



Rules of
Department of Economic
Development
Division 110—Missouri Dental Board
Chapter 3—Well-Being Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 110—Missouri Dental Board
Chapter 3—Well-Being Rules**

4 CSR 110-3.010 Definitions

PURPOSE: This rule provides definitions for specific terms used throughout the rules.

- (1) Board—Missouri Dental Board.
- (2) Committee board of directors—Composed of one (1) member designated by the Missouri Dental Association, one (1) member designated by the Missouri Dental Hygienists' Association, one (1) member designated by the Missouri Dental Board, and the committee administrator to promote the early identification, intervention, treatment and rehabilitation of dentists or dental hygienists who may be impaired by reasons of illness, substance abuse, or as a result of any physical or mental condition.
- (3) Committee administrator—The person(s) who is hired, appointed or contracted with by the committee with the approval of the board to coordinate the activities of the committee.
- (4) Contractor—A nonprofit corporation or dental association with whom the board contracts for the purpose of creating, supporting and maintaining the committee.
- (5) Dental professional—Dentist or dental hygienist licensed in the state of Missouri and a dentist or dental hygienist who has applied for licensure in the state of Missouri.
- (6) Impairment—An illness, substance abuse or physical or mental condition suffered by a dentist or dental hygienist that is reasonably related to the practice of dentistry or dental hygiene.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003. Original rule filed March 15, 2004, effective Sept. 30, 2004.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.*

4 CSR 110-3.020 Membership and Organization

PURPOSE: This rule establishes the membership and organization of the Well-Being Committee.

- (1) The Well-Being Committee (hereinafter

committee) shall be composed of:

- (A) One (1) member designated by the Missouri Dental Association;
- (B) One (1) member designated by the Missouri Dental Hygienists' Association;
- (C) One (1) member designated by the Missouri Dental Board; and
- (D) The committee administrator.

(2) The committee shall serve staggered three (3)-year terms and shall serve as many terms as their respective organizations deem appropriate. The entity designating a member to the committee shall designate a person to finish the three (3)-year term of any member of the committee who becomes unable to serve. The committee shall annually elect a chairperson.

(3) The committee shall meet at least two (2) times annually.

(4) The committee shall serve without compensation other than that allowed by law for service as a board member. Each member of the committee shall be entitled to reimbursement for travel expenses as deemed appropriate by the board.

(5) The committee shall oversee all aspects of the general operation of the contractor including, but not limited to, oversight of the administration, staffing, financial operations and case management as it pertains to the Well-Being Program.

(6) The committee, with the approval of the board, shall appoint, hire or contract with a committee administrator to oversee and manage the day-to-day operations of the committee.

(7) The committee administrator shall be a nonvoting member of the committee.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003. Original rule filed March 15, 2004, effective Sept. 30, 2004.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.*

4 CSR 110-3.030 Well-Being Committee/Contractor Duties

PURPOSE: This rule establishes the duties of the Well-Being Committee and contractor.

- (1) The committee/contractor shall provide a written and oral report to the Missouri Dental Board at each quarterly board meeting or

upon request of the board. The report shall outline the status of each impaired dental professional referred to the committee by the board in such detail as requested by the board. The identity of the dental professionals who voluntarily submit to the committee/contractor shall remain anonymous for purposes of these reports.

(2) The committee/contractor shall provide written and oral reports to the Missouri Dental Board, including quarterly income and expense reports. These reports must be itemized and account for all income from any and every source and each expense to any and every vendor that relates to the Well-Being Program in any way.

(3) The committee/contractor shall enter into written contracts with each impaired dental professional. The contract between the committee/contractor and the dental professional shall include, but not be limited to, the following:

(A) Each contract shall be a minimum of five (5) years in duration;

(B) Each impaired dental professional will abstain from the possession or consumption of controlled substances except as prescribed by a treating physician;

(C) Each impaired dental professional shall abstain from the possession or consumption of alcohol or illegal drugs;

(D) Each impaired dental professional shall submit to random drug testing unless otherwise specified by the board;

(E) Each impaired dental professional shall report all relapses to the committee;

(F) Upon request of the committee, each impaired dental professional shall report to the committee;

(G) Each impaired dental professional shall attend support meetings as requested by the committee or treatment providers;

(H) Each impaired dental professional referred to the Well-Being Program by the board shall authorize the committee to release any and all information regarding the impaired dental professional to the board;

(I) Each impaired dental professional voluntarily enrolled in the Well-Being Program shall authorize the committee to release any and all information regarding the impaired dental professional to the board upon a violation of Chapter 332, RSMo or the rules promulgated pursuant thereto or the contract with the committee;

(J) Each impaired dental professional shall be financially responsible for all drug screens and any other professional or administrative service rendered on behalf of the impaired dentist or dental hygienist; and



(K) The following paragraph shall be contained in each written agreement:

1. In consideration of my being allowed to participate in the Well-Being Program I expressly release the contractor, the committee, and the Missouri Dental Board and all of their employees, board members, agents and independent contractors from any and all claims, whether now existing or hereafter arising, related to or arising from my participation in the Well-Being Program or any services provided to me thereunder, including but not limited to claims that I might hereafter assert that the contractor, the committee, or Missouri Dental Board, any of the agents or independent contractors, board members or employees were negligent or that any of said persons or entities committed any acts of omission or commission that I claim are or were negligent or that I claim were acts of professional malpractice, it being the intent hereof that I will be forever barred from asserting any such claims hereafter. In the event I hereafter assert any such claim, I agree that such assertion will disqualify me from further participation in the Well-Being Program and that the committee will be absolutely entitled to discharge me from said program.

(4) The committee/contractor shall provide services when appropriate to impaired dental professionals which include, but are not limited to, the following:

(A) Monitoring compliance of the contract between the committee and the impaired dental professional;

(B) Executing drug screens;

(C) Assisting the impaired dentist or dental hygienist in obtaining evaluation and treatment;

(D) Requiring evaluators to provide written reports which address whether a member of the Well-Being Program suffers from an impairment, identifies the impairment, provides recommendations for treatment of the impairment and whether the member's practice of dentistry or dental hygiene should be restricted due to the impairment; and

(E) The committee shall require the costs of drug screens and professional and administrative services to be paid by the impaired dentist or dental hygienist.

(5) The committee/contractor shall report, in writing, to the Missouri Dental Board all violations of board disciplinary orders or the Dental Practice Act which occur after the date of the disciplinary order or the date of the dental professional entering the Well-Being Program, whichever occurs first. All violations shall be reported promptly but no

later than ten (10) days after obtaining knowledge of the violation.

(6) The committee/contractor shall assist the board in carrying out the terms of any disciplinary order pertaining to an impaired dental professional.

(7) The committee/contractor shall obtain a written release from all dental professionals referred to the Well-Being Program by the board. The release shall authorize the committee/contractor to release all information and documents pertaining to the dental professional to the board and committee and to communicate all information regarding the impaired dental professional to the board and committee.

(8) The committee/contractor shall provide the Missouri Dental Board access to all information and documents pertaining to impaired dental professionals referred to the Well-Being Program by the board.

(9) The contractor shall require the committee administrator to supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all dental professionals who participate or are assisted by the Well-Being Program to the committee as directed by the committee.

(10) The contractor shall require the committee administrator to supply all reports provided the Missouri Dental Board to the committee. The contractor shall provide all reports, including reports on dental professionals who participate in or are assisted by the Well-Being Program, and fiscal reports to the committee as directed by the committee. The information and documentation as described herein shall only be released to the board pursuant to Chapter 332, RSMo and the rules promulgated thereto.

(11) The contractor shall require the committee administrator to provide the committee with all information on dental professionals participating in or assisted by the contractor as directed by the committee.

(12) The committee/contractor shall prepare and implement an action plan and budget as directed by and approved by the board. The committee/contractor shall report on progress with regard to preparing and implementing the action plan and budget as directed by the board and committee.

(13) The committee/contractor shall require the committee administrator to submit

progress reports to the committee and the Missouri Dental Board with regard to each dental professional participating in the Well-Being Program upon the dental professional's completion of the program, prior to June 30 of each year, quarterly prior to each meeting of the board and as otherwise requested by the committee or board. Reports of those voluntarily participating in the program shall be for statistical purposes only.

(14) The contractor shall coordinate activities of the committee, oversee and manage the daily operations of the committee and assist with the administrative duties of the committee.

*AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003. * Original rule filed March 15, 2004, effective Sept. 30, 2004.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.*

4 CSR 110-3.040 Confidentiality

PURPOSE: This rule establishes the guidelines regarding the confidentiality of the records and information of the impaired professional.

(1) The committee shall provide the board access to all information pertaining to each impaired dental professional referred to the committee by the Missouri Dental Board.

(2) The committee shall obtain a written release from each impaired dental professional in the Well-Being Program authorizing the release of all information and documents pertaining to the impaired dental professional to the Missouri Dental Board authorizing the committee to communicate all information pertaining to the impaired dental professional to the Missouri Dental Board. The information and documentation as described herein shall only be released to the board pursuant to Chapter 332, RSMo and the rules promulgated thereto.

(3) The board and committee may exchange privileged and confidential information, interviews, reports, statements, memoranda and other documents including information on investigations, findings, conclusions, interventions, treatment, rehabilitation and other proceedings of the board and committee and other information closed to the public to promote the identification, interventions, treatment, rehabilitation and discipline



(accountability) of dentists or dental hygienists who may be impaired.

(4) All privileged and confidential information and other information not considered to be public records or information pursuant to Chapter 610, RSMo shall remain privileged and confidential and closed to the public after such information is exchanged.

*AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003. * Original rule filed March 15, 2004, effective Sept. 30, 2004.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.*

4 CSR 110-3.050 Committee Administrator

PURPOSE: This rule establishes the qualifications and duties of the committee administrator.

(1) The committee administrator shall possess a combination of education and experience in the area of addiction counseling and be licensed in Missouri as a psychologist, professional counselor or clinical social worker.

(2) The committee administrator shall be familiar with dental professionals suffering from well-being issues which include, but shall not be limited to, the following:

- (A) Dependency;
- (B) Alcohol addiction;
- (C) Drug addiction;
- (D) Other addictive diseases (gambling, sexual, spending, eating disorders);
- (E) Physical issues; and
- (F) Mental health issues.

(3) The duties of the committee administrator shall include, but not be limited to, the following:

- (A) Organizing and carrying out interventions;
- (B) Referring dental professionals for appropriate treatment;
- (C) Monitoring treatment progress including random drug screens;
- (D) Assisting dental professionals to reenter practice from treatment;
- (E) Assisting with aftercare issues, such as practice restructuring; and
- (F) Any and all reporting of these areas to appropriate agencies.

(4) The committee administrator shall provide the following as directed by the committee:

- (A) Program development;
 - (B) Outreach education;
 - (C) Intervention;
 - (D) Assessment;
 - (E) Referrals to treatment programs;
 - (F) Case management;
 - (G) Monitoring;
 - (H) Aftercare contracts;
 - (I) Coordinate peer assistance meetings;
- and
- (J) Other necessary services as determined by the committee.

(5) The committee administrator shall supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all dental professionals who participate or are assisted by the Well-Being Program to the committee as directed by the committee.

(6) The committee administrator shall supply all reports provided the Missouri Dental Board to the committee. The contractor shall provide all reports, including reports on dental professionals who participate in or are assisted by the Well-Being Program, and fiscal reports to the committee as directed by the committee.

(7) The committee administrator shall provide the committee with all information on dental professionals participating in or assisted by the contractor as directed by the committee.

(8) The committee administrator shall submit progress reports to the committee and the Missouri Dental Board with regard to each dental professional participating in the Well-Being Program upon the dental professional's completion of the program, prior to June 30 of each year, quarterly prior to each meeting of the board and as otherwise requested by the committee or board. Reports of those voluntarily participating in the program shall be for statistical purposes only.

*AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003. * Original rule filed March 15, 2004, effective Sept. 30, 2004.*

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