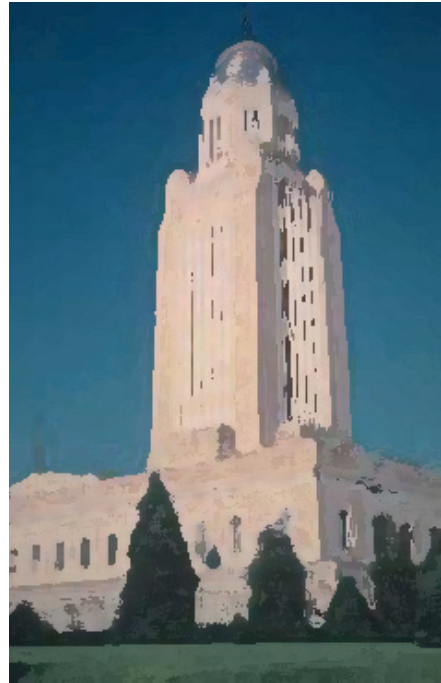
LB 901 was the NDA's bill to license dental assistants and expand the scope of practice of dental hygienists. The bill advanced from the Health and Human Services Committee on a 7-0 vote and was made a Speaker Priority bill. The bill failed to advance from General File after Senator Chambers succeeded in filibustering the agenda. **Senator Kolterman**, the bill's sponsor, has offered to bring the bill again next year. **Senators Howard and Williams** have both indicated that they will assist in getting the bill passed early in the 2017 session.

LB 471

LB471, **Senator Howard's** multi-year attempt to create a prescription drug monitoring program in Nebraska, was passed this year. The bill requires the dispenser of the drug to daily enter prescriptions for controlled substances by January 1, 2017 and for all drugs by January 1, 2018. All prescribers or dispensers will have access to the system at no cost. There are no carve outs. Beginning January 1, 2018 licensed veterinarians will also be required to report controlled substances.

LB 1032

LB 1032 was **Senator McCollister's** attempt to expand access to Medicaid under the Affordable Care Act. The Transformation Health Insurance Program Act or T-HIP failed



Engaged in Grassroots Action



NEBRASKA DENTAL ASSOCIATION

to overcome a bracket vote early in the debate. There is very little support for the bill and Senator Campbell is term-limited. It is unclear what will happen next year.

LB 750

LB 750 was **Senator Lindstrom's** bill to change the Uniform Credentialing Act relating to confidentiality and retaliation. The bill as drafted was overreaching and made all information provided to the Department confidential. We worked with Senator Lindstrom and the Department of Health and Human Services to make changes. The changes were adopted and the bill was signed by the Governor on April 6, 2016.

LB 1013

Two additional bills failed to advance: LB 1013 was **Senator Gloor's** final attempt to raise the cigarette tax for both health care needs and property tax relief. Senator Gloor was unable to secure five votes to move the bill from committee.

LB 553

LB 553 was the NDA's bill carried by **Senator Gloor** to include more definition as to what insurance companies could not prohibit dentists to bill for amounts not covered by dental insurance. The bill stalled in the Banking, Commerce and Insurance Committee.



Senator Chambers led an hour and one-half filibuster, beginning with LB 901 to effectively kill the bill for 2016

Legislative Bill 901

	Dental Assistant	Licensed Dental Assistant [new]	Licensed Dental Hygienist
Education	On the job trained or a graduate of a dental assisting program	High school diploma or equivalent [new] Graduate of a dental assisting program or 1500 hours of experience [new] Pass credentialing & jurisprudence exams [new]	Graduate from a dental hygiene program Pass credentialing, practical, & jurisprudence exams
Duties	(1) Perform Coronal Polishing (2) Take X-Rays (3) Place topical local anesthesia [new] (4) Monitor nitrous oxide w/ current CPR [new]	(1) take dental impressions for fixed prosthesis* [new] (2) take dental impressions and make minor adjustments for removable prosthesis* [new] (3) cement prefabricated fixed prosthesis on primary teeth* [new] (4) monitor and administer nitrous oxide analgesia* [new] (5) All procedures authorized for a unlicensed dental assistant	(1) teeth cleaning, scaling & root planning (2) Polish teeth (3) preliminary charting, screening (4) Brush biopsies (5) Pulp vitality testing (6) Gingival curettage (7) Removal of sutures (8) Application of fluorides & sealants (9) Impressions of teeth (10) Application of topical & subgingival agents (11) X-rays of teeth (12) Oral health education (13) Interim Therapeutic Restoration* [new] (14) Write prescriptions for mouth rinses and fluoride products* [new] (15) Administer & titrate nitrous oxide* [new] (16) All duties an unlicensed dental assistant may perform
Eligible for expanded function permits? [new]	No	Yes, with (1) 1500 hours of experience; (2) course, (3) jurisprudence & credentialing exams [new]	Yes, with (1) 1500 hours of experience; (2) course, (3) jurisprudence & credentialing exams [new]
Expanded functions with separate permits [new]	None	(1) restorative level one simple restorations (2) restorative level two complex restorations, and (3) complete final cementation of fixed prosthesis** [new]	(1) restorative level one simple restorations, and (2) restorative level two complex restorations [new]
** above deletion from HHS Committee Amendment			
Key [new] - This would be added into law by LB 901 * This function requires additional education and Note: LB 901 grants the Board of Dentistry authority to approve education and testing of assistants and hygienists			
[new] LB 901 also increases the scope of practice for public health dental hygienists : (1) interim therapeutic restoration technique*; (2) writing prescriptions for mouth rinses and fluoride products*; (3) minor denture adjustments to adults*			

From the Trenches



David J. O'Doherty

A busy spring to be sure. Senator Ernie Chambers going nuclear; Annual Session and Washington Leadership Conference last week.

To the far right **Dr. Scott Morrison** and I, along with Alliance of the ADA Treasurer **Anne Morrison**, made the annual trek to Washington, D.C. to visit our representatives.

We joined over 440 other dentists visiting the hill. The student loan debt burden was a key issue. We were able to discuss with congressional staff details on key student loan bills **H.R. 649 Student Loan Refinancing Act** and **H.R. 4223 Protecting Our Students by Terminating Graduate Rates that Add to Debt Act**. Representative **Adrian Smith** was not particularly open to this proposal, so if you are in the third congressional district, feel free to give his office a call to express your opinion.

We also discussed **H.R. 3323 Dental and Optometric Care Access Act of 2015**, the DOC Access Act, which prevents federally-regulated plans from dictating what a doctor can charge for noncovered services.

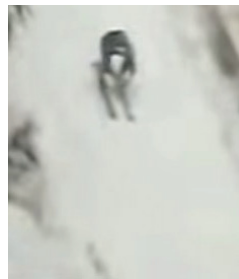
Protecting Seniors Access to Proper Care Act of 2015 (H.R. 4062) which would remove the mandate for dentists to enroll in or opt out of Medicare in order for their patients' prescriptions to continue to be covered by Medicare Part D Plans.

LB 901

Of all the things that could have derailed LB 901, I did not see this one coming . . . but then, who could.

For those of you old enough to remember the opening of **ABC's Wild World of Sports**, that is what watching LB 901 during the legislative debate felt like. If you are too young to recall this . . . Google it.

LB 901 is designated a Speaker Priority bill, which guarantees that it will be heard and most likely make it through



the legislative session. Here we are, speeding down the legislative hill, preparing for a glorious finish!



Then it happened . . . shortly before LB 901 was scheduled to be heard, Senator Chambers announces that

he is tired of the way he and the bills he cared about are being treated. . . therefore no one will get their bill heard.

The next day, Senator Chambers made good on his promise and LB 901 goes flying off the legislative hill for 2016. The agony of defeat . . . at least for this year.

2017

Senator Mark Kolterman has already agreed to reintroduce LB 901 next year and senators likely to Chair the Health Committee have agreed to calendar



the bill early for hearing to advance the bill to General File, the first stage of legislative debate. The summary of LB 901 is shown on page 5.

Sedation Statutes

The revised statutes that address sedation in your offices are reproduced on pages 10 & 11 and a summary of **Dr. Dennis Anderson's** presentation of the changes in the statutes is on page 7.

Most likely this summer, DHHS will schedule hearings regarding changes to the Regulations that will detail and implement the changes in the regulations. The Board of Dentistry, as part of their 407 Application to modify the statutes, has submitted **draft Regulations** that will be discussed during the hearings this summer are linked on the **Practice FAQs**.

MEMBER CENTER	MEETINGS & EVENTS	N
Member Center	Home > Member Center > Practi	
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Update on Sedation Regulations

172 NAC 56

During the House of Delegates meeting on April 21, 2016, **Dr. Dennis Anderson** gave a brief overview of the upcoming changes to the Regulations affecting Sedation in the Dental Office. The text from his powerpoint presentation is below.

In 2015, the Board of Dentistry introduced and passed **LB 80**, which is reproduced on pages 10 and 11. LB 80 modified the existing statutes affecting sedation and becomes effective on **July 1, 2016**.

New regulations are written and sent for approval.

New regulations take effect by 1 July 2016 *or the date they are finally approved by the governor's office.*

Current Regulations have three levels of permit:

- General Sedation Permit
- Parenteral Sedation Permit
- Inhalation Permit

Proposed Regulations will have the following Permits:

- General Anesthesia/Deep Sedation Permit
 - Moderate Sedation Permit
 - Minimal Sedation Permit
- Permits will renew in March of every odd year with your dental license

No Inhalation Permit

General Anesthesia/Deep Sedation Permit

Pretty much the same as previous General Sedation permit

now requires CO2/Capnography monitoring

ACLS

6 hours of CE on Sedation every 2 years

Moderate Sedation Permit

Similar to the previous parenteral permit

Now requires either CO2 capnography monitoring or precordial stethoscope

Instruments to intubate

60 hours of didactic/clinic experience

Current parenteral permits will be grandfathered in

ACLS or Approved Airway Course

6 hours of CE on sedation every 2 years

Same emergency drugs as the old parenteral permit

Minimal Sedation Permit

New permit category

Need to have 16 hours of CE on sedation

Mostly associated with oral sedation

Ability to provide positive pressure O2

Oral pharyngeal airway

BP cuff and Pulse Oximeter?

6 hours of CE on sedation every 2 years

BCLS for Medical personnel

**If providing sedation for 12 y/o and younger, must have Pediatric Advanced Life Support

No office inspection

What Applies to All Permits?

All permits will renew in March of the odd years with your dental license

All permits will be \$200

The current permits will remain in place until they need to be renewed with the new regulations

Office inspections when required will be completed every 5 years

For Moderate Sedation

Options for precordial stethoscope

Manual-price \$35.00 on up

Blue Tooth electronic stethoscope \$600 on up

Nurse Anesthetist in Your Office

If you have someone coming into your office to perform sedation for your patients there will be some requirements for the office, but will probably not be inspected.

This issue is still being discussed.

The main issue is making sure that appropriate emergency drugs and equipment are present in the office.

Annual Session

Cornhusker Marriott, April 22nd



Attendees were treated to excellent Continuing Education from **Dr. Greg Gillespie** (left) and **Dr. Brian Novy**. (right)



Dr. Gary Roberts, ADA President-Elect, addressed the NDA House of Delegates.



Dr. Jim Zenk, ADA 10th District Trustee, swears in the NDA 2016-2017 Officers. Left to right: Drs. **Scott Morrison**, **Mike Neal**, **Gary Westerman**, **Mark Schlothauer**, **Deb West**, **Merlyn Vogt**, **Brett Thomsen** and **Mark Hinrichs**.

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Annual Session



50 years of dentistry

Left to right: Drs. Harry Tolly, Kenneth Pinkerton, Kenneth Knowles and Gerald Gemar.

Not pictured: Drs. Dennis Gutz, Michael Kreekos, Luke Matranga, Jr., Donald Sattlem, Paul Shyken, Jared Smith, and Stanley Wehrli.

ADA Life Status

Left to right: Drs. Henry St. Germain, David Higgins, Donna Howe, John Herrmann, Ronald Hendrickson and David Zalewski.

Dr. Howe is the first female NDA DDS to achieve this status.

Not pictured: Drs. Terry Bolamperti, James Butz, Peter Jessen; Thomas Kiefer; Robert Money; James Palmer; Roger Plooster and James Sheets.



Hall of Fame

Dr. Brett Thomsen (left), presents the Hall of Fame award to **Dr. Eric Hodges**



Outstanding Young Professional

Dr. Merlyn Vogt (left), presents the Outstanding Young Professional award to **Dr. Tom Alexander**.



Presidential Award

Dr. Merlyn Vogt (4th from left), presents the Presidential Award to the **New Dentist Council**. From left to right: **Jennifer Peterman, UNMC D4, Drs. Steve Wirth, Jenna Hatfield, Jennifer Alexander and Tom Alexander**. Not pictured: **Drs. CJ Stec, Emily Willett, Miles Berg, Ernie Sigler, Melissa Lang, Matt Kelsey, Jay Zitterkopf & Julie Olson**

Legislative Update

Update of Sedation Statutes - Effective July 1, 2016

LEGISLATIVE BILL 80

Approved by the Governor May 13, 2015

Introduced by Gloor, 35.

Be it enacted by the people of the State of Nebraska,

Section 1. ~~Section 38-1101~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1101 Sections 38-1101 to 38-1151 [and section 3 of this act](#) shall be known and may be cited as the Dentistry Practice Act.

Sec. 2. ~~Section 38-1102~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1102 For purposes of the Dentistry Practice Act and elsewhere in the Uniform Credentialing Act, unless the context otherwise requires, the definitions found in sections 38-1103 to 38-1113 [and section 3 of this act apply](#).

Sec. 3. [Deep sedation means a drug-induced depression of consciousness during which \(1\) a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation, \(2\) the ability to independently maintain ventilatory function may be impaired, \(3\) a patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate, and \(4\) cardiovascular function is usually maintained.](#)

Sec. 4. ~~Section 38-1108~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1108 General anesthesia means a [drug-induced loss of consciousness during which \(1\) a patient is not arousable, even by painful stimulation, \(2\) the ability to independently maintain ventilatory function is often impaired, \(3\) a patient often requires assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function, and \(4\) cardiovascular function may be impaired](#) controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, and produced by a pharmacologic or nonpharmacologic method or a combination thereof.

Sec. 5. ~~Section 38-1112~~, Reissue Revised Statutes of Nebraska, is amended to read:[38-1112 Minimal sedation means a drug-induced depression of consciousness during which \(1\) a patient retains the ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command, \(2\) cognitive function and coordination may be modestly impaired, and \(3\) ventilatory and cardiovascular functions are unaffected](#) Parenteral means administration other than through the digestive tract, including, but not limited to, intravenous administration.

Sec. 6. ~~Section 38-1113~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1113 [Moderate sedation means a drug-induced depression of consciousness during which \(1\) a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation, \(2\) no intervention is required to maintain a patent airway and spontaneous ventilation is adequate, and \(3\) cardiovascular function is usually maintained](#) Sedation means a depressed level of consciousness in which the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command is retained and which is produced by a pharmacologic or nonpharmacologic method or a combination thereof.

Sec. 7. ~~Section 38-1137~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1137 A dentist licensed in this state shall not administer general anesthesia, [deep sedation, moderate sedation, or minimal](#) parenteral

sedation, or ~~inhalation analgesia~~ in the practice of dentistry unless he or she has been issued [the appropriate](#) a permit to administer ~~general anesthesia, parenteral sedation, or inhalation analgesia~~ pursuant to the Dentistry Practice Act. [A dentist licensed in this state may administer inhalation analgesia in the practice of dentistry without a permit pursuant to the act.](#)

Sec. 8. ~~Section 38-1138~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1138 A violation of provisions of the Dentistry Practice Act relating to the administration of general anesthesia, [deep sedation, moderate sedation, minimal](#) parenteral sedation, or inhalation analgesia may result in action against the dentist's permit, license, or both pursuant to section 38-196.

Sec. 9. ~~Section 38-1139~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1139 (1) The department, with the recommendation of the board, shall issue a permit to a Nebraska-licensed dentist to administer general anesthesia [or deep sedation](#) on an outpatient basis to dental patients if the dentist: (a) (1) Maintains a properly equipped facility for the administration of general anesthesia [or deep sedation](#) as determined by the board; (b) (2) Is currently certified in basic life-support skills [for health care providers as determined by the board and either advanced cardiac life support or an appropriate emergency management course for anesthesia and dental sedation as determined by the board](#) or the equivalent thereof; (c) (3) Has successfully completed an onsite evaluation covering the areas of physical evaluation, monitoring, sedation, and emergency medicine; and (d) (4) Meets at least one of the following criteria: [Has completed an advanced education program approved by the board that affords comprehensive and appropriate training necessary to administer and manage general anesthesia or deep sedation; or \(ii\) Is a fellow of the American Dental Society of Anesthesiology.](#) (a) Has completed one year of advanced training in anesthesiology and related academic subjects beyond the dental school level in an approved training program; (b) Is a diplomate of the American Board of Oral and Maxillofacial Surgery; (c) Has completed the educational requirements for eligibility for examination by the American Board of Oral and Maxillofacial Surgery; or (d) Is a fellow of the American Dental Society of Anesthesiology. (2) A dentist who has been issued a permit pursuant to this section may administer [moderate or minimal sedation](#) parenteral sedation or inhalation analgesia. (3) [A dentist who has been issued a permit to administer general anesthesia pursuant to this section prior to the operative date of this act may administer deep, moderate, or minimal sedation.](#)

Sec. 10. ~~Section 38-1140~~, Reissue Revised Statutes of Nebraska, is amended to read:38-1140 (1) The department, with the recommendation of the board, shall issue a permit to a Nebraska-licensed dentist to administer [moderate](#) parenteral sedation on an outpatient basis to dental patients if the dentist: (a) (1) Maintains a properly equipped facility for the administration of [moderate](#) parenteral sedation as determined by the board; (b) (2) Is currently certified in basic life-support skills [for health care providers as determined by the board and either advanced cardiac life support or an appropriate emergency management course for anesthesia and dental sedation as determined by the board](#) or the equivalent thereof; (c) (3) Has successfully completed an onsite evaluation covering the areas of physical evaluation, monitoring, sedation, and emergency medicine; and (d) [Meets at least one of the following criteria: \(i\) Has completed an advanced education program approved by the board that](#)

affords comprehensive and appropriate training necessary to administer and manage moderate sedation; or (ii) is a fellow of the American Dental Society of Anesthesiology. (4) Is certified as competent in the administration of parenteral sedation and in handling all related emergencies by a university, teaching hospital, or other facility approved by the board or by completing the curriculum of an accredited school or college of dentistry. Such certification shall specify the type, the number of hours, and the length of formal training completed at such school or college of dentistry. The formal training shall include, but not be limited to, forty didactic hours and twenty patient contact hours, including documentation of a minimum of fifteen supervised parenteral sedation cases. (2) A dentist who has been issued a permit pursuant to this section may administer minimal sedation inhalation analgesia. (3) A dentist who has been issued a permit to administer parenteral sedation pursuant to this section prior to the operative date of this act may administer moderate or minimal sedation.

Sec. 11. Section 38-1141, Reissue Revised Statutes of Nebraska, is amended to read: 38-1141 (1) The department, with the recommendation of the board, shall issue a permit to a Nebraska-licensed dentist to administer minimal sedation inhalation analgesia on an outpatient basis to dental patients if the dentist: (a) Maintains a properly equipped facility for the administration of minimal sedation inhalation analgesia as determined by the board; (b) (2) Is currently certified in basic life-support skills for health care providers as determined by the board and, if providing minimal sedation for persons twelve years of age and under, is currently certified in pediatric advanced life support as determined by the board or the equivalent thereof; and (c) Meets at least one of the following criteria: (i) Has completed an advanced education program approved by the board that affords comprehensive and appropriate training necessary to administer and manage minimal sedation; or (ii) Has completed training to the level of competency in minimal sedation consistent with the standards set by the American Dental Association as determined by the board or a comprehensive training program in minimal sedation as approved by the board. (2) An inhalation analgesia permit issued pursuant to this section prior to the operative date of this act terminates on such date. (3) Has completed an approved two-day training course or equivalent training which may be acquired while studying at an accredited school or college of dentistry.

Sec. 12. Section 38-1142, Reissue Revised Statutes of Nebraska, is amended to read: 38-1142 General anesthesia, deep sedation, moderate sedation, and minimal and parenteral sedation shall not be administered by a dentist without the presence and assistance of a licensed dental hygienist or a dental assistant.

Sec. 13. Section 38-1143, Reissue Revised Statutes of Nebraska, is amended to read: 38-1143 Any person who assists a dentist in the administration of general anesthesia, deep sedation, moderate sedation, or minimal parenteral sedation, or inhalation analgesia shall be currently certified in basic life-support skills or the equivalent thereof.

Sec. 14. Section 38-1144, Reissue Revised Statutes of Nebraska, is amended to read: 38-1144 Nothing in the Dentistry Practice Act shall be construed to allow a dentist to administer to himself or herself, or to any person other than in the course of the practice of dentistry, any drug or agent used for general anesthesia, deep sedation, moderate sedation, minimal parenteral sedation, or inhalation analgesia.

Sec. 15. Section 38-1145, Reissue Revised Statutes of Nebraska, is amended to read: 38-1145 (1) Permits issued for the administration of general anesthesia or deep sedation, moderate sedation, or minimal sedation ;

parenteral sedation, or inhalation analgesia pursuant to the Dentistry Practice Act shall be valid until March 1 of the next odd-numbered year after issuance. A permit issued for the administration of general anesthesia prior to the operative date of this act shall remain valid subject to the Dentistry Practice Act until March 1 of the next odd-numbered year, and it may be renewed subject to the Dentistry Practice Act as a general anesthesia or deep sedation permit. A permit issued for the administration of parenteral sedation prior to the operative date of this act shall remain valid subject to the Dentistry Practice Act until March 1 of the next odd-numbered year, and it may be renewed subject to the Dentistry Practice Act as a moderate sedation permit ; except that permits issued or renewed prior to March 1, 2007, shall expire March 1, 2009. (2) The department, with the recommendation of the board, shall adopt and promulgate rules and regulations to define criteria for the reevaluation of credentials, facilities, equipment, dental hygienists, and dental assistants and procedures of a previously qualified dentist to renew his or her permit for each subsequent renewal.

Sec. 16. Section 38-1146, Reissue Revised Statutes of Nebraska, is amended to read: 38-1146 All practice locations of a dentist applying for a permit to administer general anesthesia or deep sedation, moderate sedation, or minimal sedation parenteral sedation, or inhalation analgesia may be inspected at the discretion of the board. The board may contract to have such inspections performed. The board shall not delegate authority to review and to make recommendations on permit applications or to determine the persons or facilities to be inspected.

Sec. 17. Section 38-1147, Reissue Revised Statutes of Nebraska, is amended to read: 38-1147 (1) All licensed dentists practicing in this state shall submit a report to the board within thirty days of any incident which results in death or physical or mental injury requiring hospitalization of a patient which occurs in the outpatient facilities of such dentist during, or as a direct result of, inhalation analgesia, parenteral sedation, or general anesthesia, deep sedation, moderate sedation, minimal sedation, or inhalation analgesia. (2) The incident report shall include, but not be limited to: (a) A description of the dental procedure; (b) A description of the preoperative physical condition of the patient; (c) A list of the drugs and the dosage administered; (d) A detailed description of the techniques used in administering the drugs; (e) A description of the incident, including, but not limited to, a detailed description of the symptoms of any complications, the symptoms of onset, and the type of symptoms in the patient; (f) A description of the treatment instituted; (g) A description of the patient's response to the treatment; and (h) A description of the patient's condition on termination of any procedures undertaken. (3) Failure to submit an incident report as required by this section shall result in the loss of the permit.

Sec. 18. Section 38-1148, Reissue Revised Statutes of Nebraska, is amended to read: 38-1148 The department, with the recommendation of the board, may adopt and promulgate rules and regulations necessary to carry out the provisions of the Dentistry Practice Act relating to permits to administer general anesthesia or deep sedation, moderate sedation, or minimal sedation and relating to administration of parenteral sedation, or inhalation analgesia.

Sec. 19. This act becomes operative on July 1, 2016. **Sec. 20.** Original sections 38-1101, 38-1102, 38-1108, 38-1112, 38-1113, 38-1137, 38-1138, 38-1139, 38-1140, 38-1141, 38-1142, 38-1143, 38-1144, 38-1145, 38-1146, 38-1147, and 38-1148, Reissue Revised Statutes of Nebraska, are repealed.

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Medicare Opt-Out / Opt-in

Implementation Delayed until February 1, 2017

CMS, *once again*, extended the effective date by which dentists must have either enrolled or officially opted out of Medicare in order for prescriptions they write to be covered by Medicare Part D to **February 1, 2017**. CMS must verify your credentials and it will take them from 45-60 days to do so, therefore, the recent "Last Days! Act Now for 2016!" email.

Although routine dental services are not covered by Medicare Part B, there are several reasons why a dentist may wish to opt out of the program. For example, as of June 1, 2016, Medicare Part D plans will no longer cover prescriptions unless the dentist has either enrolled in or opted out of Medicare. In addition, a dentist may not order Medicare covered imaging services, clinical lab services, or DME-POS unless he or she has enrolled or opted out. Also, dentists who provide Medicare-covered services (there are a few dental procedures covered by the program) may elect to opt out of Medicare and enter into Private Contracts with patients who are Medicare beneficiaries rather than enroll in Medicare.

The Q & A below are from ADA.org.

Q: I read in the ADA News that I have to opt in or out of Medicare or else Medicare won't pay for the prescriptions I write for my patients who have Medicare Part D prescription drug coverage. How do I go about this?

A: In order for Medicare to pay for prescriptions under Medicare Part D, a dentist must do one of the following:

- Enroll as a Medicare provider
- Opt-out of the Medicare program.
- Enroll as an ordering/referring provider.

Q: If I opt out of Medicare, will my Medicare eligible patients still receive their Part D prescription drug coverage?

A: Yes, as confusing as this may be, once a dentist is in the Medicare system either by enrolling in or opting out, patients are eligible to receive their Part D prescription drug coverage.

Q: If I already enrolled as a Medicare ordering/referring provider do I need to take more action?

A: No. Since you are now in the system, your Medicare patients will be eligible for Part D prescription drug coverage.

Q: What happens if I choose not to do any of the above?

A: If you choose to do none of the above, your Medicare eligible patients will have their prescription drug coverage denied for the prescriptions you write.

Q: What if I do not see any Medicare patients or do not prescribe drugs for Medicare patients?

A: If you do not see any Medicare patients or do not prescribe drugs for Medicare patients, then you do not need to do anything.

Q. If I opt out of Medicare, can I continue to receive payment for services to Medicare beneficiaries under a Medicare Advantage plan?

A. **No.** The affidavit that you must sign in order to opt out must state that, during the opt-out period, you understand that you may receive no direct or indirect Medicare payment for services that you furnish to Medicare beneficiaries with whom you have privately contracted, whether as an individual, an employee of an organization, a partner in a partnership,

under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare Advantage plan. Click Here for Opt-Out Affidavit - mailing address is on the top of the form.

Q. How long does an opt-out last?

A. Once you file an affidavit notifying the Medicare carrier that you have opted out of Medicare, you are out of Medicare for two years from the date the affidavit is signed, unless you terminate the opt-out early under §40.35 of the Medicare Benefit Policy Manual (PDF), or unless you fail to maintain opt-out (see §40.11 of the Medicare Benefit Policy Manual [PDF]). After those two years are over, you could elect to return to Medicare or to opt out again.

Q. If I opt out and change my mind, can I terminate the opt-out?

A. Maybe. Under §40.35 of the Medicare Benefit Policy Manual (PDF), if you change your mind after the carrier has approved your opt-out affidavit, the opt-out may be terminated within 90 days of the effective date of the affidavit.

Q. How do I enroll in Medicare?

A. Providers can enroll in Medicare by using either Internet-based PECOS or by completing the paper 855I or 855O application.

This article and links to the Opt-Out Affidavit and CMS Opt-In forms are located on the NDA homepage.



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7160 South 29th, Suite 1, Lincoln, NE. 68516
(402) 476-1704 | 1-888-789-2614 | FAX (402) 476-2641
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