the Navigator
guidance for your dental career
You may take many different paths throughout your dental career: the path of private practice; the path of education and public health; and/or the path of working for a large corporate practice. No matter the path you choose, the Texas Dental Association (TDA) will be your steadfast guide as you navigate your lifelong career in dentistry.

To steer you forward, the TDA presents, “The Navigator,” which provides the tools you will need to choose your path to successfully reach your destination.

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Now more than ever, “professional growth” and “growth of the profession” go hand in hand. Your membership and financial support to organized dentistry are critical to the success of the dental profession not only in Texas but across the country. Continuing education, practice management resources, and financial services, along with many other added benefits become readily available when you support this national, state, and local partnership.

Organized dentistry is a **tripartite system**, which includes the American Dental Association (ADA), the TDA, and your local dental society. Membership in this system represents a powerful commitment to your continued growth as a professional, as an individual, and as a dentist.
**ADA American Dental Association**

Founded in 1859, the American Dental Association (ADA) is the oldest and largest national dental society in the world. The ADA has grown to become the leading source of oral health related information for dentists and their patients. The ADA is committed to the public’s oral health, ethics, science, and professional advancement as well as access to care for all Americans.

The Texas Dental Association (TDA), chartered in 1871, is the third largest state dental association in the United States. Currently, the Association has more than 9,000 members and is comprised of 26 component dental societies grouped into 4 divisions across the state of Texas. The TDA’s mission is to be the voice of dentistry. The TDA accomplishes its mission by meeting the needs of its diverse membership.

**LOCAL COMPONENT SOCIETIES**

Geographically, the TDA is divided into 26 districts also known as component dental societies. Prospective members join through their local society, which is designated according to the location of his or her primary practice. The larger component societies have one or more staff members that process membership applications. **However, most local component societies are unstaffed. In the event that you will be applying for membership to an unstaffed component, please contact the TDA Department of Member Services & Administration, 512-443-3675.**
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The TDA provides the practicing dentist with practice management and business resources, continuing education, charitable care opportunities, and political preservation of the profession, through its affiliates — TDA Financial Services, Inc. (TDA Perks Program), TDA Smiles Foundation, and DENPAC — and through its annual session (The TEXAS Meeting).

TDA Financial Services, Inc., the for-profit affiliate of the TDA, operates the TDA Perks Program. The Perks Program provides valuable benefits for TDA members. All of its endorsed products and services offer preferential privileges, allowances, or discounted pricing and are currently available to TDA members. TDA Perks has also worked with its partners to offer exclusive learning experiences such as the highly attended New Office Symposium for TDA members. TDA Perks Partners’ products and services not only have to pass the test as exceptional values for TDA members, but endorsed companies also pay royalties for the license to use the TDA Perks Program logo and name in their advertising to TDA members. These royalty payments create non-dues revenue for the TDA representing an additional monetary benefit for TDA members.

TDA Smiles Foundation is the charitable arm of the TDA. Its mission is to educate the public and profession about oral health and improve access to dental care for the citizens of Texas through programs such as Texas Mission of Mercy and Fluoride Fest. TDA members have the opportunity to volunteer their time and services to provide much-needed preventive and restorative dental care at no charge to underserved areas of Texas.

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DENPAC, the general purpose political action committee of the TDA, is a voluntary, non-profit, unincorporated group of dentists whose goal is to influence the nomination or election of state candidates who have demonstrated their concern for the preservation of dentistry as an independent profession, and for the dental health of the people of Texas. DENPAC is funded by voluntary contributions from TDA members, their families, and staff.

denpac.org

The TEXAS Meeting is the premier dental meeting in the state and one of the largest in the nation. The TDA presents an excellent mix of continuing education, technical exhibits, and social functions. Meeting participants can register through the meeting’s website for continuing education courses and housing, as well as access information on education, travel, special events, exhibits, and governance.
texasmeeting.com
As stated by the American College of Dentists, “Your charge as a dentist is to be a professional. If you are going to call yourself a professional, if you want to be recognized as a professional, and if you want to be a professional, then you must conduct yourself as one. Otherwise you run the risk of assuming the title without accepting the obligations.” You must always provide patients with the best dental services you are capable of providing.

**CODE OF PROFESSIONAL CONDUCT**

Both the ADA and the TDA strongly encourage all dentists to uphold the highest standards of professional and ethical conduct. The ADA and TDA Principles of Ethics and Code of Professional Conduct obligate dentists to respect the position of trust inherent in the dentist-patient relationship, communicate truthfully and without deception, and maintain intellectual integrity.

**ADA Principles and Code of Professional Conduct**

ada.org/194.aspx

**Texas State Board of Dental Examiners Rules Chapter 108 Professional Conduct**

tsbde.state.tx.us

**TEXAS DENTAL ASSOCIATION & TEXAS STATE BOARD OF DENTAL EXAMINERS**

The Texas Dental Association (TDA) is a professional association that represents approximately three-fourths of the dentists in Texas. The TDA is not the same as the Texas State Board of Dental Examiners, which is a stand-alone state agency that licenses dentists and allied dental personnel and regulates the practice of dentistry in Texas.

Regardless of your practice model, it is important to remember that YOU have a legal and ethical responsibility to your individual patients. Per the Texas Dental Practice Act and Texas State Board of Dental Examiners (TSBDE) regulations, a Texas-licensed dentist is responsible for all acts performed under that dentist’s license regardless of whether the dentist has an ownership interest or an employment or contractual relationship with a dental practice.¹

You must always remain mindful that no one person or entity may interfere with your professional judgment.²

For example, dental records are the sole property of the dentist performing the dental service unless the records are transferred as detailed in the Texas Dental Practice Act and TSBDE regulation. Every Texas-licensed dentist is mandated by law to make, maintain, and keep adequate records of the diagnosis and treatment performed for and upon each dental patient.³

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Another example of your professional and ethical responsibility is to follow the state regulations if you choose to dismiss a patient. A dentist may terminate the dentist-patient relationship for a reasonable cause if the dentist follows the requirements set forth in the TSBDE rule. The treating dentist, not an employer or other entity, must remain available for emergency services for at least 30 days after the notice of termination is served upon the patient. The notice must follow the requirements outlined in the rule.⁴

If you face an ethical dilemma, you may access the ADA’s new confidential ethics hotline by calling the ADA at 800-621-8099 and stating that you have a question for the ethics hotline. Dentists confronted with ethical questions can call the hotline, explain the issue, and receive a call back from a member of the ADA Council on Ethics, Bylaws and Judicial Affairs.

PEER REVIEW — MEDIATION
Peer review exists for the benefit of the patient and the dentist. As an alternative to civil litigation, it serves as a confidential means of resolving complaints. The TDA and its 26 component societies offer the peer review process as a service to the public and dentists of Texas. This free service for TDA members is designed to resolve disputes concerning the quality and/or appropriateness of dental treatment. Its purpose is to resolve disputes concerning the quality and/or appropriateness of dental treatment. In addition to patient initiated complaints, peer review handles utilization review resulting from differences of opinions between doctors and third-party insurance carriers.

Non-members and/or third parties who utilize the peer review process are required to pay a reasonable amount to defray the administrative costs of peer review. The current suggested minimum amount is $250.00. The amount charged shall not exceed the equivalent of tripartite dues. It should be noted that, even if a non-member or third party is required to pay an amount equal to tripartite dues, the non-member or third party shall not become a member of the TDA, eg, as a result of such payment.

TDA Peer Review Sign for the Dental Office
tda.org/associations/6946/files/PeerReviewSign.pdf
Dentistry is a challenging and rewarding profession. Dentists diagnose, prevent, and treat diseases in the oral cavity. After graduating dental school, you will find numerous pathways for pursuing a dental career including private practice, public hospitals, the health services and the armed services, as well as other areas such as academia or dental science research. You may choose more than one path and work in multiple practice settings over the lifetime of your career.
PRIVATE PRACTICE
There are numerous types of private practice business models. The most common are solo practitioner, partnership, and group practice. Private practice ownership allows the dentist the highest level of control and responsibility over all aspects of practice. According to the ADA, more than 80% of dentists are in private practice, as a solo practitioner or as partner in a group practice. Owning a dental practice has advantages and disadvantages. It requires you to have practice management and business management expertise. This includes understanding staff training, marketing strategies, personnel matters, billing, scheduling, and regulatory requirements.

OWNER
The solo practitioner consists of a single, individual owner operator who manages and controls all business operations of the dental practice. In a partnership, a number of dentists band together to share the responsibilities of practice management. Group practices are defined as either a single practice entity owned by more than one dentist, or multiple separate dental practices within the same facility creating a shared practice core.

ASSOCIATE DENTIST
A common form of dental employment is an associateship, where a dentist works as an employee of another dentist, or a group practice. Associateships offer new graduates an opportunity to refine clinical skills while working with an established dentist. There are 2 main approaches to associateships: without practice equity and with practice equity. In an associateship without practice equity, a dentist works as an employee as opposed to a potential owner of the dental practice. Associateships with practice equity afford a dentist the option to “buy in” and become an owner in the practice.
LARGE CORPORATE PRACTICE
The ADA defines large corporate practice as a very large (more than 20) number of dentists practicing at single or multiple locations. The benefits of this practice model include a set salary, paid time off, clearly established work hours, health insurance, professional malpractice insurance, and centralized administrative work done for the dentist (eg, payroll, human resources, etc). However, an important difference between corporate dental practice and private dental practice is ownership. Dentists in corporate dental practice are typically employees of the practice and do not have an ownership stake, although depending on the setting, an employee dentist may also have an ownership interest. Here are 3 different examples of large corporate practices.

GROUP SERVICE ORGANIZATION
A Group Service Organization, also known as franchise dentistry, is a type of “start from scratch” dental practice with several offices or branches usually under one trade name (eg, XYZ Dental). In this model, the dentist is often an employee. Dentists practicing for such entities receive the benefits of widespread media advertising, a statewide/national referral system, and practice management.

DENTAL MANAGEMENT SERVICE ORGANIZATION (DMSO)
A Dental Management Service Organization (DMSO) works with an existing practice rather than building a new dental practice from the ground up. Often, the dentist that originally started the practice retains ownership while contracting for a set fee with the DMSO to provide materials, human resource support, marketing, etc. As with the group service organization, dentists working for this practice model receive the same benefits.

GEOGRAPHIC OR MULTI-SPECIALTY MODEL
In the more traditional Geographic or Multi-Specialty Model, dentists may divide time among numerous practice locations, which are defined by geographic boundaries.

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IV. CAREER PATH (cont.)

EDUCATION & PUBLIC HEALTH
After a self-appraisal, you may find that your professional interests better suit you for a career path in education or public health.

Dental public health focuses on population-based dentistry, oral health surveillance, policy development, and community-based disease prevention and health promotion. Federally Qualified Health Centers (FQHC)/Community Health Centers are an integral part of the dental safety net. These local, non-profit or public centers may be located in urban or rural areas and offer primary and preventive medical and dental care. Employed dentists may work full time or part time depending on the contract.

Working for an FQHC is attractive for recent dental school graduates as loan repayment is available. The contract for FQHC employment is negotiated separately from the loan repayment contract and you can’t apply for loan repayment without first having a signed FQHC employment contract.

The Federal Dental Services includes working for the military, veteran’s affairs, or U.S. Public Health Services Corp. There are 5 branches of the armed services (Army, Air Force, Navy, Marines & Coast Guard), but only 3 have (Army, Air Force and Navy) their own health service corps. Dentists working for the U.S. Department of Veteran Affairs care for veterans of the military branches, and dental officers in the Commissioned Corp work throughout the U.S. Department of Health and Human Services and in other federal agencies and programs.

- U.S. Army Dental Corps • goarmy.com/amedd/dentist.html
- U.S. Navy Dental Corps • navy.com (search Careers & Jobs › Health Care)
- U.S. Air Force • airforce.com/careers/detail/general-dentist
- U.S. Department of Veterans Affairs • va.gov/dental/careers.asp
- U.S. Public Health Service • usphs.gov/profession/dentist/

Dentists working in academia engage in teaching, research, service and faculty dental practice. Academic dentists are evaluated for tenure based in part on teaching, research, and service. Academic dentistry is the foundation of the knowledge, science, critical thinking and ethical principles that are necessary for the continued development of the profession.

Nursing homes, assisted care facilities, and other health care facilities also employ dentists. These institutions offer dentists an opportunity to care for patients in an inter-disciplinary setting with physicians, nurses, etc.

The National Health Service Corps website has valuable information including loan repayment and scholarship information nhsc.hrsa.gov.

Contact the Texas Primary Care Office at the Texas Department of State Health Services for a listing of FQHCs in Texas (https://www.dshs.state.tx.us/chpr/default.shtm).

Academy for Academic Leadership: academicleaders.org.

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RESEARCH & CONSULTING
Dental consulting and research are broad fields. With regard to research, careers and training opportunities are available from government agencies, research institutions, universities, and private corporate research centers. Dental insurance companies employ dentists in different roles, including claims review, scientific analysis and research. Although a dental degree is essential, research and consulting positions also require additional expertise in the dental industry.

CONTRACT ANALYSIS
Employment Contracts. The ADA is currently preparing informational and educational materials about how to evaluate employment contracts including particularly relevant contract terms, and the identification of issues to which the applicant should give particular attention when considering the contract.
Insurance Dental Management Service Contracts. The ADA also provides a Contract Analysis Service which analyzes unsigned insurance contracts and dental management service contracts. This service informs members about the provisions of contracts so they can make informed decisions about the implications of participation. To maximize efficiency, dentists are encouraged to submit contract analysis requests through the TDA. There is no charge when contracts are submitted for analysis this way. Individual member dentists submitting requests directly to the service pay $50 for an analysis of a provider contract.

ADA American Dental Association

The ADA Catalog has publications and tools to help with practice management. For more information, call 800-947-4746 or visit adacatalog.org. The ADA’s Dental Practice Hub has tools and tips to help you understand both the clinical and business sides of dentistry. The Hub is accessible at ada.org/dentalpracticehub.aspx.

The ADA’s Center for Evidence Based Dentistry offers dentists systematically assessed evidence as tools and resources to support clinical decisions. The Center may be accessed at ebd.ada.org/.

The ADA’s Center for Professional Success (CPS) is a web-based member resource designed to help dentists manage their careers, expand their knowledge and balance their lives. CPS may be accessed at success.ada.org/en/.

The TDA’s job placement center is available at no cost to TDA member dentists as well as dental students in good standing in Texas dental schools. Viewing of the job placement center is restricted only to such individuals.

Visit tda.org/AssociationResources/CareersinDentistry/JobPlacementCenter.aspx

ADA Contract Analysis: Contact Program Manager Donna Cortez in the TDA Department of Member Services & Administration, 512-443-3675 or dcortez@tda.org.

TDA Perks Program

TDA Perks Program hosts Creating Your Successful New Office, a symposium that helps guide new dentists through the process of starting their own practice. This symposium is free for TDA members and covers topics such as accounts receivable, compliance, commercial real estate, practice financing, patient financing, online marketing and insurance. For more information, contact Josh Epstein at 512-443-3675, or visit tdaperks.com.
In Texas, the dentist leads the dental team, which includes one or more dental hygienists, dental assistants, and dental laboratory technicians. The dental team is not fully functional without a licensed dentist as they are the only team member with the comprehensive education required to diagnose, prevent, and treat diseases, disorders, and conditions of the soft and hard tissues of the jaw, the oral cavity, maxillofacial area, and the adjacent and associated structures.

Dental hygienists and dental assistants are extremely valuable members of the dental care team and have specific duties that greatly increase the overall team’s efficiency in delivering quality oral health care.
DENTIST LICENSURE
Dental licensure marks the transition between dental school and dental practice. Texas requires all dental applicants to be at least 21 years of age, successfully complete a current course in basic life support, pass the TSBDE jurisprudence assessment within 1 year immediately prior to application, pay all application, examination and licensing fees required by Texas’ law and TSBDE regulations, submit proof of fingerprints for the national fingerprint criminal records check, and submit evidence of good moral character. The TSBDE has 5 options for licensure: licensure by examination, licensure by credentials, licensure for foreign graduates, temporary licensure, and licensure by specialty examination.5

Texas has a staggered renewal system so all dental licenses do not expire at the same time. At the time your license number is assigned, a month of expiration will also be randomly selected. Your first registration period will be 6 to 18 months in length. You will be billed for the initial licensure period when you are notified of a license number issuance. These fees must be paid within 30 days. Dental licensees may practice during the first 30-day period with the license award letter, but must secure a registration certificate for legal practice to continue beyond the initial 30 days. Dental licensees may not practice beyond the initial 30 days without a valid registration certificate issued by the TSBDE.

EXAMINATION BOARDS
Presently, the TSBDE accepts clinical examination results from 5 regional dental examination agencies:

- **Western Regional Examining Board (WREB)**
  - 23460 North 19th Ave. Ste 210 Phoenix, AZ 85027
  - P 602-944-3315
  - F 602-371-8131
  - [wreb.org](http://wreb.org)

- **Central Regional Dental Testing Service (CRDTS)**
  - 1725 SW Gage Blvd Topeka, KS 66604-3333
  - P 785-273-0380
  - F 785-273-5015
  - [crdts.org](http://crdts.org)

- **North East Regional Board of Dental Examiners (NERB)**
  - 1304 Concourse Dr Ste 100 Linthicum, MD 21090
  - P 301-563-3300
  - F 301-563-3307
  - [nerb.org](http://nerb.org)

- **Southern Regional Testing Agency (SRTA)**
  - 4698 Honeygrove Road Ste 2 Virginia Beach, VA 23455-5934
  - P 757-318-9084
  - F 757-318-9085
  - [srla.org](http://srla.org)

- **Council of Interstate Testing Agencies, Inc. (CITA)**
  - 1003 High House Rd Ste 101 Cary, NC 27513
  - P 919-460-7750
  - F 919-460-7715
  - [citaexam.com](http://citaexam.com)

In 2005, the American Board of Dental Examiners (ADEX) was established. ADEX consists of state and U.S. territory licensing jurisdictions which are responsible for the ongoing development of the ADEX Dental Examinations. According to TSBDE, Texas does not accept ADEX; however, ADEX is “affiliated” with both NERB and CRDTS and Texas accepts both of those regional exams.
JURISPRUDENCE ASSESSMENT
Texas law requires applicants for dental and dental hygiene licensure to pass a jurisprudence assessment covering dental ethics, state laws, and board rules governing the practice of dentistry. Both dental and dental hygiene licensees must complete the TSBDE’s jurisprudence assessment every 3 years in addition to the 12 hours of continuing education required annually for license renewal.6

The assessment may only be accessed from the TSBDE website at tsbde.state.tx.us.

CONTINUING EDUCATION
Texas dentists must complete 12 hours of approved continuing education (CE) each year in order to renew their dental license. At least 8 hours of coursework must be either technical or scientific as related to clinical care. The terms “technical” and “scientific” as applied to continuing education mean that the courses have significant intellectual or practical content and are designed to directly enhance the dentist’s knowledge and skill in providing clinical care to the individual patient.

Up to 4 hours of coursework may be in risk management including general risk management, record-keeping and ethics. Hours of coursework in the standards of the Occupational Safety and Health Administration (OSHA) annual update course or in cardiopulmonary resuscitation (CPR) basic life support training may not be considered in the 12-hour requirement. Hours of coursework in practice finance may not be considered in the 12-hour requirement. Six of the required 12 CE hours per year may be done through “self-study.” Examples of self-study courses include correspondence courses, video courses, audio courses, and reading courses.7

Approved CE courses are available from a variety of sources, including dental schools, dental professional organizations, and local dental societies.
SEDATION/ANESTHESIA PERMITS
State law and TSBDE rules require dentists to obtain a permit in order to sedate or anesthetize patients. The TSBDE’s sedation/anesthesia rules mirror the ADA’s guidelines for administration of sedation. Permits reflect the level of sedation instead of route of administration.

The TSBDE requires specific permits for each of the following types of sedation: Nitrous Oxide/Oxygen Inhalation Conscious Sedation, Level 1 Minimal Sedation, Level 2 Moderate Enteral Sedation, Level 3 Moderate Parenteral Sedation, and Level 4 Deep Sedation/General Anesthesia. Licensed dentists who lack sedation/anesthesia permits may continue to utilize local anesthetics and prescribe minor tranquilizers for anxiolysis. To obtain each type of permit, applicants must meet specific educational, professional, clinical, and other requirements.

A dentist seeking to renew a Level 1 Minimal Sedation, Level 2/3 Moderate Sedation, or Level 4 Deep Sedation/General Anesthesia Permit must complete the following hours of continuing education (CE) every 2 years on the administration of or medical emergencies associated with the permitted level of sedation:

- a. Level 1: Minimal Sedation - 6 hours
- b. Levels 2/3: Moderate Sedation - 8 hours
- c. Level 4: Deep Sedation/General Anesthesia - 12 hours

The CE requirements for sedation/anesthesia permits are in addition to CE courses mandated for dental licensure. Advanced Cardiac Life Support (ACLS) course, Pediatric Advanced Life Support (PALS) course, or a Board-approved 2-day emergency course may be used to fulfill the sedation/anesthesia CE requirement when not being taken for renewal of the permit.
NATIONAL PROVIDER IDENTIFIER NUMBER
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for health care providers. The National Provider Identifier (NPI) is a unique, government-issued, standard identification number for individual health care providers and provider organizations like clinics, hospitals, schools and group practices. The government has contracted with the National Plan & Provider Enumeration System for processing applications and developing these random 10-digit numbers for applicants. For more information visit (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart).

The Centers for Medicare & Medicaid Services (CMS) has a “National Provider Identifier Standard” webpage available at cms.hhs.gov. All education and outreach products on the website are free of charge.
X-RAY EQUIPMENT REGISTRATION & LASER REGISTRATION
The use and certification of x-ray equipment in dental offices is addressed in both TSBDE regulation and in more detailed regulations issued by the Texas Department of State Health Services’ Radiation Control Program (RCP).9,10

The RCP has Regulatory Guide 4.4 to help you develop x-ray operating and safety procedures for your dental office. Dental offices with x-ray equipment are also required to post the RCP’s Notice to Employees (dshs.state.tx.us/radiation/rules.shtm#2321).

Details about dental X-ray machine registration and preparing for state inspection may be found at: dshs.state.tx.us/radiation/dental.shtm.

Details about laser registration (only class IIIB or IV need to be registered) may be found at: dshs.state.tx.us/radiation/laser.shtm.

LICENSE, PERMIT POSTING & CONSUMER SIGNAGE
TSBDE rules require dentists to display verification of current licensure where services are performed. This requirement also applies to sedation/anesthesia permits. The only exception is the initial licensure processing for the first 30 days.11 Duplicate copies may be requested from the TSBDE for $25. Photo copies are not acceptable, per the TSBDE’s regulations.

Additionally, Texas dentists are required to prominently display signage that notifies dental patients that complaints concerning dental services can be directed to the TSBDE. The TSBDE sells the required consumer signage. Or, the dentist can create a sign that conforms to TSBDE regulations.12
VI. ALLIED DENTAL PERSONNEL & DENTAL LABORATORIES

DENTAL HYGIENIST LICENSURE
State law and TSBDE rules regulate dental hygienists and dental assistants, including the delegation of duties to each.

Generally, a dentist may only delegate procedures to a dental hygienist after the dentist examines the patient or if the dentist examined the patient within 12 months before delegating any procedure to a dental hygienist. The only exception applies to the delegation of duties to dental hygienists providing care within their scope of practice to patients in long-term care facilities, school-based health centers, or community health centers.¹³

As with a dental license, Texas has a staggered renewal system so all hygiene licenses do not expire at the same time. At the time the dental hygiene license number is assigned, a month of expiration will also be randomly selected. The first registration period will be 6 to 18 months in length. The dental hygienist will be billed for the initial licensure period when notified of a license number issuance. These fees must be paid within 30 days. Dental hygiene licensees may practice during the first 30-day period with the license award letter, but must secure a registration certificate for legal practice to continue beyond the initial 30 days. Hygiene licensees may not practice beyond the initial 30 days without a valid registration certificate issued by the TSBDE.

The TSBDE has 3 options for hygiene licensure: licensure by examination, licensure by credentials, and temporary licensure.

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Optional Permits. Dental hygienists may have 2 optional certification permits: nitrous oxide monitoring and pit and fissure sealant application. Applicants for a nitrous oxide monitoring permit must successfully complete a TSBDE-approved course of instruction. All approved courses are listed on the TSBDE website. A properly permitted dental hygienist may only monitor nitrous oxide/oxygen inhalation conscious sedation while under the direct supervision of a Texas licensed dentist. Direct supervision means that the supervising dentist must be physically present in the dental office at the time the delegated duty is performed.

Dental hygienists who graduated from an accredited dental hygiene program after December 31, 1980, may apply pit and fissure sealants without an additional certification issued by the TSBDE. However, dental hygienists graduating before December 31, 1980, must obtain a certification for sealants by submitting a written request to the TSBDE that includes name, mailing address, social security number, school attended and the year graduated, and the proof of pit and fissure course completion.

Continuing Education. Texas dental hygienists must complete 12 hours of approved continuing education each year in order to renew their dental hygiene license. At least 8 hours of coursework must be either technical or scientific as related to clinical care. The terms “technical” and “scientific” as applied to continuing education mean that the courses have significant intellectual or practical content and are designed to directly enhance the dental hygienists’ knowledge and skill in providing clinical care to the individual patient.

Up to 4 hours of coursework may be in risk management courses. Acceptable risk management courses include courses in risk management, record-keeping, and ethics. Hours of coursework in the standards of the Occupational Safety and Health Administration (OSHA) annual update course or in cardiopulmonary resuscitation (CPR) basic life support training may not be considered in the 12-hour requirement. Hours of coursework in practice finance may not be considered in the 12-hour requirement. Six of the required 12 CE hours per year may be done through “self-study.” Examples of self-study courses include correspondence courses, video courses, audio courses, and reading courses.

Approved CE courses are available from a variety of sources, including dental hygiene schools, dental hygiene professional organizations, and local dental hygiene societies.

License & Permit Posting. Texas law requires that a dental hygienist’s license and optional permits be posted where dental hygiene services are performed. The only exception is the initial licensure processing for the first 30 days. If a dental hygienist is practicing at more than one location, a duplicate copy of the license may be requested from the TSBDE for $25. Photo copies are not acceptable, per the TSBDE’s regulations.
DENTAL ASSISTANTS

Dental assistants in Texas are not required to complete formal education in dental assisting and many learn to perform dental assistant procedures through “on-the-job” training. Most procedures performed by dental assistants must be done under the direct supervision of a Texas licensed dentist. Direct supervision means that the supervising dentist must be physically present in the dental office at the time the delegated duty is performed.\textsuperscript{15}

Optional Permits. State law and TSBDE rules require dental assistants who perform certain “expanded” delegated procedures, such as making dental radiographs (X-rays), applying pit and fissure sealants, coronal polishing, or monitoring nitrous oxide/oxygen inhalation conscious sedation, to meet certain requirements (by successfully completing a certification course and/or an exam) and obtain a certificate of registration from TSBDE.\textsuperscript{16}

Continuing Education. To renew a single dental assisting expanded duty certificate (e.g., registered dental assistant, coronal polishing certificate, pit and fissure sealant certificate, nitrous oxide/oxygen inhalation conscious sedation monitoring certificate), the dental assistant must complete 6 hours of continuing education each year in areas covering dental assistant duties.

A dental assistant holding 2 or more certificates is required to complete 12 hours of continuing education each year to renew all of the certificates held by the assistant. A dental assistant may fulfill the continuing education requirement through TSBDE-approved self-study, interactive computer courses, or lecture courses.
Dental assistants shall select and participate in continuing education courses offered by or endorsed by: 1) dental schools, dental hygiene schools, or dental assisting schools that have been accredited by the Commission on Dental Accreditation of the American Dental Association; or 2) nationally recognized dental, dental hygiene, or dental assisting organizations.

Approved CE courses are available from a variety of sources, including Commission on Dental Accreditation dental assisting schools, dental assisting professional organizations and local dental assistant societies.\textsuperscript{17}

**Expanded Duty Certificate Posting.**
Texas law requires that a dental assistant holding an expanded duty certificate post the certificate(s) where the expanded duty dental assistant services are performed. If a dental assistant is working at more than one location, a duplicate copy of the certificate(s) may be requested from the TSBDE for $25. **Photo copies are not acceptable, per the TSBDE’s regulations.**\textsuperscript{18}
DENTAL LABORATORIES

License/Registration. A commercial dental laboratory and in-house laboratories with more than two technicians must register with the TSBDE. Exemptions from this requirement include in-house labs providing services only for the patients of the employing dentist or other dentists within the practice.

Unless the laboratory meets the criteria for an exception, the laboratory must also have a certified dental technician (CDT) employed and working on the premises of the dental laboratory a minimum of 30 hours per week.19

Continuing Education. A dental laboratory renewing a certificate must provide proof that the designated CDT has met the continuing education requirements of a recognized board of certification for dental technology, or its successor. A dental laboratory meeting the exemption criteria must provide proof that the designated employee has completed at least 12 hours of continuing education during the preceding 12-month period. Continuing education hours may only be used for one renewal period.

Acceptable continuing education includes business management, infection control, and technical competency courses presented in seminars or clinics as accepted by a recognized organization of dentistry or dental technology. The designated employee must complete at least one course in regulatory compliance annually. Examples include courses in Infection Control, Occupational Safety and Health Administration (OSHA), Federal Drug Administration (FDA), Texas Jurisprudence, Cardiopulmonary Resuscitation (CPR) or Ethics. No more than one course in business management may be applied toward the annual continuing education requirement. No more than 4 hours of annual continuing education may be completed through a TSBDE-approved self-study course.20
Many guidelines, regulations, and laws impact today’s dental practice. It is very important that practicing dentists follow all applicable guidelines and regulations.

**PATIENT PRIVACY REGULATIONS**
A series of federal regulations and state laws impose privacy requirements on most Texas dentists. These laws and regulations are intended to protect patient privacy and the confidentiality of health information.

*Health Insurance Portability & Accountability Act (HIPAA)* is a federal law designed to protect the confidentiality and security of patient information, encourage electronic commerce in the health care industry, and ultimately simplify the process by which that commerce is transacted. According to the ADA, many dentists are considered a “Covered Entity” under HIPAA — a health care provider who transmits certain health information (including claims) in electronic form, either directly or indirectly, through a vendor or billing service. Under HIPAA, the term “Electronic Health Transactions” includes the electronic transmission of health claims, health plan eligibility, enrollment and disenrollment, payments for care and health plan premiums, claim status, first injury reports, coordination of benefits, and related transactions.

The Health Information Technology for Economic and Clinical Health Act (HITECH) made important changes to HIPAA and imposes much steeper penalties for HIPAA violations. The HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules allowing the federal government to take a more rigorous approach to enforcement.

HIPAA Privacy and HIPAA Security rules address 2 distinct parts of HIPAA, which impose separate regulatory requirements. How you approach HIPAA Security compliance may vary greatly from how you approach HIPAA Privacy compliance.
Texas Medical Privacy Act. (TPMA) In 2001, the Texas Legislature enacted a new law protecting the confidentiality of patients’ medical information, the Texas Medical Privacy Act (TMPA). The TMPA covers more entities than HIPAA and affects nearly all Texas dentists. Under the TMPA, “Covered Entities” generally include any person or entity that “uses, collects, stores, transmits, assembles, analyzes, evaluates, comes into possession of, obtains, or stores” protected health information (PHI) for essentially any reason.

The definition of “Covered Entities” under TMPA also includes many entities that are considered “business associates” under HIPAA.23

As of September 1, 2013, HIPAA-covered entities will be required to provide training concerning protected health information as necessary and appropriate for employees to carry out their job duties. This training must occur within 90 days after a new employee is hired and retraining within 1 year after a material change to state or federal privacy laws if such a change affects the duties of the employee.24
Scheduled for completion in 2015, the National Health Information Infrastructure (NHII) will be an electronic communications system in which all health information will travel — a patient’s dental record will no longer travel alone.

As a part of that process, the electronic health record (EHR) will include health information entered for a specific patient at a specific point of service and will be accessible on the NHII.

Dental records will be included within electronic health records that also include patients’ entire medical histories, pharmacy, vision, laboratory tests and all other clinical information. EHRs will travel from health care provider to health care provider on the NHII, a communications system often described as a network of information highways.

However, there is no “mandate” to have electronic medical/dental records. The American Recovery and Reinvestment Act of 2009 does include provisions that provide incentives for Medicaid providers to adopt EHRs and does provide penalties — a reduction in reimbursement up to a maximum of 5% — for Medicare providers who fail to adopt EHRs by 2015. But even then, dentists are not required to adopt EHRs and there will be minimal impact on the average dental office.²⁵
WRITING PRESCRIPTIONS

In order to prescribe controlled substances for your patients, you must register with both the Texas Department of Public Safety (DPS) and the federal Drug Enforcement Agency (DEA).

The first step is to register with the DPS Controlled Substances Registration Program to obtain a Texas Controlled Substance License.

**Controlled Substances Registration Program Texas Department of Public Safety**
PO Box 15999
Austin, TX 78761-5999
P 512-424-7293
txdps.state.tx.us

Next contact the DEA to request an application for Controlled Substance Registration. You may apply online through the DEA’s Diversion Control Program at deadiversion.usdoj.gov.

If you don’t have internet access, contact the DEA Regional Office nearest you.

TEXAS (Eastern & Southern)
HOUSTON
1433 West Loop S Ste 600
Houston, TX 77027-9506
P 800-743-0595
P 713-693-3670
F 713-693-3661

TEXAS (Western)
EL PASO
El Paso Federal Justice Center
660 South Mesa Hills Dr Ste 2000
El Paso, TX 79912
P 915-231-4300
F 915 587-9504

TEXAS (Northern)
DALLAS
10160 Technology Blvd E
Dallas, TX 75220
P 888-336-4704
F 214-366-6984
The Prescription Forms. Dentists in Texas use single or multiple (triplicate) copy forms, issued by the DPS, to write prescriptions for Schedule II controlled substances. These forms are provided by DPS at a cost. Pharmacists transmit a record of the prescription to the department electronically or, in limited instances (and with prior department approval), forward a copy of the prescription.

Prescription forms may be obtained only from the Texas Prescription Program at DPS. Cards for reordering are mailed with each prescription set; however, in the event one is needed, order cards can be requested from the Texas Prescription Program at 512-424-7293. Also acceptable, in lieu of an order card, is a request on official letterhead that provides the practitioner’s registration information and the quantity of forms requested. Orders must include a check or money order; however, online ordering may be possible at a future date.

Orders and payment should be sent to:
Texas Department of Public Safety
Texas Prescription Program
PO Box 15999
Austin, TX  78761-5999

Every official Texas prescription form for Schedule II narcotics, produced from January 1982 through the present, contains the practitioner’s DPS and DEA registration numbers, a unique control number and the DPS seal (as a watermark) on the face of the prescription.

Dentists as practitioners must complete the prescription according to federal and state requirements:

- patient’s complete name, address (including city, state, and zip code), and age or date of birth;
- controlled substance prescribed;
- quantity of controlled substance prescribed, written numerically and as a word;
- intended use or diagnosis, if not deemed detrimental to the patient’s well-being;
- dated as of the day the prescription is written (cannot be post-dated); and
- preference for brand, if necessary.
**Tamper Resistant Prescription Pads.** Medicaid requires all written prescriptions for outpatient drugs, including over the counter, to be on tamper-resistant prescription pads. The requirement does not apply to prescriptions submitted to the pharmacy via fax, e-prescribing, or telephone, or within long-term care facilities or hospitals where the prescription is handled by a physician order. As long as the patient does not physically handle the prescription, the requirement does not apply.

The federal law specifies that physicians and other prescribers must use pads that have these characteristics:

- prevents unauthorized copying of completed or blank prescription forms;
- prevents erasure or modification of information written on the prescription form; and
- prevents the use of counterfeit prescription forms.

Most of the prescription pad vendors already offer pads that meet or exceed these requirements. The TDA encourages members to use tamper resistant prescription pads for all patients, not just Medicaid. From a risk management and fraud prevention perspective, using these pads is prudent.

**Prescription Monitoring Program.** DPS has a secure online prescription monitoring program providing controlled substance prescription history to authorized dentists and TSBDE investigators. The Prescription Access in Texas (PAT) program is designed to assist Texas health care and law enforcement officials in quickly identifying potential prescription drug abuse.

The online program is accessible 24 hours a day, 7 days a week and includes 365 days worth of data showing patient prescription history and physician and dentist prescribing information. Dentists may register with PAT at [texaspatx.com/Login.aspx](http://texaspatx.com/Login.aspx).
ADVERTISING & BUSINESS PROMOTION
The TSBDE’s Business Promotion Rules are modeled after the American Association of Dental Board’s Guidelines on Advertising. The rules address, in part, the communication of specialty practices to the public, the inclusion of professional awards and honors in advertisements, and recommendations regarding website publications.

Overall, the rules protect the public from false, misleading, or deceptive advertisements and give the TSBDE’s licensees clear guidance as to restrictions on advertising.

A significant change in the rules is that testimonials are allowed as long as they are not false, misleading, or deceptive, and include disclaimers or warnings as to the identity and credentials of the person making the testimonial. Furthermore, internet-based voucher coupon advertising is allowed as long as the advertising in question does not violate the rules governing fee splitting and solicitation, referrals and gift schemes.

You may find the rules on the TSBDE’s website at tsbde.state.tx.us/index.php?option=com_content&amp;task=view&amp;id=107&amp;Itemid=109.

DENTAL RECORDS
Dental records must be kept in compliance with the Dental Practice Act and TSBDE rules. According to the TSBDE’s Legal FAQ, “… a dentist must maintain records on a patient for at least 5 years from the last date that the dentist saw the patient. However, a dentist may determine that it is necessary to maintain the records of certain patients for a longer period of time. This is usually the case for minor patients. [Statutes of limitations may not commence until the minor reaches age 21.] The disposal of records held longer than 5 years must be done in a manner that preserves patient confidentiality (eg, shredding, incineration as allowed by law, etc).”

However, the TDA recommends, if possible, dentists keep records indefinitely. Dental records may be used in various disciplinary and legal proceedings (malpractice) to verify the diagnostic information obtained and the treatment rendered to a particular patient. Although the statute of limitations for malpractice is generally 2 years from the malpractice occurrence, exceptions do exist. Dental records may also be used to identify a patient in the event of a fatal accident or other catastrophe.
WORKERS’ COMPENSATION

Workers’ compensation pays benefits to employees if they are injured on the job. Most insurance companies handle workers’ compensation insurance. Texas does not require employers to carry workers’ compensation. However, if an employee is injured on the job, the owner of the dental practice will be held financially responsible for the expenses incurred for the injury.

If you own a dental practice, and do not carry workers’ compensation insurance, you must post a notice to your employees in your office.27

Division of Workers’ Compensation
P 800-372-7713
tdi.texas.gov/wc/employer/index.html

The Texas Department of Insurance has additional insurance resources, including a list of rates and other consumer and employer services.
POSTERS AT THE DENTAL OFFICE
Various federal and state laws require employers to display certain posters at the workplace, including dental offices. The posters must be posted in a conspicuous place in your dental office.

The mandatory Texas posters you are required to post are:
- Texas Payday Law;
- Workers Compensation; and
- Office of Injured Employee Counsel.

You may access the posters at no cost from the Texas Workforce Commission. (twc.state.tx.us/ui/lablaw/posters.html).

You are required to post the following mandatory federal posters:

- Occupational Safety and Health Act (OSHA)
- Federal Minimum Wage Notice
- Employee Polygraph Protection Notice
- Equal Employment Opportunity
- U.S. Department of Labor - The Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Fair Labor Standards Act
- Family Medical Leave Act

A complete set of posters can be purchased from the Poster Compliance Center. Place your order online at postercompliance.com or call 800-322-3636.
ADDITIONAL BUSINESS RESOURCES
The Governor’s office operates the Texas Wide Open for Business website that contains detailed information about opening or expanding a business in Texas including incentives and financing, data and resources, and small business assistance. You may access the website at texaswideopenforbusiness.com.

For information about specific regions or communities, contact the local chamber of commerce or local government economic development office.

TDA Perks Program offers pre-screened programs that provide TDA members a discount or other special benefit, and can help you with the following:

OSHA, HIPAA Compliance: Smart Training

Texas Medical Privacy Act Compliance: Smart Training

Advertising and Business Promotion: Ace Media Products, Demandforce, PrintCity.com, ProSites

Workers Compensation: TDA Financial Services Insurance Program

For more information, please contact TDA Perks, 512-443-3675.
VII. ENVIRONMENTAL REGULATIONS

It is important for you to be aware of environmental regulations that apply to your dental office. Dental offices are subject to regulation because they generate infectious and hazardous wastes. Wastewater discharges from dental offices are also regulated.

MEDICAL BIOHAZARD WASTE DISPOSAL

The Texas Commission on Environmental Quality (TCEQ) has regulations governing the proper disposal of medical waste. Dentists generating medical waste (eg, blood, sharps, etc) and shipping it off-site for treatment, must properly package, label, and document the waste as specified in the TCEQ’s regulations.28

Dentists contracting with a waste disposal company should confirm that the company is following the TCEQ’s requirements. Please note that the requirements do not apply in situations where the U.S. Postal Service is the transporter.29

WASTE WATER CONTAMINATION

The Clean Water Act sets water quality standards that all communities must meet. Certain Texas communities have regulations that impact wastewater generated by dental offices. Contact local wastewater management facilities to determine if special disposal procedures are required.
AMALGAM BEST MANAGEMENT PRACTICES
Although mercury in the form of dental amalgam is stable, amalgam should not be disposed of in the garbage, infectious waste “red bag,” or sharps container. Amalgam also should not be rinsed down the drain. The TDA strongly encourages its members to use ADA’s Best Management Practices (BMPs) for amalgam waste. For more information, refer to the BMPs on the ADA website atada.org/sections/professionalResources/pdfs/topics_amalgamwaste_brochure.pdf.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
TCEQ provides small businesses with confidential technical assistance to help compliance with environmental regulations. Call the toll-free hotline at 800-447-2827 or use the following link tceq.texas.gov/assistance/sblga.html to find a compliance assistance specialist with TexasEnviroHelp – Small Business and Local Governmental Assistance Program.

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION (OSHA)
The Occupational Safety and Health Administration (OSHA) has requirements concerning employee safety and training, dealing with issues such as infection control, hazardous materials and chemicals, and general workplace safety.

A copy of the Bloodborne Pathogens Standard can be obtained from OSHA. You must supply the hepatitis vaccine to your employees at no charge, have a written program and conduct annual training on infection control for your employees, and display the Job Safety and Health Protection poster. These are just a few of the requirements that must be fulfilled.

OSHA’s onsite consultation program offers free and confidential advice to small-and medium-sized businesses in all states across the country. Onsite consultation services are separate from enforcement and do not result in penalties or citations. Consultants from state agencies or universities work with employers to identify workplace hazards, provide advice on compliance with OSHA standards, and assist in establishing injury and illness prevention programs. OSHA’s onsite consultation program is not intended as a substitute for ongoing compliance assistance.

To schedule an onsite Consultation in Texas, contact the Workers’ Health & Safety Division MS 22 at 512-804-4693.
INFECTION CONTROL & STERILIZATION

Federal and state regulations about infection control and sterilization are designed to protect the public by establishing proper sterilization, disinfection, and other infection control procedures for dentistry. All dental offices must follow all federal, state, and local guidelines.

According to the TSBDE, “Sterilization equipment and its adequacy shall be tested and verified in accord with American Dental Association (ADA) recommendations.” The ADA and Centers for Disease Control and Prevention (CDC) recommend the routine and regular use of biological monitors to test and verify the adequacy of sterilization cycles on a weekly basis for most dental practices.

The TDA Department of Legislative & Regulatory Affairs is available to assist you with state regulatory compliance, 512-443-3675.

TDA Perks Program offers pre-screened programs that provide TDA members a discount or other special benefit, and can help you with the following:

- Medical Biohazard Waste Disposal: SHARPS Compliance
- Amalgam Removal and Recycling: Solmetex
- OSHA Compliance: Smart Training
- Infection Control: OSHA Review, Inc.
- Sterilization: OSHA Review, Inc.

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- ADA’s “Monitoring Sterilizers” - ada.org/4079.aspx
- CDC’s “Guidelines for Infection Control in Dental Health-Care Settings —2003” cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm

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When it comes to taxes, a basic rule of thumb is: SAVE EVERYTHING! Your receipts and records will be invaluable when discussing your practice with your accountant or the Internal Revenue Service. As with all legal matters, no guidebook can substitute for the advice of a qualified professional.

It is up to you to know your own responsibilities regarding federal and state taxes. This partial list identifies the most common tax requirements.

- Federal Tax Estimates — Quarterly (Make your first payment by the due date for the first payment period. Make your remaining installment payments by the due dates for the later periods). See Estimated Taxes at www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Estimated-Taxes.
- Federal Income Tax Return — Annually
- Federal and State Payroll Tax Deposits — Monthly or Semi-Weekly
- Wage and Tax Statements (W-2s) — Annually
- Federal and State Payroll Tax Returns — Quarterly
- Federal and State Unemployment Tax Returns — Annually
- Federal and State Corporate Income Tax Returns — Annually (Generally, a corporation must file its income tax return for the 15th day of the 3rd month after the end of its tax year.)
- Federal and State Corporate Income Tax Deposits — Quarterly

**EIN (Employer Identification Number)**

An Employer Identification Number (EIN) is also known as a federal tax identification number, and is used to identify a business entity. Information about how to apply for the EIN is available on the Internal Revenue Service (IRS) website at irs.gov.

**STATE SALES & USE TAX**

As it pertains to state sales tax, most drugs and medical supplies and equipment sold or dispensed in the dental office are exempt from sales tax. However, the dentist is considered to be the end user of — and owes tax on — non-exempt tangible personal property used to provide dental service.

When a product has an ingredient that is proven to mitigate pain or treat, cure or prevent disease (such as fluoride toothpaste), there is no need for the seller to collect and report sales tax. However, sales tax does apply to items such as non-fluoride toothpaste, non-fluoride mouthwash, whitening gel, and electronic toothbrushes.

Use tax is payable on the purchase of non-exempt items such as certain medical equipment and supplies, computer hardware and software, office equipment and supplies, furniture, etc., if sales tax was not collected and remitted at the time of purchase. To request state sales and use tax forms, contact the Comptroller’s Office at 800-688-6829 or 512-305-9899.
EMPLOYMENT TAXES
Dentists as employers must withhold federal income tax from employee wages. Dentist employers also withhold part of Social Security and Medicare taxes from employee wages in addition to paying a matching amount. To calculate how much to withhold from each wage payment, use the employee’s Form W-4 and the methods described in Publication 15, Employer’s Tax Guide, and Publication 15-A, Employer’s Supplemental Tax Guide available at irs.gov.

State Unemployment Tax. The Texas Unemployment Compensation Act requires liable Texas employers—including sole proprietorships, partnerships and corporations, and other entities registered with the Secretary of State—to pay unemployment tax. Dentist employers become liable if they:

- pay at least $1,500 in wages in any 1 calendar quarter during the current or preceding calendar year, or
- employ at least 1 worker for part of a day or more each week for 20 weeks during a year, or
- acquires or otherwise receives, through any means, all or part of the organization, trade, business, or workforce of a subject employer, or
- are a 501(c)(3) nonprofit organization (excluding churches and religious organizations) and have at least 4 employees for part of a day or more each week for 20 weeks, or
- elect to become a subject employer, or
- have Texas employees and are subject to the Federal Unemployment Tax Act (FUTA), or
- are a state political subdivision or instrumentality, or
- pay $1,000 or more wages 1 calendar quarter for domestic service, or
- employs 3 employees for 20 weeks in a calendar year or pays $6,250 in cash wages in a calendar quarter, or
- employ a seasonal worker on a truck farm, orchard, or vineyard, or
- employ a migrant or a seasonal worker(s) who works for a farmer, ranch operator, or labor agent who employs migrant worker(s).
Additional Business Resources:
- Practice Finance: Bank of America Practice Solutions
- Commercial Real Estate, Demographic Analysis: Dental Space Advisors

Texas Workforce Commission (TWC). You may establish a new unemployment tax account, file wage reports and pay unemployment tax all through the Texas Workforce Commission’s (TWC) website at twc.state.tx.us/customers/bemp/businesses-employers.html.

Texas Workforce Commission
101 E 15th St
Austin, TX 78778-0001
P 512-463-2222
twc.state.tx.us

TWC also has information about starting a business in Texas as well as links to federal and state employment laws relating to hiring, pay and policy, work separation, and more. See the Especially for Texas Employers workbook on the landing page of Business and Employers section of the TWC’s website.

Independent Contractor vs. Employee. The TWC applies the “20 factor common-law test” when determining whether an allied team member is considered an independent contractor or an employee. The TWC considers an allied team member an employee if the employer dentist directs or controls the final results of the delegated duties and the details of when, where, and how the work is done (TWC’s 20-part common law test).

The TWC has the legal obligation to collect taxes on the wages of all individuals who qualify as employees under the Texas Unemployment Compensation Act (TUCA). If TWC determines an individual who has been classified as an independent contractor is really an employee, then back taxes, penalties and interest are assessed. The IRS is notified of TWC’s findings via a federal reporting program. The IRS will then investigate those same employers for compliance with federal laws.

Review the Especially for Texas Employers at the following link: twc.state.tx.us/news/efte/ics_contract_labor.html.
Insurance is a complex, detailed subject, and a professionally qualified broker, agent, or consultant can explain the options, recommend the right coverage and help you avoid financial loss. Understanding how your insurance works is critical and you should understand all of the terminology used in your policies. A basic insurance package for dentists should include life, health, disability, and malpractice insurance. Secure insurance now and build a solid financial foundation for your dental career.
LIFE INSURANCE
Life insurance is beneficial in the event of the premature death of a primary wage earner, allowing the family to continue paying the bills and maintaining its lifestyle. The kind of life insurance you should have depends on many financial planning factors, including the cost, the term of the policy, and the amount of dependents.

There are basically 2 types of life insurance policies—term life and permanent life. Term life pays if death occurs within a specified policy period (e.g., 20 years). Term life is usually suited for shorter range needs.

Permanent life pays regardless when death occurs, assuming all the premiums have been paid. Permanent life usually has a higher premium than term life, but it also usually develops cash value. Permanent life is usually best for long-range needs.

There are various sorts of term and permanent insurance policies with different provisions. Your age, gender, and occupation are all considered when determining your final cost. Health conditions, lifestyle, and family history are also a consideration. This means that even if you are in excellent health, a history of cancer or heart disease in your family, being a pilot, racing cars or motorcycles, or engaging in activities such as scuba diving or parachuting can affect your rate. It takes experience and knowledge to know what’s best in each situation, so utilizing an insurance professional to explain these provisions can save you time and money.

HEALTH INSURANCE
Health insurance is intended to protect against financial losses if a serious illness or injury strikes you or your dependents. Many dentists use either a fee-for-service plan or a health maintenance organization (HMO) to insure their health care costs.

Make sure to review the policy’s renewal guarantee and scope of coverage. The fee-for-service plan provides predetermined reimbursement for specific expenses. The insured has complete discretion in selecting physicians and hospitals.

The HMO plan typically covers the insured for all treatments, regardless of the severity of the injury or illness. Routine physical examinations are covered, as are many out-patient treatments. However, you must use network providers for your health care needs.

Due to today’s rising health care costs, you might want to also consider supplemental medical insurance. Supplemental medical insurance takes over where your major medical coverage ends, provides cash to help cover the out-of-pocket expenses you incur while undergoing preventive care and medical treatment.
DISABILITY INSURANCE
Most people purchase life insurance, home insurance, health insurance, car insurance, etc., but overlook the need to protect their most valuable asset — the ability to earn an income. In the event of an illness or injury that prevents you from practicing dentistry, disability income insurance addresses your most basic need — meeting living expenses. Depending on the type of disability policy you own, it may also pay off practice loans, fund retirement plan contributions, and cover office expenses while you cannot practice, or can only practice on a limited basis. Disability income insurance is the foundation of a solid financial plan.

There are 3 major types of disability income insurance: individual disability income, business overhead expense (for fixed expenses of a practice), and reducing term disability (for business loans). In evaluating these types of policies, the first criteria is to deal only with companies that are top-rated financially. You want a company that is financially solid and will be around in the event you have a claim.

Second, deal with companies that have policies that are specifically for your profession. Understanding the following provisions is essential to making sure you have the right type of coverage in place in the event of a disability;

- Definition of disability — must cover you in your “own occupation”
- Residual or partial benefits
- Non-cancelable versus guaranteed renewable
- Benefit periods
- Waiting periods
- Future purchase options
- Cost of living adjustments

“Own occupation” insurance is very important for dentists. You want to make sure that your disability insurance covers you in your occupation as a dentist in the event you can’t perform the usual and customary duties of your chosen profession. Under “own occupation,” you would still be entitled to full disability benefits if you are able to work in a different aspect of your profession.

Saving money on a lesser policy or not understanding your policy’s provisions may cost you thousands of dollars in benefits or even prevent you from collecting on a claim. Use an experienced insurance professional who represents multiple companies to explain these provisions and provide a comparison of plans for you.
OVERHEAD EXPENSE INSURANCE
Office overhead expense insurance is similar to disability income insurance in that benefits are payable when you are totally disabled. While disability income insurance covers your personal income in the event you can no longer earn your living, overhead expense insurance reimburses for actual expenses incurred in maintaining the office while you are disabled.

Many of the important policy provisions discussed with respect to disability income insurance also apply to overhead expense insurance, including renewal guarantees, an “own occupation” definition of disability and appropriate waiting periods.

PROFESSIONAL LIABILITY OF MALPRACTICE
Dentists are not required to carry malpractice insurance coverage in Texas. However, the TDA and the TSBDE encourages every dentist to carry an appropriate amount of malpractice insurance for the protection of the dentist.

Professional liability insurance is specifically designed to protect your assets and your professional reputation in the event of a legal claim by a patient. It covers indemnity and legal defenses for professional services you provided or professional services that you perhaps should have provided, but did not.

There are two types of policies available, occurrence and claims-made. Occurrence coverage responds to claims based on when the medical incident occurred, regardless of when the claim is actually made against you.

As long as the medical incident occurred during the policy period, your occurrence policy will respond—even if the claim is made after the policy period expires. Claims made coverage, by contrast, responds to claims based on when the claim is first made against an insured. Given the length of time that can pass between an incident and a resulting claim, claims-made policies should contain a retroactive (or “prior acts”) date. This retroactive date allows the policy to look back in time and consider prior incidents.

When considering policies, know the following:
• Does the policy contain Consent to Settle or “Hammer” clause that allows the insurance company to settle claims without your consent?
• Is your premium guaranteed or can it be increased because of unfavorable claims or increased expenses?
• If you move to another professional liability carrier, will the company provide either a reporting endorsement (often referred to as “tail” coverage), or allow you to purchase prior acts coverage?

When considering companies, know the following:
• Do they have expertise in dental liability claims?
• Do they offer risk management seminars/support and education?
• What are their financial ratings?
• Are they committed to the dental liability market? (How many dentists do they cover in Texas and have they ever left the market in Texas?)
ACCEPTING INSURANCE IN YOUR DENTAL OFFICE

In addition to accepting payment directly from the patient at the time services are rendered, it is becoming increasingly common for dental offices to accept payment on behalf of the patient from commercial dental insurance carriers. If you decide to become a contracted dentist with an insurance carrier, the ADA advises that you review the dental provider contract carefully before signing it as the promises contained in the contract will be legally binding on you.\(^{33}\)

Commercial Insurance. There are typically 2 types of managed care dental insurance plans: Preferred Provider Organizations (PPOs) and Dental Health Maintenance Organizations (DHMOs).

PPOs are plans under which the patient selects a dentist from a network or list of providers who have agreed, by contract, to discount their fees. If the patient decides not to use a network dentist, he or she can go outside the network and pay the dentist’s usual fee for service.

DHMOs require the patient to be assigned to a primary care dentist who receives a per-member-per-month set fee for each assigned enrollee from the dental plan. Under this type of plan, the patient receives basic preventive and therapeutic dental services at no charge.

Texas insurance law requires insurance carriers regulated by the state to provide equal level of payment of benefits or reimbursement, including deductibles, maximums or other cost-sharing provisions, for covered dental care services regardless of whether the dental services are provided by a contracting or non-contracting dentist.\(^{34}\)

Almost all dental insurance plans — DHMO, PPO, traditional indemnity or self-funded — are subject to The Employee Retirement Security Act of 1974 (ERISA), if they are sponsored by an employer (exceptions are church plans, government plans, and certain other plans). ERISA preempts state laws that relate to employee benefits. If an insurance company is acting as a third-party administrator, then they fall under ERISA and are not subject to state insurance rules.

The Texas Department of Insurance (TDI) is the state agency that regulates HMOs, PPOs, and traditional indemnity insurance policies in the state of Texas. For more information please visit tdi.state.tx.us

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Assignment of benefits is a procedure whereby a patient authorizes insurance carriers or third-party administrators to forward payment for a covered dental procedure directly to the treating dentist. This is a common practice when dentists are not contracted providers on a patient’s plan.\(^{35}\)

If you face a situation in which a patient assigns benefits to you as the dentist but the insurance company sends payment to the patient and the patient doesn’t forward the check to you, file a complaint with the TDI’s Consumer Protection Division.

Consumer Protection Division [https://wwwapps.tdi.state.tx.us/inter/perlroot/consumer/complform/complform.html](https://wwwapps.tdi.state.tx.us/inter/perlroot/consumer/complform/complform.html)

Non-Covered Services. In Texas, state regulated dental insurance companies are prohibited from capping fees on dental services they refuse to cover. State regulated insurance contracts signed or renewed after September 1, 2011, are prohibited from setting fees for services not covered by the plans. Contracts signed or renewed before that date are not subject to the state law requirement.

You are responsible for determining whether a particular insurance policy is regulated by the state or the federal government through ERISA. DHMOs and PPOs regulated by TDI must include state “DOI” or “TDI” on the face of the identification cards they issue. If you see “DOI” or “TDI” on the card, you know that the plan is regulated by the TDI and therefore subject to non-covered services state law.
**Medicaid & the Children’s Health Insurance Program.** In Texas, the Health and Human Services Commission offers public health dental services for children through Medicaid and the Children’s Health Insurance Program (CHIP). Although a majority of enrolled children receive dental services through one of the state’s managed care organizations — DentaQuest and MCNA Dental — a small part of the enrolled population is serviced through the state’s traditional fee-for-service Medicaid dental program.

If you are interested in participating in Medicaid, you will need to first become an enrolled provider and obtain a Texas Provider Identifier Number (TPI) from the state’s Medicaid contractor — the Texas Medicaid & Healthcare Partnership.

**Website:** tmhp.com/Pages/ProviderEnrollment/PE_TX_Medicaid_New.aspx

After you obtain a TPI, you need to then be credentialed with DentaQuest and/or MCNA Dental. If you are only interested in participating in the CHIP dental program, you may credential directly with the dental plans without a TPI.

**TDA Financial Services Insurance Program** offers a wide variety of insurance products to meet your needs today and into the future. For more information about the following insurance products, visit tdamemberinsure.com.

- **Health Insurance** • 800-677-8644
  - Individual, Qualified High-Deductible Health Plan (HSA), Small Employer, Short-Term Group Retiree Medical

- **Specialized Insurance** • 800-677-8644
  - Disability, Term Life, Long Term Care, Supplemental

- **Personal Lines Insurance** • 800-524-9400
  - Auto, Home

- **Business Insurance** • 888-588-5420
  - Professional Liability, Workers Compensation and Business Owners Policy

**Patient-Insurance Information:** Insurance Answers Plus • 800-683-2501

**Electronic Claims Processing:**
- E-Claims & Eligibility Connect (EC&EC) • 1-866-ECLAIMS

[dentaquestnetwork.com/texas/?page_id=26](dentaquestnetwork.com/texas/?page_id=26)
[mcnatx.net/contract](mcnatx.net/contract)
The TDA Council on Dental Economics’ Third-Party Payor Web Tool makes available to TDA members information and resources relating to third party payor issues. For more information, visit tda.org.

The TDA Department of Legislative & Regulatory Affairs is available to assist you with Medicaid & CHIP provider enrollment and claims processing issues, 512-443-3675.

ADA Contract Analysis: Contact Program Manager Donna Cortez in the TDA Department of Member Services & Administration, 512-443-3675 or dcortez@tda.org. The Member Services Department is also available to assist you with questions about third-party insurance, 512-443-3675.
The Professional Recovery Network (PRN) is administered by Texas Pharmacy Association to provide assistance to pharmacy and dental professionals who are having personal problems that may impact their ability to practice in a safe and competent manner.

The program addresses needs involving counseling services for dentists, hygienists, dental students, and hygiene students with alcohol or chemical dependency, or any other mental or emotional difficulties.

PRN is committed to providing quality recovery support to any dental professional in need. PRN strives to provide personalized care specific to the needs of the impaired individual. If you or a colleague need assistance with chemical or mental health impairment, contact PRN to speak with a trained and licensed mental health professional. All contact with the PRN is confidential.

The Dallas County Dental Society (DCDS) offers 2 assistance programs for DCDS dentists:

Dentists Concerned for Dentists
Confidential alcohol and drug abuse hotline for dentists, hygienists, assistants, and family members. 24-hour hotline, 972-991-2326.

Dentists Helping Dentists: Financial Challenge Effort
This free assistance program is available to help DCDS dentists facing financial challenges and accompanying pressures. The program’s goal is to help free a dentist from the burden of debt and guide them in financial planning. Email dentistshelpingdentists@yahoo.com.
1. Texas Occupations Code §259.004 *Duties of Dentist in Certain Employment or Contractual Arrangements.*
2. 22 Texas Administrative Code §108.70 *Improper Influence on Professional Judgment.*
4. 22 Texas Administrative Code §108.5 *Patient Abandonment.*
5. Texas Occupations Code Chapter 256 *Licensing of Dentists and Dental Hygienists*; 22 Texas Administrative Code Chapter 101 *Dental Licensure.*
7. 22 Texas Administrative Code Chapter 104 *Continuing Education.*
8. 22 Texas Administrative Code Chapter 110 *Sedation and Anesthesia.*
10. 25 Texas Administrative Code TAC §289.232 *Radiation Control Regulations for Dental Radiation Machines.*
11. 22 Texas Administrative Code §108.11 *Display of Registration.*
12. 22 Texas Administrative Code §108.3 *Consumer Information.*
14. 22 Texas Administrative Code §115.2 *Permitted Duties.*
15. Texas Occupations Code §258.002 *Delegation to Dental Assistant*; 22 Texas Administrative Code Chapter 114 *Extension of Duties of Auxiliary Personnel—Dental Assistants.*
16. 22 Texas Administrative Code §§ 114.2 — 114.5 *Registration of Dental Assistants, Application of Pit & Fissure Sealants, Monitoring the Administration of Nitrous Oxide, Coronal Polishing Certificate.*
17. 22 Texas Administrative Code §114.12 *Continuing Education for Certificate Holders.*
18. 22 Texas Administrative Code §114.2 (g) *Registration of Dental Assistants.*
19. Texas Occupations Code Chapter 266 *Regulation of Dental Laboratories*; 22 Texas Administrative Code Chapter 116 *Dental Laboratories.*
20. 22 Texas Administrative Code §116.6 *Continuing Education.*
24. Senate Bill 1609, 83rd Regular Session of the Texas Legislature.
27. Texas Department of Insurance; *Workers’ Compensation Employer Forms and Notices*; tdi.texas.gov/forms/form20employer.html.
29. 30 Texas Administrative Code §330.1207(c)(8) *Generators of Medical Waste.*
30. Occupation Safety and Health Administration Standards for Dentistry; osha.gov/SLTC/dentistry/standards.html.
31. 22 Texas Administrative Code §108.24(b)(5) *Required Sterilization and Disinfection.*
32. Tax Code §151.313 *Health Care Supplies*; 34 Texas Administrative Code § 3.284 *Drugs, Medicines, Medical Equipment, and Devices.*
33. American Dental Association; *What Every Dentist Should Know Before Signing a Dental Provider Contract*, ADA Division of Legal Affairs.
34. Texas Insurance Code § 1451.206 *Payment or Reimbursement of Dentists*; 28 Texas Administrative Code §21.3604 *Payment of Benefits for Dental Care Services.*
35. Texas Insurance Code §1204.054 *Payment of Benefits According to Assignments.*