



Message from the Executive Director

Governor Waltz signed the Opiate Epidemic Response Bill (HF400/SF751) on May 22, 2019. It contains several significant changes to opiate prescribing and practices for prescribers of controlled substances. This article highlights three changes that affect prescribers effective July 1, 2019. Several other changes will be effective at later dates and will be presented in future newsletters. Opioids continue to be a critical focus for healthcare providers, community stakeholders, legislators, and patients alike. Overdose incidences in Minnesota rose in 2018. However, overdose deaths reduced in Minnesota in 2018. Whether they enter a community legally through valid prescriptions or illegally through drug trafficking, there is a responsibility as a community to address any consequences. Board Vice President Dr. Angie Rake and I have been very involved in opioid issues and the cause is near and dear; Dr. Rake's brother has a heroin addiction and my mother died of opioid-benzodiazepine toxicity at the age of 49. Dentistry must also be a part of the solution to address this important health topic, especially since dental prescribing is often times a young person's first exposure to opioids for the purpose of pain management.

Continued on page 2

Message from the Executive Director (continued)

I am so happy to see that many Minnesota dentists and programs dedicate countless hours and effort to reducing prescription rates, providing low-risk alternatives, increasing patient knowledge, and shifting patient expectation. Providers can effectively maintain patient comfort, while using minimal MME amounts in dosage. Just as with x-rays, understanding the ALARA principle could help conceptually understand and change prescribing habits – using minimal amounts as needed to achieve the desired clinical result. In pain management, several effective alternatives and guidelines exist that could continue to reduce and/or decrease reliance on opiates for acute/post-acute dental pain management.

*Bridgett Anderson LDA, MBA
Executive Director*

Update: Opioid Epidemic Response Bill

Limits on opiate prescribing and quantity

Limits on filling dates directly affect pharmacists and indirectly affect prescribers.

- No prescription for Schedule II through IV opiate or narcotic pain reliever may be initially dispensed more than 30 days after the date on which the prescription was issued.

When used for the treatment of acute dental pain, including acute pain associated with wisdom teeth extraction surgery or acute pain associated with refractive surgery, prescriptions for Schedules II through IV opiate or narcotic pain relievers shall not exceed a four-day supply.

"Acute pain" in this section of law means pain resulting from disease, accidental or intentional trauma, surgery, or another cause, that the practitioner reasonably expects to last only a short period of time.

Prescription Monitoring Program Audits Required for Delegates

Minnesota Statute 152.126, Subd. 6 was amended to require prescribers who have PMP delegates to audit those delegates quarterly, ensuring that they have not accessed the data for inappropriate reasons. If inappropriate access has occurred, the prescriber must remove that individual as a delegate and report the inappropriate access to the Board of Pharmacy. Prescribers must also terminate the delegate's access to the PMP within three days of the delegate leaving employment. The Board of Pharmacy will conduct random audits of access to the PMP by providers and delegates at least quarterly.

Update: General Anesthesia Inspections

The Minnesota Board of Dentistry has granted the Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS) the ability to perform sedation inspections for oral surgeons with general anesthesia certification. Providers will receive a three-month and a one-month email notice.

Providers can then schedule their inspection with an MSOMS coordinator.

[Here](#) is the new checklist and inspection materials for providers that are MSOMS members, hold a general anesthesia certificate, and are due for inspection.

Moderate Sedation and CSS Inspections

These types of inspections will continue to be coordinated internally by Board staff. The forms are located on our [website](#). The Sedation Committee is currently discussing the CSS sedation inspection process and may make changes in the near future. We will notify CSS holders of any adopted changes. The goal is improved efficiency.

Anesthesia Monitoring Training for Allied Professionals

The Board of Dentistry's Sedation Committee recently approved a new course for Anesthesia Monitoring Training. This new course will be in addition to the courses that are already approved by the Board for an allied anesthesia monitoring certificate. The course could be offered as soon as this Fall. We will add it to our website as an approved course when we have the final course information. If you have interest in the course or are a sedation certificate holder that would like to enroll staff, please stay tuned for more details.

As a reminder, in order to perform duties associated with anesthesia monitoring, allied dental professionals must have completed a Board approved training and have their certification. This program would be for individuals that have not undergone training yet.

We also recommend, but do not require, ongoing continuing education in this area. [Here](#) are the other current Board approved courses.

Can Pain Descriptors Assist with a Diagnosis?

It is not always easy to determine the cause of a patient's toothache. A study was recently done to see if sensitivity tests, cold, percussion, and **verbal descriptors** could help dentists with diagnosis. Patients with mechanical hypersensitivity reported a higher pain intensity, using descriptors like "radiating" and "throbbing" pain.

Read more about the study [here](#). The abstract can be found [here](#). Conversations with our patients can be some of our most valuable tools in identifying types of pathology that are present and can assist with forming definitive treatment plans.

Upcoming Inspections

For the 2020 fiscal year, the Board has 19 CSS, 82 GA, and 35 CS inspections due. Keep an eye out for your email notifications as a reminder to schedule your inspection!

PMP AWARxE

Have you accessed your Prescription Monitoring Program account on PMP AWARxE yet?

If you have not accessed your account, but had a current account on the other PMP system, you can visit the Minnesota Board of Pharmacy PMP [website](#) and reset your password. If you did not maintain an active account, you will have to register again.

The PMP AWARxE system is a better tool that helps providers identify prescribing history and patterns. It helps manage patients better, especially those currently using opiates or chronic pain patients that are on pain plans. It provides patient risk points as helpful resources to improve patient health and safety when prescribing. It also has real time data and is easier for providers and delegates to navigate. Prescribers can also monitor their own DEA number activity. With several recent Board cases involving forged or diverted prescriptions, this highly recommended tool allows providers to identify suspicious activity related to their DEA number.



The nation's leading real-time solution for state-run prescription monitoring programs offering the most comprehensive PDMP platform for early identification, prevention and management of substance use disorders. HIPAA- and state compliant, highly scalable for meeting current and emerging needs. Utilized in 43 states and municipalities, PMP AWARxE also enables PDMP data sharing with 44 participating states.

Continuing Education Credit Allowed for Inspections

The Minnesota Board of Dentistry's Sedation Committee recently approved the following as allowable activities within a licensee's CE cycle:

- 5 hours of elective CE credit allowed to our active sedation inspectors per biennium.
- 2 hours fundamental credit for any sedation certificate holder and staff that participates in sedation inspection (inspections are done on a five year cycle).

New Pediatric Sedation Guidelines

The American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) updated their sedation guidelines. Although not legally required by the state boards of dentistry, they are highly recommended. They can help improve the health and safety of children when being treated with sedation. There have been an alarming amount of patient deaths between the ages of 1 and 6 in other states in recent years. The new guidelines call for two trained personnel to be present when providing deep sedation or general anesthesia to children. Read more [here](#).



Visit our [website](#) and sign up for our newsletter!

2829 University Ave SE , Suite 450

Minneapolis, MN 55414

Phone: 612.617.2250

Toll Free: 888.240.4762

MN Relay Service for Hearing Impaired:

800.627.3529

dental.board@state.mn.us