VIRGINIA BOARD OF DENTISTRY

Regulatory-Legislative Committee

February 25, 2009 Agenda

Department of Health Professions

Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center

Richmond, Virginia 23233

TIME		PAGE
1:00 p.m.	**Call to Order — James D. Watkins, D.D.S., Chair**	
	Public Comment	
	Approval of Minutes - December 3, 2008 Meeting	**1 - 4**
	Dental Assistant Regulations	
	• **Education Requirements for DA II Registration**	**5 - 7**
	• **Provisions for:**	
	○ **Inactive Registration**	
	○ **Training in other jurisdictions**	
	• **Permissible Duties Chart**	**8 - 10**
	Periodic Review of Regulations	
	• **Discussion Draft of Licensure Provisions**	**11 - 48**
	Guidance Document on Administering and Monitoring	
	○ **Discussion Draft**	**49 - 54**
	○ **DANB – summary of other states dental assistants' duties**	**55 - 59**
	Schedule Next Meeting	

Adjourn

VIRGINIA BOARD OF DENTISTRY
MINUTESOF REGULATORY/LEGISLATIVE COMMITTEE
December 3, 2008

TIME AND PLACE: The meeting of the Regulatory/Legislative Committee of the Board of Dentistry was called to order at 1:05 P.M. on December 3, 2008 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Richmond, Virginia.

PRESIDING: James D. Watkins, D.D.S., Chair

BOARD MEMBERS PRESENT: Jeffrey Levin, D.D.S.
Jacqueline G. Pace, R.D.H.

BOARD MEMBERS ABSENT: Myra Howard

STAFF PRESENT: Sandra K. Reen, Executive Director
Huong Vu, Administrative Assistant

OTHERS PRESENT: Howard M. Casway, Senior Assistant Attorney General
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

ESTABLISHMENT OF A QUORUM: With three members of the Board present, a quorum was established.

PUBLIC COMMENT: **Roger Wood, DDS** of the Virginia Dental Association stated that the VDA is not opposed to increasing the number of dental hygienists a dentist might supervise above two. He also commented that there should be no limit on the number of Dental Assistants II.

Kelly Williams, RDH of the Virginia Dental Hygienist Association commented that the VDHA is in favor of taking away the limitation of two dental hygienists per dentist.

Michelle Bernard, a dental career instructor at Danville Public Schools spoke on behalf of the high school dental careers instructors in Virginia who recommended that:

- the titles "Dental Assistant I" and "Dental Assistant II" be changed to "Dental Assistant" and "Expanded Duty Dental Assistant" respectfully.
- assistants should be certified by the Dental Assisting National Board before taking expanded function courses,
- currently practicing dental assistants be grandfathered in as dental assistants II,
- the Board maintain a registry of radiology exam completers, and

- the Board should approve all VDOE Dental Careers programs and issue credentials to program completers.

Ali Zarrinfar, DDS, president of the Academy of General Dentistry commented that the Academy is glad that the regulatory process is underway because Dental Assistants II will be a great addition to the dental team.

MINUTES:

Dr. Watkins asked if the Committee had reviewed the minutes of the October 29, 2008 meeting. Ms. Pace moved to accept the October 29, 2008 minutes. The motion was seconded and passed.

DENTAL ASSISTANT REGULATIONS:

Notice of Intended Regulatory Action (NOIRA) – Ms. Reen reported that 1174 comments were received and noted that more than 1,000 were against allowing DAsII to do scaling and about 100 were in favor. She then summarized the other recommendations that were made regarding:

- duties to be included,
- better utilization of dental hygienists,
- the ratio per dentist,
- use of ultrasonic devices, and
- allowing trained dental assistants from other states to register.

Ms. Yeatts advised that the Board could not grandfather in current dental assistants because the enabling statute does not authorize that action. She also advised that the Board could not change the designations "dental assistant I" and "dental assistant II" because these are the designations established by the statute.

Delegable Or Non-Delegable Duties – Dr. Watkins indicated that the Committee would be working from the current regulations to address the scope of practice of DAsII. He then led a discussion of the nondelegable duties in 18VAC60-20-190. It was agreed that the following items would be deleted or amended for delegation to DAsII:

6. pulp capping procedures -delete
8. would be amended to allow placing, packing and carving amalgam
10. taking impressions for master casts to be used for prosthetic restoration of teeth or oral structures - delete
11. would be amended to allow final cementation of crowns and bridges after fitting and adjustment by the dentist, and
12. placement of retraction cord – delete

The Committee considered delegation of item number 9 on orthodontic bonds and bands but decided against it. Dr. Watkins advised that, once the regulations are in draft form, a proposal would be sent to the dental specialty organizations for feedback on delegable duties for DAsII. The duties in 18VAC60-20-220 were reviewed and none were identified for delegation to DAsII. Dr. Watkins clarified for Ms. Yeatts that the new

regulatory section on duties of DAsII would only address the items amended or deleted in 18VAC60-20-190. He also indicated that a guidance document listing what could be delegated to DAsI should follow after the regulations are in place.

Levels of Supervision – Ms. Reen handed out a discussion draft for consideration of adopting three levels of supervision – direct, indirect and general. It was agreed that the definition of "direct supervision" should specify that this level applies to non-hygiene duties and that a reference to 18VAC60-20-220 should be added to make the application of this level of supervision clear. Ms. Pace moved to include the definitions in the proposed regulations. The motion was seconded and passed.

In response to questions from the audience, the Committee discussed allowing dental hygienists to perform the duties that might be delegated to DAsII and increasing the number of dental hygienists a dentist might supervise. Ms. Yeatts asked Mr. Casway if that was possible since the NOIRA only addressed regulating DAsII. Mr. Casway said he thought changes for dental hygienists could be included so the Board could properly align duties as it addresses the addition of DAsII. Dr. Levin moved to allow properly trained dental hygienists to also perform the duties to be delegable to DAsII, The motion was seconded and passed. Ms. Pace moved to increase the number of dental hygienists a dentist might supervise to four. The motion was seconded then following discussion amended to increase the number of DAsII a dentist might supervise to four as well. The motion passed.

Training – Dr. Watkins then asked for recommendations on the training that should be required for the duties identified. Dr. Levin suggested that the educators be asked to make recommendations for the program. Dr. Watkins agreed and asked staff to send requests to community colleges with accredited dental assisting programs. Ms. Reen noted that in the interest of time, the Committee might ask the Board for its feedback on the delegable duties at its December 12, 2008 meeting to facilitate making the request to the schools.

Dr. Watkins asked if there were other topics that needed to be covered for these regulations. None were identified. Ms. Reen said staff will prepare a proposed draft of the regulations for the February 25, 2009 meeting of the committee.

PERIODIC REVIEW OF REGULATIONS:

Results of Review of Licensing Provisions - Dr. Watkins asked if the Committee had any further input before the licensing section was developed into proposed regulations. No issues were raised so Ms. Reen advised that staff would develop proposed regulatory language for the next meeting.

Discussion of Process - Dr. Watkins asked if the Committee was comfortable with continuing the review process used for licensing for the other parts of the regulations. It was agreed to follow the same process and Ms. Reen agreed to begin work on the next part.

MATTERS ASSIGNED BY THE BOARD:

Clarifying Role of Assistants with Sedation and Anesthesia – Ms. Reen noted that this issue and the next one have generated a lot of contact to the Board since they were addressed in a formal hearing last year. She advised that the needed clarification should be done as part of the regulatory review of the sedation and analgesia rules.

Clarifying Terms "Administering" and "Monitoring" – Dr. Watkins noted that it might be helpful to issue a Guidance Document on these issues since the regulatory review process will take some time. Members of the audience encouraged getting guidance out as soon as practical. Ms. Pace moved that a guidance document be issued. The motion was seconded and passed.

Address the practice of oral sedation - Ms. Reen handed out the Petition for Rulemaking from Mr. Bitting that was referred to the Committee for consideration in regulatory review. She recommended deferring discussion on the recommendations until work on the sedation and anesthesia regulations is begun.

Review limitation of 2 Hygienists per Dentist – Dr. Watkins noted that this subject was addressed in the discussion of dental assistant regulations.

ADJOURNMENT: Dr. Watkins announced that the Committee would conclude for the day. He stated that the date of the next meeting will be on Wednesday, February 25, 2009 at 1:00 p.m. and adjourned the meeting at 4:10 p.m.

James D. Watkins, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

DISCUSSION DRAFT
EDUCATION REQUIREMENTS TO QUALIFY FOR REGISTRATION AS A DENTAL ASSISTANT II AND FOR DENTAL HYGIENISTS TO PERFORM RESTORATIVE DUTIES

Admission Requirements:

1. Proof of current credential from the Dental Assisting National Board (DANB).
   AND
   Proof of two current consecutive years as a full-time dental assistant in which one year must be as a DANB certified assistant. Experience must be in the restorative field using current chairside assisting techniques (four-handed dentistry).

OR

2. Proof of two current consecutive years of practice as a full-time licensed Dental Hygienist.

Course Structure:

1. 8 day course in Tooth Morphology
2. 10 week course in Restorative Practice
3. 15 weeks of at least 24 hours per week of Clinical Experience

Program Curriculum:

Tooth Morphology (Prerequisite) – Didactic and Laboratory Instruction

- Identify and utilize terminology
- Identify the location of primary and permanent teeth
- Describe and identify the general and specific feature of each tooth
- Discuss clinical considerations of all teeth
- Compare and contrast features of primary and permanent teeth
- Carve teeth from wax and identify landmarks

Final written exam and wax carvings will be used in the selection process. Students must pass with an 86% or higher to enter 10 week course in Restorative Practice.

Dental Anatomy – Didactic and Laboratory Instruction

- Describe tooth design and preventive curvature
- Identify and describe tissues of the teeth
- Identify landmarks of the individual teeth
- Identify and describe the tissues of the periodontium
- Identify the structures of the oral cavity
- Describe occlusion alignment
- Describe Angles Classification of Occlusion
- Explain the difference of overbite, overjet, and open bite

Advanced Operative - Didactic Instruction (Corequisite - Advanced Laboratory)

- Demonstrate the procedure for intra and extra inspections of the oral cavity
- Understand the placement of sealants
- Identify impression materials used in prosthetics

- Demonstrate operator positioning, mirror skills, using a fulcrum and adapting instrumentation
- Assemble and place rubber dam
- Assemble and place matrices and wedges
- Describe cavity designs
- Describe components and properties of amalgam placement for Class I, II and V
- Describe components and properties of composites for Class III, IV and V
- Describe pulp-capping techniques
- Explain how to place a temporary restoration
- Describe the different methods for fabricating temporary crowns
- Describe assistant functions for specialties
- Demonstrate infection control practices

Advance Laboratory – (Corequisite – Advanced Operative)

- Demonstrate the placement of sealants
- Demonstrate placing retraction cord on prepared typodonts
- Manipulate material for alginate and final impressions
- Fabricate study models from alginates and working models from final impressions
- Manipulate cements, bases, and liners and insert in designated supplied cavity preparations
- Triturate and condense amalgam into various classes of cavity preps using sufficient condensation pressure
- Fill cavity preps completely and provide sufficient bulk carving of functional anatomy
- Carve a smooth amalgam restoration to function
- Manipulate liners, etchants, primers, and bonding agents and insert in designated cavity preparations
- Select a shade and insert sufficient amount of composite into prep
- Demonstrate finishing procedures for composites
- Demonstrate pulp-capping procedures
- Operate lab equipment used in prosthetics
- Demonstrate the different methods for fabricating temporary crowns and bridges
- Demonstrate how to place a temporary crown
- Demonstrate final cementation of a permanent crown or bridge
- Demonstrate placement and removal of rubber dam

Clinical Experience – (Dentist Sponsored)

Designed to give the students practical experience. Students will apply the techniques learned in classroom and laboratory courses under the direct supervision of a licensed dentist. Dentist will provide restorative experiences and grade clinical competencies.

Required Performance:

Successful completion of all courses, clinical training, and bench test with a GPA of 2.8 or better.

Permissible Delegation Duties of Dental

	DH General Supervision	DH Indirect Supervision	DH Direct Supervision	DA Indirect Supervision	DA Direct Supervision
Acid Etch - Apply/wash remove					
Administering local anesthetic agents by block					
Administering local anesthetic agents by infiltration					
Administration of nitrous oxide analgesia					
Amalgam Restoration: Place, Condense, Carve, Polish (with slow-speed handpiece only)					
Applying base and cavity liners					
Applying dentin desensitizing solution with OTC solutions					
Applying flouride varnishes					
Applying pit and fissue sealants					
Applying topical anesthetic					
Applying topical flouride gels, foams and agents					
Assessing risk of tobacco use					
Bending arch wires					
Carving amalgam restorations					
Cementbands/bonding brackets					
Closed gingival curettage using hand instruments					
Closed gingival curettage utilizing laser technology					
Crowns, Temporary: Fabricating, temporary cementation, & Removal					
Extra-oral adjustments on dentures/partials					
Fabricating temporary/interim restorations					
Fabrication: Custom Trays, Bleaching Trays Athletich Mouth Guard					
Flouride treatment					
Flush, place and remove dry socket medicaments with OTC products					
Impressions: Study & opposing models					
In office bleaching procedures utilizing laser technology					
In-office bleaching procedures with light					
In office bleaching procedures without laser or light					
Inspecting the oral cavity (including charting carious lesions, existing restorations and missing teeth)					

	DH General Supervision	DH Indirect Supervision	DH Direct Supervision	DA Indirect Supervision	DA Direct Supervision
Making alginated impressions for study casts					
Making alginated impressions for athletic mouthguards					
Matrices; placing and remove					
Master or final (working model) impressions					
Monitoring minimally sedated patients					
Monitoring mderately sedated patients					
Monitoring nitrous oxide analgesia					
OSHA regulations					
Oral Hygiene Instruction					
Performing brush biopsies					
Performing denture adjustments					
Performing health assessment using indices					
Performing pulp vitality testing					
Performing subgingival scaling					
Placing amalgam restorations for condensation by the dentist					
Placing and finishing composite resin restorations					
Placing and removing retraction cord and associated medicaments with OTC products					
Placing local antimicrobial agents					
Placing periodontal dressing					
Placing sutures					
Polish - Coronal Portion of teeth					
Polishing amalgam restorations					
Prepping lab forms for signature by the dentist					
Radiographs Exposing - state certificate					
Removing excess cement from coronal surfaces of teeth					
Removing matrices					
Removing periodontal dressings					
Removing sutures					
Removing temporary/interim restorations					
Root planing					
Rubber Dams; Place and/or remove					

	DH General Supervision	DH Indirect Supervision	DH Direct Supervision	DA Indirect Supervision	DA Direct Supervision
Scaling coronal surface of teeth					
Sterilization and Disinfection procedures					
Vital Signs: Taking Blood Pressure, Pulse & Temperature					

DISCUSSION DRAFT
LICENSURE PROVISIONS
REGULATORY REVIEW MARK-UP
Prepped 2/2009

Part I. General Provisions.

18VAC60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof.

"Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof.

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services.

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General supervision" means that the dentist has examined the patient and issued a written order for the specific, authorized services to be provided by a dental hygienist when the dentist is not present in the facility while the services are being provided.

"Inhalation" is a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Radiographs" means intraoral and extraoral x-rays of hard and soft tissues to be used for purposes of diagnosis.

18VAC60-20-15. Recordkeeping.

A dentist shall maintain patient records for not less than three years from the most recent date of service for purposes of review by the board to include the following:

1. Patient's name and date of treatment;

2. Updated health history;

3. Diagnosis, and treatment rendered;

4. List of drugs prescribed, administered, dispensed and the quantity;

5. Radiographs;

6. Patient financial records;

7. Name the dentist and dental hygienist providing service; and

8. Laboratory work orders which meet the requirements of §54.1-2719 of the Code of Virginia.

18VAC60-20-16. Address of record.

At all times, each licensed dentist shall provide the board with a current, primary business address, and each dental hygienist shall provide a current mailing address. All required notices mailed by the board to any such licensee shall be validly given when mailed to the latest address given by the licensee. All changes of address shall be furnished to the board in writing within 30 days of such changes.

(Add new section on posting of license and consider requiring that the license be displayed in the patient receiving area so that all patients might see and read it)

§ 54.1-2720. Display of name of practitioner. Every person practicing dentistry under a firm name, and every person practicing dentistry as an employee of another licensed dentist shall conspicuously display his name at the entrance of the office. Any licensed dentist who fails to display his name shall be subject to disciplinary action by the Board.
§ 54.1-2721. Display of license. Every person practicing dentistry in this Commonwealth shall display his license in his office in plain view of patients. Any person practicing dentistry without having his license on display shall be subject to disciplinary action by the Board.
§ 54.1-2727. Display of license. Every person practicing dental hygiene shall at all times display his license in a conspicuous place in his office in plain view of patients.

If a licensee maintains more than one office, a notarized photocopy of a license may be used.
Moved from 18VAC60-20-30.D

(Add new section on fees and list)

A. Application/Registration Fees	
1. Dental License by Examination	$400
2. Dental License by Credentials	$500
3. Dental Restricted Teaching License	$285
4. Dental Teacher's License	$285
5. Dental Full-time Faculty License	$285
6. Dental Temporary Resident's License	$60
7. Dental Hygiene License by Examination	$175
8. Dental Hygiene License by Credentials	$275
9. Restricted Volunteer License	$25
10. Volunteer Exemption Registration	$10
11. Oral Maxillofacial Surgeon Registration	$175
12. Cosmetic Procedures Certification	$225
B. Renewal Fees	
1. Dental License - Active	$285
2. Dental license – Inactive	$145
3. Dental Temporary Resident's License	$35
4. Dental Hygiene License - Active	$75
5. Dental Hygiene License – Inactive	$40

6. Restricted Volunteer License	$15
7. Oral Maxillofacial Surgeon Registration	$175
8. Cosmetic Procedures Certification	$100

C. Late Fees

1. Dental License - Active	$100
2. Dental License – Inactive	$50
3. Dental Temporary Resident's License	$15
4. Dental Hygiene – Active	$25
5. Dental Hygiene – Inactive	$15
6. Oral Maxillofacial Surgeon Registration	$55
7. Cosmetic Procedures Certification	$35

D. Reinstatement Fees

1. Dental License - Expired	$500
2. Dental License – Suspended	$750
3. Dental License - Revoked	$1000
4. Dental Hygiene License - Expired	$200
5. Dental Hygiene License – Suspended	$400
6. Dental Hygiene License – Revoked	$500
7. Oral Maxillofacial Surgeon Registration	$350
8. Cosmetic Procedures Certification	$225

E. Document Fees

1. Duplicate Wall Certificate	$60
2. Duplicate License	$20
3. License Certification	$35

F. Other Fees

1. Returned Check Fee	$35
2. Practice Inspection Fee	$350

18VAC60-20-~~40~~. Refunds. (Renumber in new fee section)

No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

18VAC60-20-17. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate.

In accordance with §54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate at the time a determination is made that probable cause exists that a practitioner may be subject to a disciplinary action. If delegation to a subordinate

is not recommended at the time of the probable cause determination, delegation may be approved by the president of the board or his designee.

B. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Part III. Entry and Licensure Requirements. (Make Part II)

18VAC60-20-~~100~~. ~~Other~~ aApplication requirements. (Move this section and renumber here for better sequencing of information from general to specific to make it clear that these requirements apply to most types of applications).

A. Applications for any dental or dental hygiene license or permit issued by the board, other than for a volunteer exemption or for a restricted volunteer license, shall include:

1. A final certified transcript of the grades from the college from which the applicant received the dental degree, dental hygiene degree or certificate, or post-doctoral degree or certificate;

2. An original grade card issued by the Joint Commission on National Dental Examinations; ~~and~~

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB)~~.~~; and

4. All applicants for licensure ~~by examination~~ shall be required to attest that they have read and understand and will remain current with the ~~applicable Virginia dental and dental hygiene laws and the regulations of this board.~~ laws and regulations governing the practice of dentistry and dental hygiene in Virginia. From 18VAC60-20-70.D, and similar provisions in 18VAC60-20-80 and 18VAC60-20-90.E

B. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

18VAC60-20-60. Education.

A. Dental licensure. An applicant for every type of dental licensure shall be a graduate and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any ~~other~~ clinical advanced specialty. (FIRST REVIEW - Proposed to answer questions about acceptance of the non-clinical advanced specialty program for dental public health for applicants without a CODA accredited doctoral degree.)

B. Dental hygiene licensure. An applicant for every type of dental hygiene licensure shall have graduated from or have been issued a certificate by a program of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

18VAC60-20-70. Licensure ~~examinations~~.

A. Dental licensure by examinations.

1. All applicants shall have successfully completed Part I and Part II of the examinations of the Joint Commission on National Dental Examinations prior to making application to this board.

2. All applicants to practice dentistry shall satisfactorily pass ~~the complete board-approved examinations in dentistry~~ a dental clinical competency examination which includes a live patient accepted by the Board. ~~Applicants who successfully completed the board-approved examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake the examinations or take board-approved continuing education unless they demonstrate that they have maintained clinical, ethical and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure~~. (Delete here and keep as C. below)

3. If the candidate has failed any section of a ~~board-approved~~ clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

B. Dental hygiene licensure by examinations.

1. All applicants are required to successfully complete the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board for licensure. ~~Applicants who successfully complete the board-approved examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to~~

~~retake the board-approved examinations or take board-approved continuing education unless they demonstrate that they have maintained clinical, ethical, and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure~~. (Delete here and keep in C. below)

2. All applicants to practice dental hygiene shall successfully complete ~~the board-approved examinations in dental hygiene~~ a dental hygiene clinical competency examination which includes a live patient accepted by the board~~, except those persons eligible for licensure pursuant to 18 VAC 60-20-80~~.

3. If the candidate has failed any section of a ~~board-approved~~ clinical competency examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Applicants who successfully completed ~~the board-approved~~ a clinical competency examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake ~~the~~ an examinations or take ~~board-approved~~ continuing education which meets the requirements of 18VAC60-20-50 unless they demonstrate that they have maintained clinical, ethical and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

~~D. All applicants for licensure by examination shall be required to attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board.~~ (Move to general application requirements section to clarify that this applies to credentials, endorsement and most restricted license applicants.)

18VAC60-20-71. Licensure by credentials for dentists.

In accordance with § 54.1-2709 of the Code of Virginia, an applicant for licensure by credentials shall:

1. Be of good moral character and not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia;

2. Be a graduate of a dental program, school or college, or dental department of a university or college currently accredited by the Commission on Dental Accreditation of the American Dental Association.

3. Have passed Part I and Part II of the examination given by the Joint Commission on National Dental Examinations;

4. Have successfully completed a clinical competency examination ~~that involved live patients~~ which included a live patient accepted by the Board;

5. Hold a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; and

6. Have been in continuous clinical practice as a licensee in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

18VAC60-20-80. Licensure by ~~endorsement~~ credentials for dental hygienists.

In accordance with §54.1-2722 of the Code of Virginia, an applicant for dental hygiene ~~endorsement~~ licensure by credentials shall:

1. Be a graduate or be issued a certificate from an accredited dental hygiene school/program of dental hygiene recognized by the Commission on Dental Accreditation of the American Dental Association;

2. Be currently licensed to practice dental hygiene in another state, territory, District of Columbia, or possession of the United States, and have clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 24 out of the past 48 months immediately preceding application for licensure;

3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;

4. Have successfully completed a dental hygiene clinical ~~licensing~~ competency examination which included a live patient ~~substantially equivalent to that required by Virginia~~;

~~5. Not have failed the clinical examination accepted by the board within the last five years;~~ (FIRST REVIEW - This language was removed from the Code for dentists and should be removed here as well. The reasoning is that if 4 above is met then an exam failure should not preclude licensure.)

6. Be of good moral character;

7. Not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia;

8. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board; and

~~9. Attest to having read and understand and to remain current with the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia.~~ (Move to general application

requirements section to clarify that this applies to credentials, endorsement and restricted license applicants.)

~~**18VAC60-20-81. Administration of local anesthesia and/or nitrous oxide by dental hygienists.**~~ (FIRST REVIEW - Move this section to Part IV Anesthesia, Sedation and Analgesia)

~~A. A dental hygienist who meets the qualifications set forth in this section and who is under the direction of a dentist may administer nitrous oxide/inhalation analgesia or, to patients 18 years of age or older, local anesthesia. Local anesthesia shall not include topical Schedule VI medicinal agents that may be administered under general supervision pursuant to 18VAC60-20-220 B.~~

~~B. To be eligible to administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:~~

~~1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of eight hours in didactic and clinical in the following topics:~~

~~a. Patient physical and psychological assessment;~~

~~b. Medical history evaluation;~~

~~c. Equipment and techniques used for administration of nitrous oxide;~~

~~d. Neurophysiology of nitrous oxide administration;~~

~~e. Pharmacology of nitrous oxide;~~

~~f. Recordkeeping, medical and legal aspects of nitrous oxide;~~

~~g. Adjunctive uses of nitrous oxide for dental patients; and~~

~~h. Clinical experiences in administering nitrous oxide, including training with live patients.~~

~~2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.~~

~~C. To be eligible to administer both local anesthesia and nitrous oxide/inhalation analgesia, a dental hygienist shall:~~

~~1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of 36 didactic and clinical hours in the following topics:~~

~~a. Patient physical and psychological assessment;~~

~~b. Medical history evaluation and recordkeeping;~~

~~c. Neurophysiology of local anesthesia;~~

~~d. Pharmacology of local anesthetics and vasoconstrictors;~~

~~e. Anatomical considerations for local anesthesia;~~

~~f. Techniques for maxillary infiltration and block anesthesia;~~

~~g. Techniques for mandibular infiltration and block anesthesia;~~

~~h. Local and systemic anesthetic complications;~~

~~i. Management of medical emergencies;~~

~~j. Clinical experiences in maxillary and mandibular infiltration and block injections;~~

~~k. Pharmacology of nitrous oxide;~~

~~l. Adjunctive uses of nitrous oxide for dental patients; and~~

~~m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients.~~

~~2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program.~~

~~D. A dental hygienist who holds a certificate or credential issued by the licensing board of another U.S. jurisdiction that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:~~

~~1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or~~

~~2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.~~

~~E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.~~

18VAC60-20-90. Temporary permit, teacher's license, and full-time faculty license.

A. A temporary permit shall be issued only for the purpose of allowing dental and dental hygiene practice as limited by §§ 54.1-2715 and 54.1-2726 of the Code of Virginia. Applicants must meet the requirements of 18VAC60-20-59? to be otherwise qualified for practice in Virginia.

B. A temporary permit will not be renewed unless the permittee shows that extraordinary circumstances prevented the permittee from taking the licensure examination during the term of the temporary permit.

C. A teacher's license or full-time faculty license shall be issued to any dentist who meets the entry requirements of § 54.1-2713 of the Code of Virginia, who is certified by the dean of a dental school in the Commonwealth ~~and who is~~ to be serving ~~full-time~~ on the faculty of a dental school ~~or its affiliated clinics intramurally in the Commonwealth~~. Applicants must meet the requirements of 18VAC60-20-100? to be otherwise qualified for practice in Virginia.

1. A teacher's license or full-time faculty license shall remain valid only while the license holder is serving ~~full-time~~ on the faculty of a dental school in the Commonwealth. When any such license holder ceases to continue serving ~~full-time~~ on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, which shall be null and void upon termination of ~~full-time~~ employment. The dean of the dental school shall notify the board within five working days of such termination of ~~full-time~~ employment.

2. A teacher licensee shall not practice intramurally or privately or receive fees for service.

3. A full-time faculty licensee may work~~ing~~ in a faculty intramural clinic affiliated with a dental school and may accept a fee for service.

D. A temporary permit, a teacher's license and a full-time faculty license may be revoked for any grounds for which the license of a regularly licensed dentist or dental hygienist may be revoked and for any act indicating the inability of the permittee or licensee to practice dentistry that is consistent with the protection of the public health and safety as determined by the generally accepted standards of dental practice in Virginia.

E. Applicants for a full-time faculty license or temporary permit shall be required to attest to having read and understand and to remaining current with the laws and the regulations governing the practice of dentistry in Virginia.

18VAC60-20-91. Temporary licenses to persons enrolled in advanced dental education programs.

A. A dental intern, resident or post-doctoral certificate or degree candidate applying for a temporary license to practice in Virginia shall:

1. Successfully complete a D.D.S. or D.M.D. dental degree program required for admission to ~~board-approved examinations~~ a clinical competency examination which includes a live patient accepted by the Board and submit a letter of confirmation from the registrar of the school or college

conferring the professional degree, or official transcripts confirming the professional degree and date the degree was received.

2. Submit a recommendation from the dean of the dental school or the director of the accredited graduate program specifying the applicant's acceptance as an intern, resident or post-doctoral certificate or degree candidate in an advanced dental education program. The beginning and ending dates of the internship, residency or post-doctoral program shall be specified.

B. The temporary license applies only to practice in the hospital or outpatient clinics of the hospital or dental school where the internship, residency or post-doctoral time is served. Outpatient clinics in a hospital or other facility must be a recognized part of an advanced dental education program.

C. The temporary license may be renewed annually, for up to five times, upon the recommendation of the dean of the dental school or director of the accredited graduate program.

D. The temporary license holder shall be responsible and accountable at all times to a licensed dentist, who is a member of the staff where the internship, residency or post-doctoral candidacy is served. The temporary licensee is prohibited from employment outside of the advanced dental education program where a full license is required.

E. The temporary license holder shall abide by the accrediting requirements for an advanced dental education program as approved by the Commission on Dental Accreditation of the American Dental Association.

~~**18VAC60-20-100. Other application requirements.**~~ **Move to be the first section in Part III above.**

~~A. All applications for any license or permit issued by the board shall include:~~

~~1. A final certified transcript of the grades from the college from which the applicant received the dental degree, dental hygiene degree or certificate, or post-doctoral degree or certificate;~~

~~2. An original grade card issued by the Joint Commission on National Dental Examinations; and~~

~~3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB).~~

~~B. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.~~

18VAC60-20-~~105.~~ ~~Inactive license.~~ Move to Licensure Renewal Part and renumber

~~A. Any dentist or dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license.~~

~~With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry or dental hygiene in Virginia.~~

~~B. An inactive license may be reactivated upon submission of the required application, payment of the current renewal fee, and documentation of having completed continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia.~~

18VAC60-20-106. Voluntary practice.

A. Restricted volunteer license.

1. In accordance with §§ 54.1-2712.1 or 54.1-2726.1, the board may issue a restricted volunteer license to a dentist or a dental hygienist who:

a. Held an unrestricted license in Virginia or another state as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;

d. Has not failed a clinical examination within the past five years; and

e. Has had at least five years of clinical practice.

2. A person holding a restricted volunteer license under this section shall:

a. Only practice in public health or community free clinics that provide dental services to underserved populations;

b. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

c. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

d. Not be required to complete continuing education in order to renew such a license.

3. The restricted volunteer license shall specify whether supervision is required, and if not, the date by which it will be required. If a dentist with a restricted volunteer license issued under this section has not held an active, unrestricted license and been engaged in active practice within the past five years, he shall only practice dentistry and perform dental procedures if a dentist with an unrestricted Virginia license, ~~volunteering~~ at the clinic, reviews the quality of care rendered by the dentist with the restricted volunteer license at least every 30 days. If supervision is required, the supervising dentist shall directly observe patient care being provided by the restricted volunteer dentist and review all patient charts at least quarterly. Such supervision shall be noted in patient charts and maintained in accordance with 18VAC60-20-15.

4. A dental hygienist with a restricted volunteer license shall be sponsored by and practice only under the direction or general supervision of a dentist who holds an unrestricted license in Virginia.

5. A restricted voluntary license granted pursuant to this section shall expire on the June 30 of the second year after its issuance, or shall terminate when the supervising dentist withdraws his sponsorship.

6. A dentist or dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations which apply to all licensees practicing in Virginia.

B. Registration for voluntary practice by out-of-state licensees.

Any dentist or dental hygienist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

a. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

b. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

c. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

d. Pay a registration fee ~~of $10~~; and

e. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of §54.1-2701 of the Code of Virginia.

Part II. Licensure Renewal ~~and Fees~~. (Make Part III)

18VAC60-20-20. License renewal and reinstatement.

A. The license of any person who does not return the completed renewal form and fees by the deadline ~~required in subsection A of this section~~ shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal. With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board. (Moved from C. below and edited)

18VAC60-20-~~105~~. Inactive license. Move to Licensure Renewal Part and renumber

A. Any dentist or dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry or dental hygiene in Virginia.

B. An inactive license may be reactivated upon submission of the required application which includes evidence of continuing competence, and payment of the current renewal fee~~, and documentation of having completed continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours~~. To evaluate continuing competence the board shall consider (i) hours of continuing education which meets the requirements of subsection H of 18 VAC 60-20-50; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination which included a live patient accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

1. Continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours must be included with the application. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation.

2. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia or who is unable to demonstrate continuing competence.

A. Renewal ~~fees~~. Every person holding an active or inactive license or a full-time faculty license shall annually, on or before March 31, renew his license. Every person holding a teacher's license, temporary resident's license, a restricted volunteer license to practice dentistry or dental hygiene or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, request renewal of his license.

(Move fees to new fee section)

~~1. The fee for renewal of an active license or permit to practice or teach dentistry shall be $285, and the fee for renewal of an active license or permit to practice or teach dental hygiene shall be $75.~~

~~2. The fee for renewal of an inactive license shall be $145 for dentists and $40 for dental hygienists.~~

~~3. The fee for renewal of a restricted volunteer license shall be $15.~~

~~4. The application fee for a temporary resident's license shall be $60. The annual renewal fee shall be $35 a year. An additional fee for late renewal of licensure shall be $15.~~

B. Late ~~fees~~ renewals. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee. ~~of $100 for dentists with an active license and $25 for dental hygienists with an active license. The late fee shall be $50 for dentists with an inactive license and $15 for dental hygienists with an inactive license.~~

C. The board shall renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section provided that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18 VAC 60-20-170 to deny said renewal. (First review)

C. Reinstatement ~~fees and~~ procedures. ~~The license of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal.~~ (Moved to new A.)

1. Any person whose license has expired for more than one year or whose license has been revoked or suspended (Moved from D) and who wishes to reinstate such license shall submit to the board a reinstatement application and the required reinstatement fee ~~of $500 for dentists and $200 for dental hygienists~~. The application must include evidence of continuing competence.

2. To evaluate continuing competence the board shall ~~include~~ consider (i) hours of continuing education which meets the requirements of subsection H of 18 VAC 60-20-50; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination which included a live patient accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association. (Some of this moved from 3 and edited)

~~2. With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board.~~ (Moved to new A)

3. The executive director may reinstate such expired license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18 VAC 60-20-170 to deny said reinstatement, and that the applicant has paid the unpaid reinstatement fee and any fines or assessments. Applications following suspension or revocation may require action by the board. ~~Evidence of continuing competence shall include hours of continuing education as required by subsection H of 18VAC60-20-50 and may also include evidence of active practice in another state or in federal service or current specialty board certification~~. (Move to 1 and 2 above)

D. ~~Reinstatement of a license previously revoked or indefinitely suspended. Any person whose license has been revoked shall submit to the board for its approval a reinstatement application and fee of $1,000 for dentists and $500 for dental hygienists. Any person whose license has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of $750 for dentists and $400 for dental hygienists.~~ (Move to 1, 2 and 3 above and new fee section)

~~18VAC60-20-30. Other fees.~~ (Move all fees to new fee section except as noted)

~~A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be $400. The application fee for dental license by credentials shall be $500.~~

~~B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be $175. The application fee for dental hygienist license by endorsement shall be $275.~~

~~C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of $60.~~

~~D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of $20. If a licensee maintains more than one office, a notarized photocopy of a license may be used.~~ (Move to new section on posting in Part 1)

~~E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of $35 for each endorsement or certification.~~

~~F. Restricted teaching license for foreign dentists. Restricted license issued in accordance with §54.1-2714 of the Code of Virginia shall be at a fee of $285.~~

~~G. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with §54.1-2712.1 or §54.1-2726.1 of the Code of Virginia shall be $25.~~

~~H. Returned check. The fee for a returned check shall be $ 35.~~

~~I. Inspection fee. The fee for an inspection of a dental office shall be $350.~~

~~18VAC60-20-40. Refunds.~~ (Move to new fee section)

~~No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.~~

18VAC60-20-50. Requirements for continuing education.

DISCUSSION DRAFT
LICENSURE PROVISIONS
REGULATORY REVIEW MARK-UP
Prepped 2/2009

A. 1. ~~After April 1, 1995,~~ a dentist or a dental hygienist shall ~~be required to have~~ completed a minimum of 15 hours of ~~approved~~ continuing education, which meets the requirements for content, sponsorship and documentation set out in this section, for each annual renewal of licensure except for the first renewal following initial licensure and for renewal of a restricted volunteer license.

2. All renewal applicants shall attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry and dental hygiene in Virginia. Continuing education credit may be earned for passage of the online Virginia Dental Law Exam.

1. ~~Effective June 29, 2006,~~ a dentist or a dental hygienist shall ~~be required to~~ maintain ~~evidence of successful completion of~~ current training in basic cardiopulmonary resuscitation or basic life support.

2. ~~Effective June 29, 2006,~~ a dentist who administers or a dental hygienist who monitors patients under general anesthesia, deep sedation or conscious sedation shall complete four hours every two years of approved continuing education directly related to administration or monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

3. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

B. To be accepted for license renewal, ~~An approved~~ continuing ~~dental~~ education programs shall be directly relevant to the treatment and care of patients and shall be:

1. Clinical courses in dentistry and dental hygiene; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and which are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, business management, marketing and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any courses, to include audio and video presentations, which meet the requirements in subsection B of this section and which are given by one of the following sponsors:

1. American Dental Association and National Dental Association, their constituent and component/branch associations;

2. American Dental Hygienists' Association and National Dental Hygienists Association, their constituent and component/branch associations;

3. American Dental Assisting Association, its constituent and component/branch associations;

4. American Dental Association specialty organizations, their constituent and component/branch associations;

5. American Medical Association and National Medical Association, their specialty organizations, constituent, and component/branch associations;

6. Academy of General Dentistry, its constituent and component/branch associations;

7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Health Care Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute and the American Cancer Society;

10. A medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic and Research Foundation;

14. The Dental Assisting National Board; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

~~D. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure.~~ (Moved to A)

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted.

F. A licensee is required to ~~provide information on~~ verify compliance with the continuing education requirements in his annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

G. All licensees are required to maintain original documents verifying the date, ~~and~~ subject of the program or activity, the sponsor and the amount of time earned. Documentation must be maintained for a period of four years following renewal.

H. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, must submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

I. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

J. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

Part IV. Anesthesia, Sedation and Analgesia.

18 VAC 60-20-107. General provisions.

A. This part (18 VAC 60-20-107 et seq.) shall not apply to:

1. The administration of local anesthesia in dental offices; or

2. The administration of anesthesia in (i) a licensed hospital as defined in § 32.1-123 of the Code of Virginia or state-operated hospitals or (ii) a facility directly maintained or operated by the federal government.

B. Appropriateness of administration of general anesthesia or sedation in a dental office.

1. Anesthesia and sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA).

2. Conscious sedation, deep sedation or general anesthesia shall not be provided in a dental office for patients in ASA risk categories of Class IV and V.

3. Patients in ASA risk category Class III shall only be provided general anesthesia or sedation by:

a. A dentist after consultation with their primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

C. Prior to administration of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the anesthesia or sedation planned along with the risks, benefits and alternatives and shall obtain informed, written consent from the patient or other responsible party.

D. The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record.

E. A dentist who is administering anesthesia or sedation to patients prior to June 29, 2005 shall have one year from that date to comply with the educational requirements set forth in this chapter for the administration of anesthesia or sedation.

18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.

2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.

2. Positive pressure oxygen.

3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.

2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.

3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with

requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

18VAC60-20-81. Administration of local anesthesia and/or nitrous oxide by dental hygienists. (FIRST REVIEW – Moved from Part III Entry and Licensure Requirements)

A. A dental hygienist who meets the qualifications set forth in this section and who is under the direction of a dentist may administer nitrous oxide/inhalation analgesia or, to patients 18 years of age or older, local anesthesia. Local anesthesia shall not include topical Schedule VI medicinal agents that may be administered under general supervision pursuant to 18VAC60-20-220 B.

B. To be eligible to administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of eight hours in didactic and clinical in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation;

c. Equipment and techniques used for administration of nitrous oxide;

d. Neurophysiology of nitrous oxide administration;

e. Pharmacology of nitrous oxide;

f. Recordkeeping, medical and legal aspects of nitrous oxide;

g. Adjunctive uses of nitrous oxide for dental patients; and

h. Clinical experiences in administering nitrous oxide, including training with live patients;

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

C. To be eligible to administer both local anesthesia and nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a dental or dental hygiene

program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of 36 didactic and clinical hours in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation and recordkeeping;

c. Neurophysiology of local anesthesia;

d. Pharmacology of local anesthetics and vasoconstrictors;

e. Anatomical considerations for local anesthesia;

f. Techniques for maxillary infiltration and block anesthesia;

g. Techniques for mandibular infiltration and block anesthesia;

h. Local and systemic anesthetic complications;

i. Management of medical emergencies;

j. Clinical experiences in maxillary and mandibular infiltration and block injections;

k. Pharmacology of nitrous oxide;

l. Adjunctive uses of nitrous oxide for dental patients; and

m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program.

D. A dental hygienist who holds a certificate or credential issued by the licensing board of another U.S. jurisdiction that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:

1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or

2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.

E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.

18VAC60-20-110. Requirements to administer deep sedation/general anesthesia.

A. Educational requirements. A dentist may employ or use deep sedation/general anesthesia on an outpatient basis by meeting one of the following educational criteria and by posting the educational certificate, in plain view of the patient, which verifies completion of the advanced training as required in subdivision 1 or 2 of this subsection. These requirements shall not apply nor interfere with requirements for obtaining hospital staff privileges.

1. Has completed a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred; or

2. Completion of an American Dental Association approved residency in any dental specialty which incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e. medical evaluation and management of patients), comparable to those set forth in published guidelines by the American Dental Association for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred.

After June 29, 2006, dentists who administer deep sedation/general anesthesia shall hold current certification in advanced resuscitative techniques, such as courses in Advanced Cardiac Life Support or Pediatric Advanced Life Support and current Drug Enforcement Administration registration.

B. Exceptions.

1. A dentist who has not met the requirements specified in subsection A of this section may treat patients under deep sedation/general anesthesia in his practice if a qualified anesthesiologist or a dentist who fulfills the requirements specified in subsection A of this section, is present and is responsible for the administration of the anesthetic.

2. If a dentist fulfills the requirements specified in subsection A of this section, he may employ the services of a certified nurse anesthetist.

C. Posting. Any dentist who utilizes deep sedation/general anesthesia shall post with the dental license and current registration with the Drug Enforcement Administration, the certificate of education required under subsection A of this section.

D. Emergency equipment and techniques. A dentist who administers deep sedation/general anesthesia shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency equipment in the dental facility:

1. Full face mask for children or adults, as appropriate for the patient being treated;

2. Oral and nasopharyngeal airways;

3. Endotracheal tubes for children or adults, or both, with appropriate connectors;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both;

5. Source of delivery of oxygen under controlled positive pressure;

6. Mechanical (hand) respiratory bag;

7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;

8. Appropriate emergency drugs for patient resuscitation;

9. EKG monitoring equipment and temperature measuring devices;

10. Pharmacologic antagonist agents;

11. External defibrillator (manual or automatic); and

12. For intubated patients, an End-Tidal CO^2 monitor.

E. Monitoring requirements.

1. The treatment team for deep sedation/general anesthesia shall consist of the operating dentist, a second person to monitor and observe the patient and a third person to assist the operating dentist, all of whom shall be in the operatory with the patient during the dental procedure.

2. Monitoring of the patient under deep sedation/general anesthesia, including direct, visual observation of the patient by a member of the team, is to begin prior to induction of anesthesia and shall take place continuously during the dental procedure and recovery from anesthesia. The person who administered the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

3. Monitoring deep sedation/general anesthesia shall include the following: recording and reporting of blood pressure, pulse, respiration and other vital signs to the attending dentist.

18VAC60-20-120. Requirements to administer conscious sedation.

A. Automatic qualification. Dentists qualified to administer deep sedation/general anesthesia may administer conscious sedation.

B. Educational requirements for administration of conscious sedation by any method.

1. A dentist may employ or use any method of conscious sedation by meeting one of the following criteria:

a. Completion of training for this treatment modality according to guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred, while enrolled at an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of an approved continuing education course consisting of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in parenteral conscious sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

2. A dentist who was self-certified in anesthesia and conscious sedation prior to January 1989 may continue to administer only conscious sedation.

C. Educational requirement for enteral administration of conscious sedation only. A dentist may administer conscious sedation by an enteral method if he has completed an approved continuing education program of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious sedation techniques. The course content shall be consistent with the guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

D. Additional training required. After June 29, 2006, dentists who administer conscious sedation shall hold current certification in advanced resuscitation techniques, such as Advanced Cardiac Life Support as evidenced by a certificate of completion posted with the dental license, and current registration with the Drug Enforcement Administration.

E. Emergency equipment and techniques. A dentist who administers conscious sedation shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency airway equipment in the dental facility:

1. Full face mask for children or adults, as appropriate for the patient being treated;

2. Oral and nasopharyngeal airways;

3. Endotracheal tubes for children or adults, or both, with appropriate connectors and a laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both. In lieu of a laryngoscope and endotracheal tubes, a dentist may maintain airway adjuncts designed for the maintenance of a patent airway and the direct delivery of positive pressure oxygen;

4. Pulse oximetry;

5. Blood pressure monitoring equipment;

6. Pharmacologic antagonist agents;

7. Source of delivery of oxygen under controlled positive pressure;

8. Mechanical (hand) respiratory bag; and

9. Appropriate emergency drugs for patient resuscitation.

F. Monitoring requirements.

1. The administration team for conscious sedation shall consist of the operating dentist and a second person to assist, monitor and observe the patient.

2. Monitoring of the patient under conscious sedation, including direct, visual observation of the patient by a member of the team, is to begin prior to administration of sedation, or if medication is self-administered by the patient, when the patient arrives at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is responsive and is discharged.

18VAC60-20-130. (Repealed.).

18VAC60-20-135. Ancillary personnel.

After June 29, 2006, dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have:

1. Minimal training resulting in current certification in basic resuscitation techniques, such as Basic Cardiac Life Support or an approved, clinically oriented course devoted primarily to responding to

clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-20-50 C; or

2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

18VAC60-20-140. Report of adverse reactions.

A written report shall be submitted to the board by the treating dentist within 30 days following any mortality or morbidity which directly results from the administration of local anesthesia, general anesthesia, conscious sedation, or nitrous oxide oxygen inhalation analgesia and which occurs in the facility or during the first 24 hours immediately following the patient's departure from the facility.

Part V. Unprofessional Conduct.

18VAC60-20-150 to 18VAC60-20-160. [Repealed]

18VAC60-20-170. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of §54.1-2706 of the Code of Virginia:

1. Fraudulently obtaining, attempting to obtain or cooperating with others in obtaining payment for services;

2. Performing services for a patient under terms or conditions which are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress;

3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use;

4. Committing any act in violation of the Code of Virginia reasonably related to the practice of dentistry and dental hygiene;

5. Delegating any service or operation which requires the professional competence of a dentist or dental hygienist to any person who is not a dentist or dental hygienist as authorized by this chapter;

6. Certifying completion of a dental procedure that has not actually been completed;

7. Knowingly or negligently violating any applicable statute or regulation governing ionizing radiation in the Commonwealth of Virginia, including, but not limited to, current regulations promulgated by the Virginia Department of Health; and

8. Permitting or condoning the placement or exposure of dental x-ray film by an unlicensed person, except where the unlicensed person has complied with 18VAC60-20-195.

18VAC60-20-180. Advertising.

A. Practice limitation. A general dentist who limits his practice shall state in conjunction with his name that he is a general dentist providing only certain services, e.g., orthodontic services.

B. Fee disclosures. Any statement specifying a fee for a dental service which does not include the cost of all related procedures, services, and products which, to a substantial likelihood, will be necessary for the completion of the advertised services as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of fees for specifically described dental services shall not be deemed to be deceptive or misleading.

C. Discounts. Discount offers for a dental service are permissible for advertising only when the nondiscounted or full fee and the final discounted fee are also disclosed in the advertisement. The dentist shall maintain documented evidence to substantiate the discounted fee.

D. Retention of broadcast advertising. A prerecorded copy of all advertisements on radio or television shall be retained for a six-month period following the final appearance of the advertisement. The advertising dentist is responsible for making prerecorded copies of the advertisement available to the board within five days following a request by the board.

E. Routine dental services. Advertising of fees pursuant to subdivision F 3 of this section is limited to procedures which are determined by the board to be routine dental services as set forth in the American Dental Association's "Code on Dental Procedures and Nomenclature," as published in Current Dental Terminology (CDT-2007/2008), which is hereby adopted and incorporated by reference.

F. The following practices shall constitute false, deceptive, or misleading advertising within the meaning of §54.1-2706 (7) of the Code of Virginia:

1. Publishing an advertisement which contains a material misrepresentation or omission of facts;

2. Publishing an advertisement which contains a representation or implication that is likely to cause an ordinarily prudent person to misunderstand or be deceived, or that fails to contain reasonable warnings or disclaimers necessary to make a representation or implication not deceptive;

3. Publishing an advertisement which fails to include the information and disclaimers required by this section;

4. Publishing an advertisement which contains a claim of professional superiority, claims to be a specialist, or uses any of the terms to designate a dental specialty unless he is entitled to such specialty designation under the guidelines or requirements for specialties approved by the American

Dental Association (Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October 1995), or such guidelines or requirements as subsequently amended and approved by the dental disciplinary board, or other such organization recognized by the board; and

5. A dentist not currently entitled to such specialty designation shall not represent that his practice is limited to providing services in a specialty area without clearly disclosing in the representation that he is a general dentist. A specialist who represents services in areas other than his specialty is considered to be practicing general dentistry.

G. Signage. Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§54.1-2718 and 54.1-2720 of the Code of Virginia are complied with.

Part VI. Direction and Delegation Of Duties.

18VAC60-20-190. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue;

3. Prescribing or parenterally administering drugs or medicaments;

4. Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Performing pulp capping procedures;

7. Administering and monitoring general anesthetics and conscious sedation except as provided for in § 54.1-2701 of the Code of Virginia and 18VAC60-20-108 C, 18VAC60-20-110 F, and 18VAC60-20-120 F;

8. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth;

9. Final positioning and attachment of orthodontic bonds and bands;

10. Taking impressions for master casts to be used for prosthetic restoration of teeth or oral structures;

11. Final cementation of crowns and bridges; and

12. Placement of retraction cord.

18VAC60-20-195. Radiation certification.

No person not otherwise licensed by this board shall place or expose dental x-ray film unless he has (i) satisfactorily completed a course or examination recognized by the Commission on Dental Accreditation of the American Dental Association, (ii) been certified by the American Registry of Radiologic Technologists, (iii) satisfactorily completed a course and passed an examination in compliance with guidelines provided by the board, or (iv) satisfactorily completed a radiation course and passed an examination given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-20-200. Utilization of dental hygienists.

No dentist shall have more than two dental hygienists practicing under direction or general supervision at one and the same time, with the exception that a dentist may issue written orders for services to be provided by dental hygienists under general supervision in a free clinic, a public health program, or on a voluntary basis.

18VAC60-20-210. Requirements for direction and general supervision.

A. In all instances, a licensed dentist assumes ultimate responsibility for determining, on the basis of his diagnosis, the specific treatment the patient will receive and which aspects of treatment will be delegated to qualified personnel in accordance with this chapter and the Code of Virginia.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-20-200. Persons acting within the scope of a license issued to them by the board under §54.1-2725 of the Code of Virginia to teach dental hygiene and those persons licensed pursuant to §54.1-2722 of the Code of Virginia providing oral health education and preliminary dental screenings in any setting are exempt from this section.

C. Duties delegated to a dental hygienist under direction shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided.

D. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last examined the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that no dentist will be present, that no anesthesia can be administered, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

E. General supervision shall not preclude the use of direction when, in the professional judgment of the dentist, such direction is necessary to meet the individual needs of the patient.

18VAC60-20-220. Dental hygienists.

A. The following duties shall only be delegated to dental hygienists under direction with the dentist being present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices under anesthesia administered by the dentist.

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-20-81.

B. The following duties shall only be delegated to dental hygienists and may be delegated by written order in accordance with §54.1-3408 of the Code of Virginia to be performed under general supervision without the dentist being present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed in subsection A of this section and those listed as nondelegable in 18VAC60-20-190.

C. Nothing in this section shall be interpreted so as to prevent a licensed dental hygienist from providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

18VAC60-20-230. Delegation to dental assistants.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

18VAC60-20-240. What does not constitute practice.

The following are not considered the practice of dental hygiene and dentistry:

1. Oral health education and preliminary dental screenings in any setting.

2. Recording a patient's pulse, blood pressure, temperature, and medical history.

Part VII. Oral and Maxillofacial Surgeons.

18VAC60-20-250. Registration of oral and maxillofacial surgeons.

Within 60 days after the effective date of this section, every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in §54.1-2700 of the Code of Virginia, shall register his practice with the board ~~and pay a fee of $175~~.

1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31 ~~by payment of a fee of $175~~.

2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee ~~of $55~~.

4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee ~~of $350~~.

18VAC60-20-260. Profile of information for oral and maxillofacial surgeons.

A. In compliance with requirements of §54.1-2709.2 of the Code of Virginia, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days or at a later date if so specified:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of dental or medical schools with dates of graduation;

3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;

4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;

5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;

6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;

7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;

8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;

9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and

11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialities obtained, honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

18VAC60-20-270. Reporting of malpractice paid claims and disciplinary notices and orders.

A. In compliance with requirements of §54.1-2709.4 of the Code of Virginia, a dentist registered with the board as an oral and maxillofacial surgeon shall report all malpractice paid claims in the most recent 10-year period. Each report of a settlement or judgment shall indicate:

1. The year the claim was paid;

2. The total amount of the paid claim in United States dollars; and

3. The city, state, and country in which the paid claim occurred.

B. The board shall use the information provided to determine the relative frequency of paid claims described in terms of the percentage who have made malpractice payments within the most recent 10-year period. The statistical methodology used will be calculated on more than 10 paid claims for all dentists reporting, with the top 16% of the paid claims to be displayed as above-average payments, the next 68% of the paid claims to be displayed as average payments, and the last 16% of the paid claims to be displayed as below-average payments.

C. Adjudicated notices and final orders or decision documents, subject to §54.1-2400.2 D of the Code of Virginia, shall be made available on the profile. Information shall also be posted indicating the availability of unadjudicated notices and of orders that are subject to being vacated at determination of the practitioner.

18VAC60-20-280. Noncompliance or falsification of profile.

A. The failure to provide the information required in subsection A of 18VAC60-20-260 may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

18VAC60-20-290. Certification to perform cosmetic procedures; applicability.

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to §54.1-2709.1 of the Code of Virginia. Such certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training and experience, certification may be granted to perform one or more of these or similar procedures:

1. Rhinoplasty;

2. Blepharoplasty;

3. Rhytidectomy;

4. Submental liposuction;

5. Laser resurfacing or dermabrasion;

6. Browlift (either open or endoscopic technique);

7. Platysmal muscle plication; and

8. Otoplasty.

18VAC60-20-300. Certification not required.

Certification shall not be required for performance of the following:

1. Treatment of facial diseases and injuries, including maxillofacial structures;

2. Facial fractures, deformity and wound treatment;

3. Repair of cleft lip and palate deformity;

4. Facial augmentation procedures; and

5. Genioplasty.

18VAC60-20-310. Credentials required for certification.

A. An applicant for certification shall:

1. Hold an active, unrestricted license from the board;

2. Submit a completed application and fee ~~of $225~~;

3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;

4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;

5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and

6. If his oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, the applicant shall submit:

a. A letter from the director of the residency or fellowship program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and

b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.

7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, the applicant shall submit:

a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:

(1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;

(2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;

(3) The American Dental Association (ADA) or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or

(4) The American Medical Association approved for category 1, continuing medical education.

b. Documentation of either:

(1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

18VAC60-20-320. Renewal of certification.

In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia

Board of Dentistry and shall submit along with the renewal application and fee ~~of $100~~ on or before December 31 of each year. If an oral and maxillofacial surgeon fails to renew his certificate, the certificate is lapsed and performance of cosmetic procedures is not permitted. To renew a lapsed certificate within one year of expiration, the oral and maxillofacial surgeon shall pay the renewal fees and a late fee ~~of $35~~. To reinstate a certification that has been lapsed for more than one year shall require completion of a reinstatement form documenting continued competency in the procedures for which the surgeon is certified and payment of a reinstatement fee ~~of $225~~.

18VAC60-20-330. Quality assurance review for procedures performed by certificate holders.

A. On a schedule of no less than once every three years, a random audit of charts for patients receiving cosmetic procedures shall be performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organizations as determined by the board.

B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding or other system by which such charts can be identified by cosmetic procedure.

C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

18VAC60-20-331. Complaints against certificate holders for cosmetic procedures.

Complaints arising out of performance of cosmetic procedures by a certified oral and maxillofacial surgeon shall be adjudicated solely by the Board of Dentistry. Upon receipt of the investigation report on such complaints, the Board of Dentistry shall promptly notify the Board of Medicine, and the investigation report shall be reviewed and an opinion rendered by both a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry pursuant to §54.1-2502 of the Code of Virginia. The Board of Medicine shall maintain the confidentiality of the complaint consistent with §54.1-2400.2 of the Code of Virginia.

DOCUMENTS INCORPORATED BY REFERENCE

Current Dental Terminology 2007-2008, Code on Dental Procedures and Nomenclature, American Dental Association.

Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October 2001, American Dental Association.

DISCUSSION DRAFT

Virginia Board of Dentistry

Policy on Administering Schedule II through VI Controlled Substances for Analgesia, Sedation and Anesthesia in Dental Practices

Excerpts of Applicable Law and Regulation and Guidance

- "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient by (i) practitioner, or by his authorized agent and under his direction or (ii) the patient at the direction and in the presence of the practitioner. §54.1-3401 and §54.1-2519
- A dentist may administer drugs and devices, or he may cause them to be administered by a nurse, physician assistant or intern under his direction and supervision. §54.1-3408.B
- A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist. §54.1-3408.J
- A dentist may authorize a dental hygienist under his general supervision to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions. §54.1-3408.J
- A dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. §54.1-3408.J
- Dental assistants or dental hygienists aiding or assisting licensed dentists, or dental assistants aiding or assisting dental hygienists under the general supervision of a dentist in accordance with regulations. §54.1-2712.1
- "Anxiolysis" means the diminution or elimination of pain in the conscious patient. 18VAC60-20-10
- "Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof. 18VAC60-20-10
- "Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method, or a combination thereof. 18VAC60-20-10
- "Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services. 18VAC60-20-10
- "Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness. 18VAC60-20-10

DISCUSSION DRAFT

- The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. If inhalation analgesia is used, monitoring shall include observing the patient's vital signs and making the proper adjustments of nitrous oxide machines at the request of or by the dentist or by a qualified dental hygienist. 18VAC60-20-108.C
- A dentist not qualified to administer deep sedation/general anesthesia may treat patients under deep sedation/general anesthesia if a qualified anesthesiologist or a qualified dentist is responsible for the administration, 18VAC60-20-110.B(1)
- A qualified dentist may use the services of a certified nurse anesthetist to administer deep sedation/general anesthesia, 18VAC60-20-110.B(2)
- Monitoring of the patient under deep sedation/general anesthesia, including direct, visual observation is to begin prior to induction and shall take place continuously during the procedure and recovery. Monitoring shall include: recording and reporting of blood pressure, pulse, respiration and other vital signs. 18VAC60-20-110.E
- Monitoring of the patient under conscious sedation, including direct, visual observation of the patient is to begin prior to administration, of if self-administered, when the patients arrives and shall take place continuously during the procedure and recovery. 18VAC60-20-120.F
- Dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have training in basic resuscitation techniques or responding to a clinical emergency or are a certified anesthesia assistant, 18VAC60-20-135.
- Only licensed dentists shall prescribe or parenterally administer drugs or medicaments. "Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e. intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular). 18VAC60-20-190 and 18VAC60-20-10

[190 needs to be amended to reflect that dental hygienists may parenterally administer local anesthesia to conform to the existing Code provisions (Va. Code § 54.1-3408(J)- need a Committee motion to recommend that the Board approve exempt action at its March 13, 2009 meeting]

- For purposes of this guidance document, "local anesthesia" means the elimination of sensation, especially pain, in one part of the body by topical application or regional injection of a drug.*

Administration

1. When used in the **Regulations Governing the Practice of Dentistry and Dental Hygiene,** the terms "administration", "administer" and "administering" as defined in pertinent part in Va. Code § 54.1-3401 of the Virginia Drug Control Act, refers to the "direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient by (i) practitioner, or by his authorized agent and under his direction. . . ". The term "authorized agent", as provided for in Va. Code § 54.1-3401, means "a nurse,

physician assistant or intern" consistent with Va. Code § 54.1-3408(B) and more specifically, in the context of the practice of dentistry, a hygienist or dental assistant (I or II) as provided for in Va. Code 54.1-3408(J).

In the context of the administration of a controlled substance in a dental practice, the term "under his direction and supervision" as provided for in Va. Code §§54.1-3408.B and 54.1-3408.J respectively, means that the treating dentist has examined the patient prior to the administration of the controlled substance and is present for observation, advice and control of the administration consistent with the term "direction" as defined in 18 VAC 20-10.

The ultimate determination of the appropriate level of direction required may range between whether the treating dentist must be physically present for immediate personal observation or be in the office/facility and available for oral communication with the authorized agent as needed. The ultimate decision rests with the Board and will depend on the specific service being provided (local anesthesia, inhalation analgesia, anxiolysis, conscious sedation or deep sedation/general anesthesia) and training of the authorized agent (anesthesiologist, certified nurse anesthetist, nurse, dental hygienist or dental assistant).

3. The following personnel in a dental practice may administer **LOCAL ANESTHESIA**:
   - A dentist;
   - An anesthesiologist under the direction of the treating dentist;
   - A certified nurse anesthetist under the direction of the treating dentist;
   - A registered or licensed practical nurse under the direction of the treating dentist;
   - A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under the direction of the treating dentist;
   - A dental hygienist may administer Schedule VI topical oral anesthetics under the direction or general supervision of the treating dentist; and
   - A dental assistant may administer Schedule VI topical oral anesthetics under the direction of the treating dentist or as delegated by the dentist to a dental assistant under the direction of a dental hygienist pursuant to current 18 VAC 60-20-230(B).

4. The following personnel in a dental practice may administer **ANXIOLYSIS**:
   - A dentist;
   - An anesthesiologist under the direction of the treating dentist;
   - A certified nurse anesthetist under the direction of the treating dentist; and
   - A registered or licensed practical nurse under the direction of the treating dentist; and

The following personnel may administer local anesthesia to numb the injection or treatment site preceding the administration of anxiolysis:

- A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under the direction of the treating dentist;
- A dental hygienist may administer Schedule VI topical oral anesthetics under the direction of the treating dentist; and
- A dental assistant may administer Schedule VI topical oral anesthetics under the direction of the treating dentist.

5. Only the following licensed personnel in a dental practice may administer **INHALATION ANALGESIA**:
   - A dentist;
   - A dental hygienist who meets the training requirements of 18VAC60-20-81 and who is under the direction of the treating dentist;
   - An anesthesiologist under the direction of the treating dentist;
   - A certified nurse anesthetist under the direction of the treating dentist; and
   - A registered or licensed practical nurse under the direction of the treating dentist.

6. Only the following personnel may administer Schedule II through VI drugs when a state of **CONSCIOUS SEDATION** is being induced in a dental office:
   - A dentist with the training required by 18VAC60-20-120(C) may only administer by an enteral method of administration;
   - A dentist with the training required by 18VAC60-20-120(B) may administer by any method of administration;
   - An anesthesiologist under the direction of the treating dentist;
   - A certified nurse anesthetist when the treating dentist meets the training requirements of 18VAC60-20-120(B) and under the direction of the treating dentist;
   - A registered or licensed practical nurse when directed by the treating dentist who meets the training requirements of 18VAC60-20-120(B).

   The following personnel in a dental practice may administer local anesthesia to numb the injection or treatment site preceding the administration of conscious sedation:
   - A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under the direction of the treating dentist;
   - A dental hygienist may administer Schedule VI topical oral anesthetics under the direction of the treating dentist; and
   - A dental assistant may administer Schedule VI topical oral anesthetics under the direction of the treating dentist.

7. Only the following personnel may administer Schedule II through VI drugs when a state of **DEEP SEDATION/GENERAL ANESTHESIA** is being induced in a dental office:
   - A dentist with the training required by 18VAC60-20-110;
   - An anesthesiologist under the direction of the treating dentist;
   - A certified nurse anesthetist when the treating dentist meets the training requirements of 18VAC60-20-110 and under the direction of the treating dentist;
   - A registered or licensed practical nurse under the direction of the treating dentist when the treating dentist meets the training requirements of 18VAC60-20-110;

   The following personnel in a dental practice may administer local anesthesia to numb the injection or treatment site preceding the administration of deep sedation/general anesthesia:
   - A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under the direction of the treating dentist;
   - A dental hygienist may administer Schedule VI topical oral anesthetics under the direction of the treating dentist; and
   - A dental assistant may administer Schedule VI topical oral anesthetics under the direction of the treating dentist.

Assisting in Administration

When used in 18VAC60-20-135 of the **Regulations Governing the Practice of Dentistry and Dental Hygiene,** the phrase "to assist in the administration" means that a dental hygienist, dental assistant or nurse serving as ancillary personnel may assist the treating dentist by:

- Taking and recording vital signs
- Preparing dosages as directed by and while in the presence of the treating dentist who will administer the drugs;
- Positioning the container of the drugs to be administered by the treating dentist in proximity to the patient;
- Placing a topical anesthetic at an injection or treatment site as follows:
  - A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under the direction of the treating dentist;
  - A dental hygienist may administer Schedule VI topical local anesthetics under the direction of the treating dentist; and
  - A dental assistant may administer Schedule VI topical oral anesthetics under the direction of the treating dentist.
- Placing a face mask or other delivery device on the patient;
- Adjusting the flow of nitrous oxide machines as directed by and while in the presence of the treating dentist who initiated the flow of inhalation analgesia; and
- Implementing assigned duties should an emergency arise.

DISCUSSION DRAFT

Monitoring a Patient

When used in the **Regulations Governing the Practice of Dentistry and Dental Hygiene,** the term "monitoring" means that a dental hygienist, dental assistant or nurse serving as ancillary personnel is continuously present in the office and the operatory with the patient and:

- has the patient's entire body in sight,
- is in close proximity so as to speak with the patient,
- is conversing with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation and is closely observing the patient for coloring, breathing, level of physical activity, facial expressions, eye movement and bodily gestures in order to immediately observe and bring any changes in the patient's condition to the attention of the dentist, and
- includes the reading, reporting and recording of vital signs for patients when deep sedation/general anesthesia is being administered.

* Taken from October 2007 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Reen, Sandra

From: Cindy Durley [cdurley@danb.org]
Sent: Friday, December 19, 2008 12:36 PM
To: Reen, Sandra
Cc: Katherine Landsberg (E-mail); Mary GiaQuinta (E-mail); Liz Koch (E-mail); Rebecca Anderson (E-mail); Watkins, James
Subject: DANB draft sedation table
Attachments: Sedation.pdf; Sedation Appendix.pdf

12/19/08

Hi, Sandy!

Based on review of the minutes of the 12/3 meeting of the Virginia Board of Dentistry's Regulatory/Legislative Committee, you may be interested in seeing the attached table, summarizing which states allow dental assistants to perform which types of duties related to conscious sedation, analgesia, and anesthesia. DANB recently developed this table as an adjunct to our Career Ladder Templates for Dental Assistants, the spiral bound publication we issue each year, which summarizes and allows state to state comparison of each state's dental practice act as it relates to dental assistant rules and regulations.

Next week, I will be sending this table to all 50 state dental boards and the District of Columbia for review and approval of information accuracy. (It currently reflects DANB staff's interpretation of the laws/regs/rules in each state.) In the meantime, I thought it might be helpful to your Regulatory/Legislative Committee. In my request to each state dental board examiner, I too was going to ask if their state defined 'induction' vs 'administration' vs 'monitoring.' I have a feeling some states allow induction but call it administration, and some states that call it monitoring are actually allowing administration. Hmmm.

One more thing to note is that definitions of supervisory levels vary by state, as not all states use the ADA's definitions. If you have any questions about supervision definitions in any state, vs the ADA definitions, let me know and I will do what I can to clarify.

Please let me know if you have any questions. If you are able to review the Virginia portion of the table and either approve it as accurate or provide me with the needed changes, I would really appreciate it. (You will also be on the listserv for the email I will send out to all AADA members, asking for this same information.)

Happy holidays!

Cindy
Cynthia C. Durley, MEd, MBA
Executive Director
Dental Assisting National Board, Inc.
444 N. Michigan Avenue, Suite 900
Chicago, IL 60611
1-866-357-3262
cdurley@danb.org

State Regulation of Dental Assistants' Roles in Sedation[1]

State	Nitrous Oxide				Other Sedation	General Anesthesia				Local Anesthesia	Ancillary Staff[2]		Requirements[3] (See Appendix)	Level of Supervision[4]	
	Induce	Administer	Prepare / assist in Administering	Monitor	Monitor	Induce	Administer	Prepare / assist in Administering	Monitor	Administer	In Operatory	On-site		Direct	Indirect
AL			Y	Y					Y		Y	Y	CPR		
AK												Y	BLS		
AZ			Y	Y	Conscious sedation/ oral conscious sedation					N	Y		CPR	Y	
AR	Y	Y		Y	Conscious sedation				Y	N	Y		CPR/Course	Y	
CA[5]	N		Y	Y		N	N		Y	N				Y	
CO	N	N	Y	Y		N	N		Y	N	Y		BLS	Y	
CT									Y	N					
DE												Y			
D.C.															
FL				Y									CPR/Course	Y	
GA				Y								Y	EFDA Course, CPR		Y
HA				Y		N	N			N				Y	
ID				Y	Anxiolysis/ Limited and comprehensive conscious sedation					N	Y		BLS		
IL				Y						N		Y	BLS/Course		
IN									Y		Y		BLS		
IA				Y						N	Y	Y	BLS/Course	Y	
KS			Y	Y						N			CPR/ Course		

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611-3985

State Regulation of Dental Assistants' Roles in Sedation[1]

State	Nitrous Oxide				Other Sedation	General Anesthesia				Local Anesthesia	Ancillary Staff[2]		Requirements[3] (See Appendix)	Level of Supervision[4]	
	Induce	Administer	Prepare / assist in Administering	Monitor	Monitor	Induce	Administer	Prepare / assist in Administering	Monitor	Administer	In Operatory	On-site		Direct	Indirect
KY		N		Y					Y	N	Y		BLS		
LA					Conscious sedation with enteral drugs					N	Y	Y	BLS	Y	
ME	N	N		Y	Conscious sedation	N	N		Y	N		Y	BLS		
MD										N		Y	BLS		
MA			Y	Y	Conscious sedation	N	N		Y	N	Y		CPR		
MI			Y	Y						N			Course	Y	
MN		Y		Y						N			CPR/Course	Y	
MS				Y						N		Y	CPR	Y	
MO		N		Y	Conscious sedation					N		Y	CPR/Course		
MT				Y					Y	N	Y	Y	BLS		Y
NE				Y							Y		BLS		
NV	N	N		N		N	N		N	N					
NH				Y									CPR/Expanded duties Course	Y	
NJ			Y	Y									CLS/Course	Y	
NM		Y		Y	Enteral anxiolysis					N		Y	BLS		Y
NY											Y	Y	BLS		
NC			Y							N			Course		
ND		N		Y						N				Y	
OH			Y											Y	

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444 N. Michigan Ave., Suite 900
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State Regulation of Dental Assistants' Roles in Sedation[1]

State	Nitrous Oxide				Other Sedation	General Anesthesia				Local Anesthesia	Ancillary Staff[2]		Requirements[3] (See Appendix)	Level of Supervision[4]	
	Induce	Administer	Prepare / assist in Administering	Monitor	Monitor	Induce	Administer	Prepare / assist in Administering	Monitor	Administer	In Operatory	On-site		Direct	Indirect
OK			Y				N			N	Y		BLS/CPR/ Course		
OR	N			Y	Conscious sedation/deep sedation.		N		Y	Y	Y		BLS/CPR/Course	Y	
PA	N	N				N	N			N		Y	CPR		
RI	N	N				N	N			N		Y	BLS		
SC				Y									Course	Y	
SD		Y		Y					Y	N			CPR / Course	Y	
TN		N		Y									CPR / Course	Y	
TX				Y			N			N			BLS / Course	Y	
UT	N	Y		Y	Assist administration of parenteral conscious sedation under supervision			Y	Y		Y		CPR	Y	
VT				Y								Y	CPR	Y	
VA			Y	Y	Conscious sedation		N			N	Y		BLS	Y	
WA		N	Y				N			N			BLS	Y	
WV				Y					Y		Y		CPR/Course/Exam		
WI										N	Y				
WY											Y		BLS		

1. Please note that the language of the regulations and the requirements to perform these functions vary significantly from state to state. "N" is denoted only where regulations expressly prohibit a function.
2. Ancillary staff: In order for a dentist to administer sedation, he or she must maintain a properly equipped facility staffed with a supervised team of allied dental personnel who will be appropriately trained and capable of reasonably assisting the dentist with CPR and/or emergencies. Some regulations call for trained staff being present during administration of sedation, others call for trained staff being available on-site.
3. The requirements for CPR, BLS, and/or course work may pertain to one or more of the sedation categories.
4. The level of supervision may pertain to one or more sedation functions.
5. The California legislature has passed A.B. 2637. On and after January 1, 2010, this state's dental board may issue a dental sedation assistant permit to a person meeting the requirements. Under A.B. 2637, a dental sedation assistant may monitor patients undergoing conscious sedation or general anesthesia; drug identification and draw; and add drugs, medications and fluids to IV lines. For a full description of these duties, please see A.B. 2637.

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611-3985

Appendix: Education Requirements for Dental Assistants' Roles in Sedation

State	Requirements
Arkansas	A dental assistant may induce and monitor nitrous oxide/oxygen analgesia after successful completion of a course approved by the Arkansas State Board of Dental Examiners and the payment of a designated fee.
Florida	A dental assistant must have satisfactorily completed no less than a two-day course of training as described in the ADA's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent.
Georgia	To meet the requirements of an expanded duty dental assistant, a dental assistant must have a high school diploma, or the equivalent thereof, proof of current CPR certification and a certificate documenting that he or she has successfully completed the course pertaining to the specific duties outlined in that certificate.
Illinois	A dental assistant must complete an approved course of 12 hours relative to nitrous oxide analgesia and must submit certification of valid completion of such course to the dentist. The required hours shall include both didactic and clinical components and have been designed by an educational institution such as a dental school, dental hygiene or dental association program or by an approved CE sponsor and include areas of anatomy, physiology, pharmacology and dental emergencies.
Iowa	A registered dental assistant may monitor a patient under nitrous oxide inhalation analgesia (performed under the direct supervision of a dentist) provided he or she has completed a board-approved course of training or has received equivalent training while a student in an accredited school of dental assisting.
Kansas	A dentist may utilize an assistant not licensed by the board in the administration and monitoring of nitrous oxide or oxygen, or both, if that person is certified in CPR and has satisfactorily completed a course of instruction that has been approved by the Kansas Dental Board.
Michigan	The registered dental assistant must successfully complete a course in the assisting and monitoring of the administration of nitrous oxide analgesia offered by a CODA-accredited program.
Minnesota	A dental hygienist or registered dental assistant may administer nitrous oxide inhalation analgesia only after satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation
Missouri	All conscious sedation team members must be certified in monitoring conscious sedation from a Missouri dental board-approved course provider.
New Hampshire	A dental assistant must successfully complete an expanded duty course in monitoring the administration of nitrous oxide.
New Jersey	A registerd dental assistant must successfully complete a New Jersey dental board-approved course offered in a CODA-accredited program that emphasizes the administration of nitrous oxide simultaneously with the administration of oxygen and safe and effective patient monitoring.
North Carolina	A dental assistant, or dental hygienist who shows evidence of education and training in Nitrous Oxide - Oxygen Inhalant Conscious Sedation within a formal educational program may aid and assist a licensed dentist in the administration of Nitrous Oxide - Oxygen Inhalant Conscious Sedation. Any dental assistant who can show evidence of having completed an educational program recognized by the North Carolina dental board of not less than seven clock hours on Nitrous Oxide - Oxygen Inhalant Conscious Sedation may also aid and assist a licensed dentist in the administration of Nitrous Oxide - Oxygen Inhalant Conscious Sedation. Any dental hygienist or dental assistant who has been employed in a dental office where Nitrous Oxide – Oxygen Inhalant Conscious Sedation was utilized, and who can show evidence of performance and instruction of not less than one year prior to July 1, 1980, qualifies to aid and assist a licensed dentist in the administration of Nitrous Oxide - Oxygen Inhalant Conscious Sedation.
Oklahoma	A dental assistant holding an expanded duty permit must satisfactorily complete a course of study in nitrous oxide administration, consisting of a minimum of twelve hours, approved by the Oklahoma dental board.
Oregon	The Oregon Board of Dentistry may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of: (1) Successful completion of:(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or (b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Oregon dental board approved examination; and (2) Holding valid and current documentation showing successful completion of a Health Care Provider BLS/CPR course, or its equivalent. A Certified Anesthesia dental assistant may initiate IV lines for sedation and anesthesia upon successful completion of a course in intravenous access or phlebotomy.
South Carolina	An Expanded Duty Dental Assistant may monitor nitrous oxide anesthesia upon completion of a South Carolina dental board-approved course and certification by the South Carolina dental board.
South Dakota	Advanced dental assistants must complete at least an eight-hour course in anesthetic assisting.
Tennessee	A registered dental assistant must successfully complete a Tennessee dental board-approved nitrous oxide monitoring certification course.
Texas	A dental assistant must complete a minimum of 8 hours of didactic education and testing in monitoring the administration of nitrous oxide taken through a CODA-accredited program and approved by the Texas dental board.
West Virginia	A dental assistant must successfully complete a West Virginia dental board-approved course and examination in order to visually monitor a nitrous oxide analgesia unit.