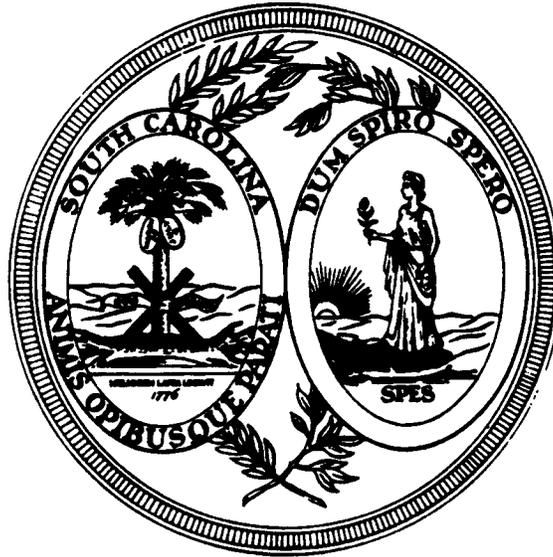


South Carolina General Assembly



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Legislative Audit Council



The State of South Carolina
General Assembly
Legislative Audit Council
Sunset Review of the
Board of Dentistry
September 2, 1987

THE STATE OF SOUTH CAROLINA

GENERAL ASSEMBLY

LEGISLATIVE AUDIT COUNCIL

SUNSET REVIEW OF THE

BOARD OF DENTISTRY

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INTRODUCTION

After reviewing the operations and laws of the Board of Dentistry, the Legislative Audit Council has determined that the Board should be continued. Termination would pose a threat to the health, safety, and welfare of the public. Several areas in which the Board can increase its effectiveness are discussed. First, there is a questionable need for the Board's regulation of dental technicians, who do not provide direct patient care. However, there is a potential need for requiring competency examinations of dental assistants, who do provide direct patient care.

In June 1987, the General Assembly reauthorized the Board of Dentistry through June 1988. This report updates the sunset review published by the Legislative Audit Council in 1986.

BACKGROUND AND HISTORY

Regulation of the practice of dentistry in the state was first authorized by Act 683 of the South Carolina General Assembly in 1875. The Act which created the State Board of Dental Examiners required that the five Board members be selected from the membership of the South Carolina Dental Association. In 1922, the Board extended its regulatory authority to include dental hygienists, as well as dentists. A 1946 act enabled the Board to regulate dental technicians.

In 1968, the Dental Practice Act changed the name of the Board to the South Carolina Board of Dentistry. This Act increased Board membership to six practicing dentists each of whom serves a six-year term. In 1981, an amendment allowed for the addition of an at-large public member, a dentist-at-large, and a dental hygienist to the Board.

The Dental Practice Act of 1986 revised and redefined the regulation and practice of dentistry in South Carolina. The Act repealed previous restrictions on public advertising by dentists and clarified guidelines upon which disciplinary decisions are based.

The Board has the responsibility of examining, licensing, and reregistering dental professionals in South Carolina. Also, the Board has the responsibility of establishing rules and regulations, receiving and investigating complaints, and conducting disciplinary hearings.

The following are descriptions of dental professions regulated by the Board:

- **Dentists and dental specialists** diagnose and treat diseases, lesions, and conditions of the oral cavity. South Carolina and 49 other states license dentists. There are approximately 1,750 licensed dentists, 320 of whom live out-of-state.
- **Dental hygienists** clean teeth, conduct preliminary examinations, dispense oral drugs, apply topical drugs, take X-rays, take patient vital functions, and perform

other functions under the supervision of dentists. South Carolina and 49 other states license or register dental hygienists. There are approximately 1,120 licensed dental hygienists, 200 of whom live out-of-state.

- **Dental technicians** perform extra-oral procedures including making, altering, and repairing prosthetic and orthodontic appliances. South Carolina and Kentucky are the only states that license dental technicians while four states require registration. There are approximately 170 licensed dental technicians, ten of whom live out-of-state.

- **Dental assistants** in South Carolina are not licensed, but their functions are limited by state regulation. Functions performed by dental assistants, under the direct supervision of dentists, include polishing teeth, taking X-rays, applying topical drugs, and taking patient vital functions. There are four states which register dental assistants.

SUNSET QUESTIONS AND FINDINGS

- (1) **DETERMINE THE AMOUNT OF THE INCREASE OR REDUCTION OF COSTS OF GOODS OR SERVICES CAUSED BY THE ADMINISTERING OF THE PROGRAMS OR FUNCTIONS OF THE AGENCY UNDER REVIEW.**

The Board of Dentistry has no direct control over prices charged by licensees for services rendered. The cost of dental services to the public is determined by individual dentists. The Board does assess fees for licensure and reregistration (see p. 11), but it is not likely that these costs significantly affect consumer prices. Also the Board's existence as a State agency increases indirect governmental costs which are ultimately borne by the consumer.

Dental Hygienists Restrictions

South Carolina requires direct supervision of dental hygienists and restricts their practice to a greater extent than other states. As a result, dentists are prevented from sending their hygienists to serve areas with dental care manpower shortages and other citizens with a significant need for dental care.

A dentist must be on the premises when a dental hygienist is performing his/her functions according to §40-15-80 of the South Carolina Code of Laws and Regulation 39-13. This practice is called "direct supervision." According to the American Dental Hygienists Association, however, approximately 40 states have some provision for the "general supervision" of dental hygienists. Under general supervision, a hygienist may provide certain dental services, when authorized by a licensed dentist, without the dentist being in the facility. These states allow general supervision in such alternative practice settings as

schools, hospitals, nursing homes, public institutions, etc., and for hygienists employed in the public sector.

Additionally, South Carolina does not permit hygienists to perform four "expanded functions" that over half of the other states allow, including placing and removing temporary restorations, and placing periodontal dressings.

Both the American Public Health Association and the Council of State Governments advocate the relaxation of restrictive supervisory requirements. According to the 1985 State Health Plan, more than half of the counties in the State, in whole or in part, were designated as Dental Care Health Manpower Shortage Areas by the United States Department of Health and Human Services. The plan recommends the increased use of dental auxiliaries. Also, a 1983 Department of Health and Environmental Control study found that additional dental treatment was needed by approximately 65% (387,000) of South Carolina public school children.

South Carolina's restrictions may prevent hygienists from providing primary dental care services to needy areas and segments of the population. Relaxation of these restrictions can increase the availability of, and access to, preventive dental care.

RECOMMENDATION

THE GENERAL ASSEMBLY SHOULD CONSIDER AMENDING THE DENTAL PRACTICE LAWS OF THE STATE TO ALLOW FOR THE GENERAL SUPERVISION OF PRIVATE AND PUBLIC DENTAL HYGIENISTS. THE BOARD SHOULD REVIEW REGULATION 39-13 TO CONSIDER INCREASING THE EXPANDED DUTIES DENTAL HYGIENISTS ARE PERMITTED TO PERFORM.

Follow-up:

The Audit Council reviewed the record of dental hygienists employed by the South Carolina Department of Health and Environmental Control (DHEC) under the general supervision of dentists employed by DHEC. For more than 20 years, DHEC hygienists have been providing education, oral screenings, and fluoride therapy in schools and community settings without the direct supervision of dentists. The Board of Dentistry reports that it has received no complaints regarding the professional competency of DHEC hygienists.

Until 1986, the statutory authority for the general supervision of DHEC hygienists was questionable. In June 1986, state law was amended to allow public health dental hygienists to perform certain functions under the general supervision of the State Director of Public Health Dentistry. The provisions of this act are effective until July 31, 1988, unless reauthorized by the General Assembly.

Under authority of the 1986 statute, DHEC has continued its existing dental health program and begun a special project. In January 1987, DHEC began a one-year project in which dentists (volunteers from the private sector and the Director of Public Health Dentistry) provided the initial screening on low-income Newberry County students to identify the need for dental sealants. The sealants were applied by DHEC hygienists using agency-approved protocol under the general supervision of DHEC's State Dental Director.

DHEC hygienists do not currently provide cleaning or X-rays of teeth except under the direct supervision of a dentist. However, DHEC officials state that there is a need for these services, which is not being adequately met, and that general supervision for these services could safely and effectively address that need.

Due to limited resources, the primary focus of DHEC's public dental health program is on children. DHEC reports that preventive services are generally more effective and

efficient in children. The dental health needs of South Carolina children are significant. For example, DHEC's 1982-83 study of dental health in South Carolina public schools reported that 66% (53,000) of low-income white students and 81% (151,000) of low-income nonwhite students, ages 5 through 17, were in need of dental treatment. Of all nonwhite students combined, seven out of every 100 (17,000) were in need of having one or more permanent teeth extracted.

Conclusion

The Audit Council could find no evidence to indicate that allowing general supervision of private and public sector hygienists would harm the public. In fact, evidence indicates that South Carolinians, a large number of whom have poor dental health, would be better served.

(2) WHAT ECONOMIC, FISCAL AND OTHER IMPACTS WOULD OCCUR IN THE ABSENCE OF THE ADMINISTERING OF THE PROGRAMS OR FUNCTIONS OF THE AGENCY?

The regulation of the practice of dentistry has been recognized as an appropriate governmental function in all 50 states. Termination of the Board of Dentistry and the elimination of its programs would pose a threat to the public's health, safety and welfare.

The Board is needed to ensure that those who present themselves as dentists and dental hygienists in South Carolina are qualified. Elimination of examination and licensure of dentists and hygienists would substantially impair the public's ability to identify individuals capable of providing dental services. As a result, the public may be exposed to untrained, unqualified and potentially harmful practitioners.

The reduced quality of care resulting from complete deregulation would likely outweigh the benefits of lower prices from competition. Therefore, the continuing regulation of dentists and dental hygienists is in the best interest of the public.

Dental and Orthodontic Technicians

The Board of Dentistry requires those dental and orthodontic technicians not working directly for a dentist or another registered technician, to be registered by the State. Technicians make, alter, and repair prosthetic and orthodontic appliances. These products are sold by technicians to dentists, since state law prohibits technicians from soliciting or accepting work directly from the public. Because technicians do not provide direct patient care, regulation may be unnecessarily restrictive, providing no additional protection to the public. Furthermore, registration may represent an unnecessary financial obligation to technicians.

Orthodontic technicians are registered by the State but are not required to take an examination. However, an examination is required of dental technicians, who must be at least 21 years of age, of good moral character, and the equivalent of a high school graduate. The candidate must also have completed a two-year study in dental technology or have worked for three years under direct supervision of a licensed dentist or a registered dental technician. The candidate must also pay \$300 to take the dental technician exam. The cost of annual reregistration is \$80.

The Audit Council found that of 50 states, only South Carolina and Kentucky require licensure or registration of dental technicians. Kentucky requires that dental technician candidates take and pass the Dental Technician Certification examination offered by the National Association of Dental Laboratories. In South Carolina,

candidates are required to take and pass an exam prepared by the Board of Dentistry.

The registration/licensing process should serve to protect public welfare; it should not be used to enhance the prestige or status of a group. If dental technicians desire proficiency in the practice of dental technology, the Board of Dentistry should recommend achieving accreditation through the National Association of Dental Laboratories. The proliferation of professional titles may create confusion and risk dilution of quality in the practice of dentistry. The public may be confused by three classes of dental professionals - dentists, dental hygienists, and dental technicians - which perform many of the same services at different levels of qualification or competence. By requiring dental technicians to register with the State, the Board may be needlessly restricting entry into the field and may enable the occupation to control its membership.

RECOMMENDATION

THE GENERAL ASSEMBLY SHOULD CONSIDER
REPEALING REGULATION 39-3 OF THE BOARD
OF DENTISTRY AND THE PORTION OF
§40-15-140 OF THE SOUTH CAROLINA CODE OF
LAWS PERTAINING TO EXAMINATION,
REGISTRATION, AND REGULATION OF DENTAL
AND ORTHODONTIC TECHNICIANS.

Follow-up:

State law and regulation continue to require the examination, registration, and regulation of dental and orthodontic technicians.

Dental Assistants

Dental assistants, who provide direct patient care, are not required to have their knowledge or skill tested in

order to be considered "qualified" under South Carolina regulation. As a result, the public has inadequate assurance of their ability to provide dental care.

State Regulation 39-12 permits "qualified" dental assistants to conduct procedures on patients such as taking X-rays, taking vital functions, polishing teeth, applying topical drugs, and cementing temporary crowns and bridges. While conducting these procedures, dental assistants are also responsible for ensuring that sanitary conditions are maintained. To be considered "qualified," individuals must:

1. Be currently certified; or
2. Have graduated from an approved course for certified dental assistants; or
3. Have had continuous employment as a chairside assistant in a dental office for at least two years.

The third means of becoming "qualified" listed above requires no curriculum of study, no training in specific skills, and no test of knowledge or skill. State regulation does not permit chairside assistants to perform any of the functions they will be performing as qualified dental assistants at the end of the two-year period. By not requiring a test of knowledge or skill before permitting individuals to be dental assistants, it is not clear how all dental assistants can be considered "qualified."

There is a nationally administered certification examination for dental assistants. Requiring dental assistants to pass an exam of this type would provide a more objective measure of their qualifications.

RECOMMENDATION

THE GENERAL ASSEMBLY AND THE BOARD OF DENTISTRY SHOULD CONSIDER REQUIRING ALL NEW DENTAL ASSISTANTS TO PASS A VALID PROFICIENCY EXAMINATION PRIOR TO BEING CONSIDERED "QUALIFIED" TO PRACTICE.

(3) DETERMINE THE OVERALL COSTS, INCLUDING MANPOWER, OF THE AGENCY UNDER REVIEW.

Follow-up:

From FY 80-81 to FY 85-86, Board expenditures increased 74%, from \$72,413 to \$125,637. During the same period, Board revenues increased 44%, from \$90,936 to \$130,593. Over the past six fiscal years, revenues raised through the licensure and examination functions averaged 27% greater than Board expenditures. Table 1 lists the Board's fee schedule.

Personal service and employee benefits comprised 31% of the Board's expenditures in FY 85-86.

TABLE 1
SOUTH CAROLINA BOARD OF DENTISTRY SCHEDULE OF FEES
JULY 1987

	<u>Initial</u>	<u>Reregistration</u>
General Dentistry	\$300	\$ 90
Dental Specialist	300	100
Dental Hygienist	150	80
Dental Technician	300	80

Source: South Carolina Board of Dentistry.

Reregistration Fees

The Board of Dentistry has not set license reregistration fees for dentists, hygienists, and technicians through State regulation. Section 40-15-170 of the South Carolina Code of Laws, which requires reregistration fees to cover the costs of the Board, does not specifically require that the fees be set through State regulation.

However, §40-15-140 requires that fees for license examinations be set by "rules and regulations." To comply

with this law, the Board has established all examination fees in State regulation through the process set forth in the Administrative Procedures Act. If the Board would also set reregistration fees in State regulation, the General Assembly, the public, and the professions would have an increased role in influencing Board policy.

RECOMMENDATION

THE BOARD OF DENTISTRY SHOULD CONSIDER
PROMULGATING REREGISTRATION FEES IN
STATE REGULATION.

**(4) EVALUATE THE EFFICIENCY OF THE ADMINISTRATION OF THE
PROGRAM OR FUNCTIONS OF THE AGENCY UNDER REVIEW.**

The Audit Council reviewed the Board's operations and noted several problems which may affect its efficiency and effectiveness. Biennial reregistration of dental practitioners would result in additional revenue to the State. The Board does not have reciprocity with, nor does it credential practitioners from, other states. The need for the Board to develop and administer practical exams to dental professionals is questionable. Also, laws and regulations governing dental hygienists may be too restrictive. These areas are discussed in detail below.

Biennial Reregistration

By switching to a biennial reregistration schedule, the Board of Dentistry could realize significant savings over the current annual reregistration schedule. Total savings to the State would be approximately \$9,380 over two years.

Annual reregistration of dentists, dental hygienists, and dental technicians is required by §40-15-170 of the South Carolina Code of Laws. Reregistration applications are mailed to each person licensed by the Board on or about

October 15 of each year; completed applications are to be returned to the Board by December 31. If the application is not returned by the following October 1, then the license is cancelled.

The Audit Council found that Georgia, Florida and Virginia register dental professionals biennially. At least 11 other states have registration on less than an annual basis. Savings associated with biennial reregistration of dental professionals in the State are presented in Table 2.

TABLE 2

PROJECTED SAVINGS/REVENUES FROM BIENNIAL REREGISTRATION

Reduction in Mailing Costs	\$1,254
Reduction in Printing Costs	762
Reduction in Cost of Supplies	114
Revenue from Interest*	<u>7,250</u>
TOTAL Savings/Revenues	<u><u>\$9,380</u></u>

*Based on FY 84-85 revenues of \$102,847 invested by State Treasurer's Office at an annual interest rate of 7.05%.

Source: South Carolina Board of Dentistry.

Most (77%) of the revenue produced through biennial reregistration would result from interest paid to the State if reregistration fees were collected for a two-year period rather than annually. If the extra \$102,847 collected through licensing fees were allowed to earn interest for an additional 12 months, it would result in revenues of approximately \$7,250.

Board Directory

The Board of Dentistry annually publishes a directory of all dentists, dental hygienists, and dental technicians registered with the State, in addition to dental practice laws of the State. The 1986 directory will cost approximately \$6,500 to be published and distributed to each

dental professional in the State. Also, the Board maintains an updated, computerized listing of the State's licensed dental professionals.

The Board may wish to eliminate publishing the directory on an annual basis. If the Board published the directory biennially, the State would realize savings of approximately \$6,500 every other year. Computerized listings of dentists, dental hygienists, and dental technicians could be maintained, updated, and made available to the public for a fee.

RECOMMENDATION

THE GENERAL ASSEMBLY SHOULD CONSIDER AMENDING §40-15-170 OF THE SOUTH CAROLINA CODE OF LAWS TO PERMIT THE REREGISTRATION OF LICENSED DENTAL PROFESSIONALS EVERY OTHER YEAR. FEES SHOULD REMAIN AT THE CURRENT RATE, BUT EACH COLLECTION SHOULD BE FOR A TWO-YEAR PERIOD.

Follow-up:

State law still requires reregistration on an annual basis. The Board continues to publish its directory on an annual basis.

Licensure by Credentials

The Board of Dentistry does not have reciprocity with any other state. Dentists and dental hygienists moving to South Carolina must pass the Board's practical exam for licensure. This requirement may be unnecessarily restrictive.

According to the American Dental Association (ADA), six states have reciprocal agreements with other jurisdictions. Additionally, 19 states license dental practitioners from other states through licensure by credentials. Certain

requirements must be met before the out-of-state licensee is granted a license by credentials. These include requirements that the applicant be an active, competent practitioner, who has practiced for a minimum specified number of years. No disciplinary proceedings or unresolved complaints may be pending in any other jurisdiction. The licensure requirements of the other state should also be substantially similar to, or higher than, those of the state granting the license by credentials.

The ADA and the Council of State Governments have advocated licensing by credentials. Requiring dental practitioners, who have proven their competency to another state, to pass the Board exam may restrict entry into the dental practice.

RECOMMENDATION

THE BOARD OF DENTISTRY SHOULD CONSIDER
ADOPTING RULES AND REGULATIONS ALLOWING
OUT-OF-STATE PRACTITIONERS TO BE
LICENSED BY CREDENTIALS.

Follow-up:

The Board continues not to permit licensure of out-of-state practitioners based on the credentials of applicants.

Board Examination

Practical exams administered by the Board to dentists and dental hygienists may be unnecessary. Joining a regional testing agency would result in such advantages as allowing practitioners within the participating states to enter South Carolina within five years without further examination (see p. 14).

According to the American Dental Association (ADA), 31 states belong to one of the four regional testing agencies in the country. Virginia, Kentucky, Tennessee, and Arkansas

belong to the Southern Regional Testing Agency (SRTA). Examinations given by SRTA allow dental practitioners to be licensed in the participating states within five years of passing the exam. Examinees would also be given the opportunity to choose from more than one exam date during a year. South Carolina offers exams once a year.

Participation in a testing agency would help ensure that accepted criteria and standards are used to examine South Carolina dental practitioners. Joining a regional testing agency would eliminate the need for the Board to develop and administer exams to dentists and dental hygienists, reducing staff time spent on this function.

Specialty Examinations

South Carolina administers specialty exams to dentists such as orthodontists and oral surgeons, in accordance with §40-15-250 of the South Carolina Code of Laws. South Carolina is one of 12 states that examines dentists in specialty areas. In the remaining 38 states, the national specialty boards administer exams to dentists in appropriate areas. According to §40-15-250, specialists accredited by a specialty board may be licensed in South Carolina without further examination. Therefore, the development and administration of a state exam may be unnecessary.

RECOMMENDATIONS

THE BOARD OF DENTISTRY SHOULD CONSIDER
JOINING A REGIONAL TESTING AGENCY FOR
THE EXAMINATION OF DENTAL PRACTITIONERS.

THE BOARD SHOULD CONSIDER ALLOWING
SPECIALTY BOARDS TO ACCREDIT ALL DENTAL
SPECIALISTS.

Follow-up:

The Board has not joined a regional testing agency. The Board continues not to permit specialty boards to accredit dental specialists.

- (5) **DETERMINE THE EXTENT TO WHICH THE AGENCY UNDER REVIEW HAS ENCOURAGED THE PARTICIPATION OF THE PUBLIC AND, IF APPLICABLE, THE INDUSTRY IT REGULATES.**

The Audit Council, in 1980, recommended that the Board of Dentistry provide for representation of the occupations it regulates, in addition to public representation, on the Board. In 1983, the Board added an at-large public member and a dentist-at-large; in 1984, the Board included a dental hygienist. However, if the Board should continue to regulate dental technicians (see p. 8) then it should consider providing Board representation for the approximately 150 dental technicians registered in South Carolina.

The Board has encouraged public participation by posting an agenda at the Board's office and submitting announcements and agendas of scheduled meetings to Columbia newspapers.

Dental Hygienist Voting Restrictions

The dental hygienist on the Board is not empowered to vote on licensure and disciplinary matters involving dentists, although the lay member may vote on disciplinary matters. According to the American Dental Hygienist Association, 37 states allow the dental hygienist(s) on the board to vote on disciplinary matters for dentists. In approximately 30 states, the dental hygienist(s) is allowed to vote on matters of examination for licensure of dentists.

Section 40-15-20 of the South Carolina Code of Laws, which limits the dental hygienist's voting powers, may be unnecessarily restrictive. Allowing the lay member to vote

on disciplinary matters for dentists while prohibiting the dental hygienist from doing the same is inconsistent.

RECOMMENDATION

THE GENERAL ASSEMBLY SHOULD CONSIDER AMENDING §40-15-20 OF THE SOUTH CAROLINA CODE OF LAWS TO ALLOW THE DENTAL HYGIENIST MEMBER OF THE BOARD TO VOTE ON DISCIPLINARY AND/OR EXAMINATION FOR LICENSURE MATTERS FOR DENTISTS.

Follow-up:

State law continues not to permit the dental hygienist member of the Board to vote on disciplinary matters or licensure.

- (6) DETERMINE THE EXTENT TO WHICH THE AGENCY DUPLICATES THE SERVICES, FUNCTIONS AND PROGRAMS ADMINISTERED BY ANY OTHER STATE, FEDERAL OR OTHER AGENCY OR ENTITY.**

The Audit Council found no evidence that the Board of Dentistry duplicates the services, functions or programs of federal or local agencies. However, the Department of Health and Environmental Control Bureau of Drug Control issues controlled substance permits to dentists. The Bureau may also initiate prosecution against violators of the State Controlled Substances Act.

- (7) EVALUATE THE EFFICIENCY WITH WHICH FORMAL COMPLAINTS FILED WITH THE AGENCY CONCERNING PERSONS OR INDUSTRIES SUBJECT TO THE REGULATION AND ADMINISTRATION OF THE AGENCY UNDER REVIEW HAVE BEEN PROCESSED.**

The Audit Council found that Board of Dentistry complaints are handled in an efficient manner. The

Board uses a central complaint log and maintains a file on each complaint. The log contains a file number, the complainant, the dentist against whom the complaint has been filed, and dates of investigation. Each file documents allegations of the complainant, results of preliminary and subsequent Board investigations, and disposition of the case. The Board maintains separate filing areas for cases that have been dismissed, cases which involved Board action, and cases that are still being investigated. Sources of complaints range from patients to dentists. In 1985, the Board handled 38 complaints.

Follow-up:

The Audit Council found no changes.

(8) DETERMINE THE EXTENT TO WHICH THE AGENCY UNDER REVIEW HAS COMPLIED WITH ALL APPLICABLE STATE, FEDERAL AND LOCAL STATUTES AND REGULATIONS.

The Board of Dentistry is governed by §40-15-10 et seq. of the South Carolina Code of Laws. The Audit Council found that the Board has violated §40-15-50 by exceeding the maximum allowable per diem paid to Board members annually. The Board has also not complied with the requirement for submission of a letter of intent to the Office of Small and Minority Business Assistance (OSMBA). These are discussed further below.

Board Member Per Diem

An Audit Council review of Board travel vouchers shows that the Board has exceeded the limitation on per diem paid Board members. Section 40-15-50 of the South Carolina Code of Laws limits the amount of per diem paid Dental Board members to \$1,000 annually. From FY 83-84 through April of

FY 85-86, the \$1,000 limitation was exceeded eight times by an average of \$391.

RECOMMENDATION

THE BOARD OF DENTISTRY SHOULD COMPLY
WITH THE PER DIEM LIMITATIONS OF
SECTION 40-47-50 OF THE SOUTH CAROLINA
CODE OF LAWS.

Follow-up:

In 1987, state law was amended to remove the \$1,000 statutory limit.

Minority Business Plan

The Board of Dentistry has not complied with the South Carolina Consolidated Procurement Code requirements for assistance to minority businesses. The Board has not filed a letter of intent with the Office of Small and Minority Business Assistance (OSMBA) concerning purchases with minority businesses.

OSMBA of the Governor's Office was established to assist State agencies in carrying out the intent of Article 21 of the South Carolina Procurement Code. According to OSMBA, small boards are not required to prepare a complete Minority Business Enterprise Utilization Plan. Instead a letter of intent which commits 10% of controllable funds to minority businesses should be filed. The Board estimates that in FY 84-85, approximately \$20,000 represented controllable funds.

The Board's lack of compliance with OSMBA requirements may cause businesses owned and operated by minorities not to be afforded the opportunity to fully participate in the State procurement process. Board officials were not aware of OSMBA's requirements.

RECOMMENDATION

THE BOARD OF DENTISTRY SHOULD COMPLY
WITH THE OFFICE OF SMALL AND MINORITY
BUSINESS ASSISTANCE'S MINORITY BUSINESS
REQUIREMENTS.

Follow-up:

According to the Governor's Office of Small and
Minority Business Assistance, the Board of Dentistry has
submitted and received approval for a letter of intent to
purchase from minority businesses.

APPENDIX



South Carolina State Board of Dentistry

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August 25, 1987

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Mr. George L. Schroeder
Legislative Audit Council
620 Bankers Trust Tower
Columbia, South Carolina 29201

Dear Mr. Schroeder:

After reviewing the Legislative Audit Report of the South Carolina State Board of Dentistry, the Board has the following responses and comments concerning the areas of the report where the Council suggested changes.

I. DENTAL HYGIENISTS RESTRICTIONS

The Dental Practice Act was amended in 1986 to allow public health dental hygienists to apply sealants to school children's teeth in certain areas of the state outside the presence of a dentist. The results of this procedure are not yet available. Following the last Legislative Audit Council Report in 1986, the Board appointed a committee to study recommendations for expanded duties for dental hygienists. This committee hopes to meet with a committee from the Dental Hygienists Association to work out a suitable agreement.

II. DENTAL AND ORTHODONTIC TECHNICIANS

The consensus of the Board that the current regulations for the examination and registration of dental technicians serves a useful purpose for the public and for dentistry.

III. DENTAL ASSISTANTS

The Board is agreeable to looking into the feasibility of improving the regulations for dental assistants.

Mr. George L. Schroeder
Legislative Audit Council
August 25, 1987
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IV. REREGISTRATION FEES

By retaining the ability to set reregistration fees, the Board will be assured of meeting its changing financial responsibilities each fiscal year.

V. BIENNIAL REGISTRATION

Registration on an annual basis is necessary in order to maintain contact with licensees in our highly mobile society.

VI. BOARD DIRECTORY

The need to print a directory on an annual basis is substantiated by its wide-spread use by the dental profession and by other groups and individuals not only in our state but by agencies of other states who rely on the statistical information it provides and also on the information concerning changes in state laws and regulations which are updated annually in the directory.

VII. LICENSURE BY CREDENTIALS

Since the Board's last reply before this Council, it has had no further comment or contact from other states concerning its inquires regarding licensure by credentials. The Board is still of the opinion that it is in the best interest of the public to continue with the present procedure of evaluating applicants for licensure.

VIII. BOARD EXAMINATION

A. REGIONAL TESTING

The Board would look very favorably upon affiliation with a regional testing agency that would include our neighboring states. At present no such agency has been established.

B. SPECIALTY EXAMINATIONS

To require specialists to be certified by an American Specialty Board would impose the inconvenience of a delay in beginning a specialty practice in this state.



Mr. George L. Schroeder
Legislative Audit Council
August 25, 1987
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IX. DENTAL HYGIENISTS VOTING RESTRICTIONS

The Board agrees that the General Assembly should amend §40-25-20 to allow complete participation by the dental hygienist member by voting in all areas of Board action including disciplinary.

Sincerely,



N. B. Heyward
Executive Director

NBH/agm