VIRGINIA BOARD OF DENTISTRY

Regulatory-Legislative Committee

April 22, 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 - February 25, 2009	**1 - 4**
	Dental Assistant Regulations	
	• **Review Draft of Proposed Regulations**	**5 - 17**
	• **Information from Other States**	**18 - 21**
	• **Chart on Permissible Delegation of Duties**	**22 - 24**
	Draft Guidance Document on Administering and Monitoring	**25 - 30**
	Periodic Review of Regulations	
	• **Part I General Provisions**	**31 - 38**
	Schedule Next Meeting	
Adjourn		

VIRGINIA BOARD OF DENTISTRY
MINUTESOF REGULATORY/LEGISLATIVE COMMITTEE
February 25, 2009

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 February 25, 2009 in Board Room 4, 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.
Myra Howard
Meera A. Gokli, D.D.S.
Robert B. Hall, Jr., D.D.S.
Darryl J. Pirok, D.D.S.

STAFF PRESENT: Sandra K. Reen, Executive Director

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

ESTABLISHMENT OF A QUORUM: All members of the Committee were present.

PUBLIC COMMENT: **Ron Hunt, DDS,** the dean of the VCU School of Dentistry, stated that he has an alternate education proposal for training dental assistants II to present to the Committee. Dr. Watkins advised that it would be received during the discussion of that agenda item.

Roger Wood, DDS of the Virginia Dental Association stated that the Board of Directors of the VDA voted last week to support the current provision of allowing a dentist to supervise no more than 2 dental hygienists at the same time.

Charles Cuttino, DDS asked that the Committee make sure that the wording in its proposed administration guidance document NOT eliminate the ability of a person (DA I or DA II or DH) designated by the dentist to be able to give a patient an oral medication in the office at the time of the patient's dental appointment (e.g., a prophylactic antibiotic).

Bonita Miller, DDS advised that the Richmond Dental Society polled its members about the number of dental hygienists and

dental assistants II a dentist might supervisor. She reported that the RDS recommends that the limit be set to allow up to a total of four auxiliary staff in any combination of dental hygienists and DAsII to allow dentists the flexibility to decide based on his practice.

MINUTES:

Dr. Watkins asked if the Committee had reviewed the minutes of the October 29, 2008 meeting. Ms. Pace moved to accept the December 3, 2008 minutes. The motion was seconded and passed.

DENTAL ASSISTANT REGULATIONS:

Education Requirements for DAII Registration – Ms. Reen advised that as requested by the Committee she had worked with the program directors of the two accredited dental assisting programs in Virginia to develop a training proposal for DAsII and for dental hygienists to perform the delegable restorative duties. She asked Ms. Daniel of J. Sargeant Reynolds Community College and Ms. Porter of Centura College to assist in discussion of the proposal and their respective program models. The proposed program structure of a prerequisite 8 day course in tooth morphology to include wax carvings, 10 weeks of training in restorative practice and 15 weeks of clinical experience was discussed. Then Dr. Hunt presented his proposal for a total of 160 hours of training with 40 hours of didactic instruction, 120 hours of laboratory and 19 days of on-site instruction. The Committee and members of the audience discussed requirements for admission, content, the length of the program, the amount of time to be devoted to each requirement, the amount of instruction dental students receive for the planned duties, enrollment, addressing permissible instruments, program accreditation, facilities and instructors. During this discussion, Dr. Hunt noted that he had not included taking impressions in his proposal and that adding impressions would expand the number of hours needed to 200. Following discussion, the Committee adopted motions by Dr. Levin to require completion of at least 200 hours in the content requirements and to require 300 hours of clinical experience. The committee agreed to propose:

- Acceptance of training completed through a dental, dental hygiene or dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association
- An admission requirement of DANB certification or current practice as a licensed dental hygienist
- Setting the minimum expectations for training as:
    - 50 hours of didactic training with no more than 10 hours or 20% of this training being completed online
    - 150 hours of laboratory training with no more than 30 hours or 20% of office homework and
    - 1 day of review and final examination

- Requiring passage of a comprehensive examination given by the program

Training from Other Jurisdictions – The Committee decided to propose acceptance of credentials/training from other jurisdictions when training was substantially equivalent or two years of current experience using the language recently adopted for administration by dental hygienists as the model for development.

Inactive Registration – The Committee decided to include provisions for DAsII to register in inactive status.

Permissible Duties Chart – Ms. Reen said the chart in the agenda package is a homework assignment she would like the Committee to agree to complete individually to help in the development of the guidance document the Committee wants to issue with the DAII regulations. Following discussion, Ms. Reen agreed to change the headings and e-mail the chart to each member, then to compile the results and bring items with inconsistent responses back to the Committee for discussion.

Direction and Supervision – Ms. Reen reported that staff was having difficulty incorporating the new definitions of direction and the three levels of supervision into draft regulations. Mr. Casway advised that more work on the intended meaning and intended use of the terms is needed. After discussing the need for the word "direction" and language to distinguish between the three levels, the Committee agreed to have Ms. Reen send out the adopted language for review and comment by the members. The responses will be used to develop proposed regulatory language for the next meeting.

Number of Dental Hygienists and Dental Assistants II - Dr. Watkins asked the Committee if, in light of the comments received earlier, it wanted to change its proposal to allow up to 4 dental hygienists and 4 DAsII to be supervised by a dentist at the same time. Dr. Levin moved to allow one dentist to supervise up to 4 dental hygienists and DAsII at one time in any combination. The motion was seconded and passed.

PERIODIC REVIEW OF REGULATIONS:

Review of Licensing Provisions – Ms. Reen asked each Committee member to read the draft with proposed changes in the licensing provisions one more time for clarity and to let her know where further editing or development may be helpful.

Sedation and Anesthesia – Ms. Reen reported that she has begun work on this section of the regulations and is working with the 2007 ADA Guidelines and the 2006 Academy of Pediatric

Dentistry Guidelines. She noted that it may be advisable for committee members to review these documents along with the chart being developed. Ms. Yeatts asked if the Committee wanted an ad hoc committee or an advisor to assist with review of this section of the regulations. Dr. Watkins responded that an advisor would be helpful and asked Dr. Pirok if he would assist the Committee. Dr. Pirok agreed.

Guidance Document On Administering and Monitoring:

Ms. Reen noted the comments received from the Virginia Association of Nurse Anesthetists regarding possible conflicts in the policy and the scope of practice of nurses. She advised the Committee to defer discussion and action on adoption of the document to the next meeting to allow the Board of Nursing to review it. She asked the Committee to adopt a motion to recommend that the Board approve exempt action to amend 18VAC60-20-190 of the regulations to reflect that dental hygienists may parenterally administer local anesthesia to conform to Virginia Code provision §54.1-3408(J). Ms. Pace made the motion which was seconded and passed. Dr. Hall asked about amending the document at the provision for "placing a face mask or other delivery device on the patient" because it was too open. Following discussion, Ms. Reen was instructed to delete "or other delivery device" on the draft for the next meeting.

NEXT MEETING: Dr. Watkins asked about dates in April for scheduling the next meeting. It was agreed to meet at 1:00 pm on Wednesday, April 22, 2009.

ADJOURNMENT: Dr. Watkins adjourned the meeting at 4:45 p.m.

James D. Watkins, D.D.S., Chair	Sandra K. Reen, Executive Director
Date	Date

Project 1526 – Proposed DRAFT

BOARD OF DENTISTRY

Registration and practice of dental assistants

CHAPTER 20

REGULATIONS GOVERNING ~~THE~~ DENTAL PRACTICE ~~OF DENTISTRY AND DENTAL HYGIENE~~

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 I" 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.

"Dental assistant II" means a person under the direction of a dentist who is registered to perform reversible, intraoral procedures as specified in this chapter.

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental hygienist or a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains in the operatory or an area immediately adjacent to the operatory in order to be immediately available to the dental hygienist or dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means ~~the dentist examines the patient and is present for observation, advice, and control over the performance of dental services~~ the level of supervision that a dentist is required to exercise with a dental hygienist and with a dental assistant or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related 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~~ a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific, services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. The order may authorize the dental hygienist to supervise a dental assistant who prepares the patient for treatment and prepares the patient for dismissal following treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment, is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is delivering hygiene treatment or who is preparing the patient for examination or treatment by the dentist or dental hygienist or who is preparing the patient for dismissal following treatment.

"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 of the dentist and the dental hygienist or the dental assistant II 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; posting of licenses or registrations.

A. At all times, each licensed dentist shall provide the board with a current, primary business address, and each dental hygienist and dental assistant II shall provide a current mailing address. All required notices mailed by the board to any ~~such~~ licensee or registrant 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.

B. Posting of license or registration.

A copy of the registration of a dental assistant II shall either be posted in an operatory in which the person is providing services to the public or in the patient reception area where it is clearly visible to patients and accessible for reading.

Part II

~~Licensure~~ Renewal and Fees

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

A. Renewal fees. Every person holding an active or inactive license or a dental assistant II registration or a full-time faculty license shall, on or before March 31, renew his license or registration. 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.

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. The fee for renewal of registration as a dental assistant II shall be $50.

2. The fee for renewal of an inactive license shall be $145 for dentists and $40 for dental hygienists. The fee for an inactive registration as a dental assistant II shall be $25.

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

4. The application fee for 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. 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, and $20 for a dental assistant II with active registration. The late fee shall be $50 for dentists with an inactive license ~~and~~; $15 for dental hygienists with an inactive license; and $10 for a dental assistant II with an inactive registration. The board shall renew a license or dental assistant II registration if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

C. Reinstatement fees and procedures. The license or registration 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~~ as a dentist, dental hygienist, or dental assistant II shall be illegal.

1. Any person whose license or dental assistant II registration has expired for more than one year and who wishes to reinstate such license or registration shall submit to the board a reinstatement application and the reinstatement fee of $500 for dentists, ~~and~~ $200 for dental hygienists or $125 for dental assistants II.

2. With the exception of practice with a 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 or registration may subject the licensee to disciplinary action by the board.

3. The executive director may reinstate such expired license or registration provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18VAC60-20-170 to deny said reinstatement, and that the applicant has paid the unpaid reinstatement fee and any fines or assessments. 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.

D. Reinstatement of a license or dental assistant II registration previously revoked or indefinitely suspended. Any person whose license or registration 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 and $300 for dental assistants II. Any person whose license or registration 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, and $250 for dental assistants II.

18VAC60-20-30. Other fees.

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. Dental assistant II registration application fee. The application fee for registration as a dental assistant II shall be $100.

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

~~D~~E. Duplicate license or registration. Licensees or registrants desiring a duplicate license or registration shall submit a request in writing stating the necessity for such duplicate ~~license~~, accompanied by a fee of $20. If a licensee or registrant maintains more than one office, a notarized photocopy of a license or registration may be used.

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

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

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

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

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

A. ~~After April 1, 1995, a~~ A dentist or a dental hygienist shall be required to have completed a minimum of 15 hours of approved continuing education for each annual renewal of licensure. A dental assistant II shall be required to maintain current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

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

2. ~~Effective June 29, 2006, a~~ 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. An approved continuing dental education program shall be relevant to the treatment and care of patients and shall be:

1. Clinical courses in ~~dentistry and dental hygiene~~ dental practice; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and 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, 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 subdivision B 1 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.

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.

F. A licensee is required to provide information on compliance with continuing education requirements in his annual license renewal. A dental assistant II is required to attest to current certification by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association. Following the renewal period, the board may conduct an audit of licensees or registrants to verify compliance. Licensees or registrants 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 or registrants are required to maintain original documents verifying the date and subject of the program or activity. 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. A dental assistant II who has allowed his registration to lapse, or who has had his registration suspended or revoked, must submit evidence of current certification from a credentialing organization recognized by the American Dental Association in order to reinstate his registration.

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

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

Part III

Entry ~~and Licensure~~ Requirements

18VAC60-20-60. ~~Education~~ Educational requirements for dentists and dental hygienists.

A. Dental licensure. An applicant for 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 specialty.

B. Dental hygiene licensure. An applicant for 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.

18VAC60-20-61. Educational requirements for dental assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or licensure as a dental hygienist.

B. In order to be registered as a dental assistant II or for a dental hygienist to be qualified to perform duties set forth in 18VAC60-20-220 C, a person shall complete the following requirements from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association:

1. At least 200 hours of preclinical course work in dental anatomy and operative dentistry, consisting of 50 hours of didactic training, of which up to 10 hours or 20% could be completed on-line; and 150 hours of laboratory training, of which 30 hours or 20% could be completed as homework in a dental office;

2. At least 300 hours of clinical experience in a dental office applying the techniques learned in the preclinical course. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist, who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences; and

3. Successful completion of a comprehensive written examination given by the educational program.

18VAC60-20-62. Registration as a dental assistant II by endorsement.

A. An applicant for registration as a dental assistant II by endorsement shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;

2. Be currently authorized to perform expanded duties as a dental assistant in another state, territory, District of Columbia, or possession of the United States;

3. Hold a credential, registration or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-20-61 or; If the qualifications were not substantially equivalent, the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-20-230 for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each state in which he is currently registered, certified or credentialed or in which he has ever held a registration, certificate or credential;

2. Be of good moral character;

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

4. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

18VAC60-20-70. Licensure examinations; registration certification.

A. Dental 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. 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.

3. If the candidate has failed any section of a board-approved 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 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.

2. All applicants to practice dental hygiene shall successfully complete the board-approved examinations in dental hygiene, except those persons eligible for licensure pursuant to 18VAC60-20-80.

3. If the candidate has failed any section of a board-approved 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. Dental assistant II certification. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and

acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.

~~C~~ D. All applicants who successfully complete the board-approved examinations five or more years prior to the date of receipt of their applications for licensure or registration 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 or registration.

~~D~~ E. All applicants for licensure by examination or registration as a dental assistant II 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.

18VAC60-20-105. Inactive license or registration.

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 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.

C. Any dental assistant II who holds a current, unrestricted registration in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive registration. The holder of an inactive registration shall not be entitled to perform any act requiring registration to practice as a dental assistant II in Virginia. An inactive registration may be reactivated upon submission of evidence of current certification from the national credentialing organization recognized by the American Dental Association. The board reserves the right to deny a request for reactivation to any registrant who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia.

Part V
Unprofessional Conduct

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, or dental assistant II to any person who is not a dentist ~~or~~, dental hygienist or dental assistant II 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.

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~~6. 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~~7. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth, with the exception of placing, packing and carving amalgam and composite resins by dental hygienists and dental assistants II with advanced training as specified in 18VAC65-20-61 B;

~~9~~8. Final positioning and attachment of orthodontic bonds and bands; and

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

~~11~~9. Final ~~cementation~~ adjustment and fitting of crowns and bridges in preparation for final cementation~~; and~~

~~12. Placement of retraction cord~~.

18VAC60-20-200. Utilization of dental hygienists and dental assistants II.

~~No dentist shall have more than two~~ A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination 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 and on the basis of his diagnosis, 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 and the direction required for such treatment, 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~~ Restorative and prosthetic 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~~ under direct supervision. Hygiene duties delegated to a dental hygienist may be performed under indirect supervision.

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~~ a dentist ~~will~~ may not 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~~ and indirect supervision:

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~~ when the dentist ~~being~~ may not be 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. The following duties may be delegated under the direct supervision of a dentist to a dental hygienist who has completed advanced training as specified in 18VAC60-20-61 B:

1. Placing, packing, carving and polishing of amalgam and composite resin restorations;

2. Applying base and cavity liners;

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

4. Placing of retraction cord; and

5. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

~~C~~D. 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.

C. Duties that may be delegated to a dental assistant II under the direction and direct supervision of a dentist include:

1. Placing, packing, carving and polishing of amalgam and composite resin restorations;

2. Applying base and cavity liners;

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

4. Placing of retraction cord; and

5. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

Information from Other States on Expanded Duties and Training for Dental Assistants

Vermont

1) All dental assistants are registered. Radiographic endorsement requires a didactic and clinical course provided by a CODA-accredited school and at least 6 months of employment as a DA.
2) Expanded function dental assistant

- Successful completion of a formal program in expanded function duties at a CODA-accredited program
- Training must be a minimum of 50 didactic hours and 5 weeks of clinical training, followed by 6 weeks of field training in dental offices, all under the supervision of the faculty of the accredited school or its designees.

3) A dental hygienist may qualify for registration as an expanded function dental assistant and perform expanded function dental assisting duties if trained in a formal program in expanded function dental assisting accredited by CODA.

Iowa

- For expanded functions, a dental assistant must complete a training program that consist of: 1) an initial assessment to determine the base entry level of participants; 2) a didactic component; 3) a laboratory component, if necessary; 4) a clinical component under personal supervision; and 5) a postcourse competency assessment .
- Training is conducted in approved community college dental assisting programs or if a Board-approved course is available, expanded function training may be conducted by a supervising dentist who must document the initial assessment and postcourse competency assessment and make it available to the Board office.
- Expanded functions include:
  Taking occlusal registrations – on-the-job training (OJT) course available
  Placement and removal of gingival retraction – No OJT course
  Taking final impressions – OJT course available
  Fabrication and removal of provisional restorations – OJT course available
  Applying cavity liners and bases, desensitizing agents and bonding systems – No OJT
  Placement and removal of dry pocket medication – No OJT
  Placement of periodontal dressings – OJT course available
  Testing pulp vitality – No OJT
  Monitoring nitrous oxide – No OJT

Tennessee

1) Minimum requirements for certification courses for dental assistants:

- Taught in a school of dentistry, dental hygiene or dental assisting or a clinical facility approved by the board that has access to medication and equipment for the management of emergencies
- Taught in its entirety by a dentist licensed in good standing; may use licensed dental hygienist in clinical portion

- Ratio of instructor to student from 1:6 to 1:8 for clinical portion of course.

2) Separate certification courses required for:

- Coronal polishing – 14 hours over 2 days (syllabus in rule); clinical hours additional; written examination
- Sealant applicant – 6 hours of instruction; clinical on at least 4 teeth; written examination
- Monitoring nitrous oxide – 5 hours; must be taught by dentist with nitrous oxide administration certification and 3 years of experience; written examination
- Dental radiology – 14 hours of didactic with written examination
- Expanded restorative functions – students must have at least 2 years of experience as registered DA's; 96 hours of study over 3 weeks; includes packing and carving amalgam; weekly competency examination and a clinical exam
- Expanded prosthetic functions – students must have at least 2 years of experience as registered DA's; 64 hours over 2 weeks; includes taking impressions, gingival retraction and temporary restorations; competency examination

Michigan

1) A registered dental assistant may assist and monitor the administration of nitrous oxide analgesia if the registered dental assistant has successfully completed a course in the assisting and monitoring of the administration of nitrous oxide analgesia offered by a dental or dental assisting program accredited by the commission on dental accreditation of the American dental association and approved by the department. The course must contain a minimum of 5 hours of didactic instruction and include prescribed content

2) A registered dental assistant may place, condense, and carve amalgam restorations and take final impressions for indirect restorations if the registered dental assistant has successfully completed a course offered by a dental or dental assisting program accredited by the commission on dental accreditation of the American dental association and approved by the department. For taking final impressions and placing, condensing, and carving amalgam restorations, the registered dental assistant shall have completed a course with a minimum of 20 hours' didactic instruction followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion based assessment instrument.

3) A registered dental assistant may perform the following intraoral dental procedures if the registered dental assistant has successfully completed a course offered by a dental or dental assisting program accredited by the commission on dental accreditation of the American dental association and approved by the department:

(a) Performing pulp vitality testing.

(b) Placing and removing matrices and wedges.

(c) Applying cavity liners and bases.

(d) Placing and packing nonepinephrine retraction cords.

(e) Applying desensitizing agents.

(f) Taking an impression for orthodontic appliances, mouth guards, bite splints, and bleaching trays.

(g) Drying endodontic canals with absorbent points.

(h) Etching and placing adhesives prior to placement of orthodontic brackets.

California

1) Basic educational program for registered dental assistants without expanded functions is a minimum of 720 hours; faculty must have at least 60 hours at a post-secondary institution in a COMDA-approved course in teaching methodology.

2) Additional certification courses are required for functions such as: 1) Pit and fissure sealant (16 total hours); and 2) coronal polishing (12 total hours).

3) Requirements for Approval of Registered Dental Assistant with Expanded Functions (RDAEF) Educational Programs.
(a) All students must possess valid, active certificates as registered dental assistants issued by the board in order to be admitted to the program.
(b) The program shall be established at the postsecondary educational level.
(c) The clinical training shall be given at a dental school or facility which has a written contract of affiliation for such training with a dental school. An extension program of a university shall not be considered a dental school. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental school. An affiliated facility shall not include a private dental office unless such office is a site approved by the Board on recommendation of a dental school. Each RDAEF educational program shall provide clinical facilities and clinical resources necessary to accomplish training of duties assigned to the RDAEF.
(d) Facilities. (1) There shall be a sufficient number of safe, modern lecture classroom operatories, X-ray operatories, and laboratories for use by the students; (2) All students shall have access to modern equipment in order to develop extended functions dental assisting skills; (3) Adequate sterilizing facilities shall be provided.
(e) Curriculum Organization/Learning Resources. (1) The organization of the curriculum for RDAEF's shall be flexible, creating opportunities for adjustments to and research of, advances in the practice of registered dental assisting in extended functions; (2) Students shall have reasonable access to dental/medical reference texts, current journals, audio visual materials and other relevant resources; (3) Curriculum shall provide students with a basic understanding of extended function dental assisting procedures and an ability to perform procedures with competence and judgment.
(f) Curriculum Content. (1) Areas of didactic and laboratory instruction shall include at least the following areas and shall be related specifically to extended functions:
(A) Biomedical -nutrition and preventive dentistry.

(B) Dental science -materials, oral anatomy and physiology, oral pathology, pharmacology, morphology, microbiology, and histology.

(C) Dental assisting -general and special dentistry, legal/ethical aspects of dentistry, and patient/dental personnel psychology.

(D) Emergency procedures.

(E) Coronal polishing in pit and fissure sealant procedures.

(2) A student who possesses a valid certificate in coronal polishing need not take any course in coronal polishing in order to complete the program.

(3) Each student shall be provided, as part of an organized program of instruction, with sufficient clinical experience to obtain competency in all functions approved by the board for performance by an RDAEF.

(g) Length of Program. The program shall be not less than 90 hours in length and shall be of sufficient length, as determined by the dental school faculty, to ensure that all students will possess the necessary skills to consistently perform extended functions safely on a patient. The board shall reevaluate the minimum length of the program one year after the effective date of this rule.

Ohio (duties not similar)
Require certificate for *coronal polishing*

Training in the polishing of the clinical crowns of teeth through an approved program accredited by the American dental association commission on dental accreditation or equivalent board-approved training through a college or university accredited by the Higher learning commission of the North central association of colleges and schools. The college or university must have a classroom and a (pre)clinical facility with the proper armamentarium and equipment to support the educational objectives. The board-approved training program must include a minimum of seven hours of coursework of which three are didactic and four are (pre)clinical. The faculty who participate in a coronal polishing course shall be full or part-time. Faculty must be competent educators with educational methodology, professional training, and have experience in coronal polishing. The participating faculty must be associated with an educational institution who is accredited by the American dental association commission on dental accreditation. There shall be a supervising dentist or dental hygienist faculty present for all (pre)clinical portions of the course. This person will be responsible for the learning experiences. Only course faculty will be responsible for final evaluation of students.

DISCUSSION DRAFT Permissible Delegation of Dental Duties

Item No.		Dental Hygienist/ General Supervision/ Hygiene Treatment		Dental Hygienist/ Indirect Supervision/ Hygiene Treatment		Dental Hygienist/ Direct Supervision/ Restorative Treatment		Dental Assistant I & II/ Indirect Supervision/ General Duties		Dental Assistant II/ Direct Supervision/ Restorative Treatment	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Acid Etch - Apply/wash remove	1	3	2	2	4		3	1	3	1
2	Administering local anesthetic agents by block		4	2	2	4			4		4
3	Administering local anesthetic agents by infiltration		4	2	2	4			4		4
4	Administration of nitrous oxide analgesia		4	2	2	3	1		4		4
5	Amalgam Restoration: Place, Condense, Carve, Polish (with slow-speed handpiece only)		4	1	3	4		2	2	4	
6	Applying base and cavity liners		4	2	2	4		3	1	4	
7	Applying dentin desensitizing solution with OTC solutions	3	1	3	1	4		2	2	3	1
8	Applying flouride varnishes	4		3	1	3	1	3	1	3	1
9	Applying pit and fissue sealants	4		3	1	3	1	3	1	3	1
10	Applying topical anesthetic	4		3	1	3	1	3	1	3	1
11	Applying topical flouride gels, foams and agents	4		3	1	3	1	2	2	3	1
12	Assessing risk of tobacco use	3	1	4		4		3	1	3	1
13	Bending arch wires		4	2	2	2	2	2	2	2	2
14	Carving amalgam restorations		4		4	4			4	4	
15	Cementbands/bonding brackets		4		4	3	1		4	3	1
16	Closed gingival curettage using hand instruments	4		4		3	1		4		4
17	Closed gingival curettage utilizing laser technology	1	3	2	2	2	2		4		4
18	Crowns, Temporary: Fabricating, temporary cementation, & Removal	2	2	3	1	4		4		4	
19	Extra-oral adjustments on dentures/partials	1	3	2	2	2	2	2	2	2	2
20	Fabricating temporary/interim restorations	2	2	3	1	4		4		4	
21	Fabrication: Custom Trays, Bleaching Trays Athletich Mouth Guard	2	2	3	1	4		4		4	
22	Flouride treatment	4		4		4		3	1	3	1
23	Flush, place and remove dry socket medicaments with OTC products	3	1	3	1	4		3	1	4	
24	Impressions: Study & opposing models	3	1	4		4		4		4	
25	In office bleaching procedures utilizing laser technology		4		4	2	2		4		4
26	In-office bleaching procedures with light	1	3		4	4		2	2	3	1
27	In office bleaching procedures without laser or light	1	2		3	3		2	1	2	1

Item No.		Dental Hygienist/ General Supervision/ Hygiene Treatment		Dental Hygienist/ Indirect Supervision/ Hygiene Treatment		Dental Hygienist/ Direct Supervision/ Restorative Treatment		Dental Assistant I & II/ Indirect Supervision/ General Duties		Dental Assistant II/ Direct Supervision/ Restorative Treatment	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28	Making alginated impressions for study casts	2	2	3	1	4		4		4	
29	Making alginated impressions for athletic mouthguards	2	2	3	1	4		4		4	
30	Matrices; placing and remove		4	1	3	4		2	2	4	
31	Master or final (working model) impressions		4	1	3	4		1	3	4	
32	Monitoring minimally sedated patients	1	3		4	4		1	3	4	
33	Monitoring moderately sedated patients	1	3		4	4		1	3	4	
34	Monitoring nitrous oxide analgesia	1	3		4	4		1	3	4	
35	OSHA regulations	4		4		4		4		4	
36	Oral Hygiene Instruction	4		4		4		4		4	
37	Performing brush biopsies		4		4	2	2		4	2	2
38	Performing denture adjustments		4	1	3	2	2	1	3	2	2
39	Performing health assessment using indices	3	1	3	1	3	1	2	2	3	1
40	Performing pulp vitality testing	1	3	1	3	2	2		4	1	3
41	Performing subgingival scaling	4		4		4			4		4
42	Placing amalgam restorations for condensation by the dentist		4		4	4		2	2	4	
43	Placing and finishing composite resin restorations		4		4	4			4	4	
44	Placing and removing retraction cord and associated medicaments with OTC products		4		4	4		1	3	4	
45	Placing local antimicrobial agents	3	1	3	1	3	1	1	3	2	2
46	Placing periodontal dressing	1	3	2	2	3	1	2	2	3	1
47	Placing sutures	1	3	2	2	2	2		4		4
48	Polish - Coronal Portion of teeth	4		4		4		4		4	
49	Polishing amalgam restorations	2	2	3	1	4		3	1	4	
50	Prepping lab forms for signature by the dentist	2	2	3	1	3		4		4	
51	Radiographs Exposing - state certificate	3	1	3	1	3	1	4		4	
52	Removing excess cement from coronal surfaces of teeth	2	2	3	1	4		4		4	
53	Removing matrices	2	2	2	2	4		4		4	
54	Removing periodontal dressings	2	2	3	1	4		4		4	
55	Removing sutures	2	2	3	1	4		4		4	

Item No.		Dental Hygienist/ General Supervision/ Hygiene Treatment		Dental Hygienist/ Indirect Supervision/ Hygiene Treatment		Dental Hygienist/ Direct Supervision/ Restorative Treatment		Dental Assistant I & II/ Indirect Supervision/ General Duties		Dental Assistant II/ Direct Supervision/ Restorative Treatment	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
56	Removing temporary/interim restorations	2	2	2	2	4		4		4	
57	Root planing	4		4		4			4		4
58	Rubber Dams; Place and/or remove	2	2	2	2	4		4		4	
59	Scaling coronal surface of teeth	4		4		3	1		4	1	3
60	Sterilization and Disinfection procedures	4		4		4		3	1	4	
61	Vital Signs: Taking Blood Pressure, Pulse & Temperature	4		4		4		4		4	

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. §54.1-2722(D) & §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 anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness. 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
- 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

[18VAC60-20-190 is being amended to reflect that dental hygienists may parenterally administer local anesthesia to conform to the existing Code provisions (Va. Code §§54.1-2722(D) & 54.1-3408(J))]

- 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)

DISCUSSION DRAFT

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

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- 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.

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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 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.

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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

Statutory	Regulatory	Discussion
Part I. General Provisions.		
§ 54.1-2400. General powers and duties of health regulatory boards. 6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title.	**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 fully conscious patient.	**Term not used independently in regs only in title of Part IV and in context of inhalation analgesia which is defined below. Not addressed in current ADA guidelines. Consider eliminating.**
	"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness or affect the patient's ability to respond normally to verbal commands. The term "anxiolysis" is synonymous with the term "minimal sedation".	**Term in current use is "minimal sedation" and includes the use of nitrous oxide/oxygen/Consider editing or change the term here and throughout regs ADA Guidelines pg46**
	"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~~ purposefully to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof. The term "conscious sedation" is synonymous with the term "moderate sedation".	**Term in current use is "moderate sedation"/ Consider editing or change the term here and throughout regs ADA Guidelines pg46-47**
	"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.	**Two separate terms in ADA Guidelines pg47**
	"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.	**Defer to DAII reg language**

§ 54.1-2712. Permissible practices. The following activities shall be permissible: 1. 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 promulgated pursuant to § 54.1-2729.01; **§ 54.1-2722. License; application; qualifications; practice of dental hygiene.** A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, **under the direction** of any licensed dentist. **§54.1-2729.01.B.** A person who (i) has met the educational and training requirements prescribed by the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board may practice as a dental assistant II. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or dental hygienist **under the direction** of a licensed dentist that are reversible, intraoral procedures specified in regulations promulgated by the Board.	"Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services.	**Defer to DAII reg language for changes to this definition and addition of levels of supervision**
	"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).	
§54.1-2722.D A licensed dental hygienist may, **under the direction or general supervision** of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection U of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine. A dentist may also 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. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction. For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.	"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 whether or not 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.	**Consider allowing general supervision when the dentist is present and/or defer to DAII reg language**
	"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.	**This definition only addresses use for anxiolysis and doesn't consider the use of nitrous oxide in the various levels of sedation/ Term not used in ADA Guidelines which references " nitrous oxide/oxygen"/Using this terminology throughout would eliminate the need for this definition and simplify regs/This term is repeatedly referenced as "nitrous oxide/inhalation analgesia" in 18VAC60-20-81 of the regs(DHadministration)**
§ 54.1-2712. Permissible practices. The following activities shall be permissible: 1. 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 promulgated pursuant to § 54.1-2729.01;	"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.	**Differs slightly from ADA Guidelines pg46** **Add definition of monitoring/**means that

		ancillary personnel is continuously present in the sedation area, the operatory, and the recovery area 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. Is this limitation appropriate or should this apply to conscious/moderate sedation, too?
	Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).	**Is inhalation included here?**
	"Radiographs" means intraoral and extraoral x-rays and digital images of hard and soft tissues to be used for purposes of diagnosis.	**Add digital images Questions raised about establishing regs to address Cone Beam Computed Tomography and digital impressions**
§ 54.1-2403.2. Record storage. A. Medical records, as defined in § 42.1-77, may be stored by computerized or other electronic process or microfilm, or other photographic, mechanical, or chemical process; however, the stored record shall identify the location of any documents or information that could not be so technologically stored. If the technological storage process creates an unalterable record, a health care provider licensed, certified, registered or issued a multistate licensure privilege by a health regulatory board within the Department shall not be required to maintain paper copies of medical records that have been stored by computerized or other electronic process, microfilm, or other photographic, mechanical, or chemical process. Upon completing such technological storage, paper copies of medical records may be destroyed in a manner that preserves the patient's confidentiality. However, any documents or information that could not be so technologically stored shall be preserved. B. Notwithstanding the authority given in this section to store patient records in the form of microfilm, prescription dispensing records maintained in or on behalf of any pharmacy registered or permitted in Virginia shall only be stored in compliance with §§ 54.1-3410, 54.1-3411 and 54.1-3412.	**18VAC60-20-15. Recordkeeping.** A dentist shall maintain complete patient records for not less than ~~three~~ five years from the most recent date of service for purposes of review by the board to include the following:	**Board discussion to increase to five. See 3 yr provision highlighted in §54.1-2719.B**
	1. Patient's name on each document in the patient's records ~~and date of treatment~~;	**Clarify intent that all documents be identified and move date to # 7.**
	2. ~~Updated~~ A health history taken at the initial appointment which is updated at least annually or more often if medically indicated and when administering analgesia, sedation or anesthesia;	**Include per Guidance Doc. 60-3 and ADA Guidelines for Administration**
§ 54.1-2403.3. Medical records; ownership; provision of copies. Medical records maintained by any health care provider as defined in § 32.1-127.1:03	3. Evaluation, diagnosis, options discussed, and treatment rendered;	**Board discussion of info needed to evaluate**

shall be the property of such health care provider or, in the case of a health care provider employed by another health care provider, the property of the employer. Such health care provider shall release copies of any such medical records in compliance with § 32.1-127.1:03 or § 8.01-413, if the request is made for purposes of litigation, or as otherwise provided by state or federal law. **§ 20-124.6. Access to child's records.** A. Notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic or health records of that parent's minor child unless otherwise ordered by the court for good cause shown or pursuant to subsection B. B. In the case of health records, access may also be denied if the minor's treating physician or the minor's treating clinical psychologist has made a part of the minor's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the requesting parent of such health records would be reasonably likely to cause substantial harm to the minor or another person. If a health care entity denies a parental request for access to, or copies of, a minor's health record, the health care entity denying the request shall comply with the provisions of subsection F of § 32.1-127.1:03. The minor or his parent, either or both, shall have the right to have the denial reviewed as specified in subsection F of § 32.1-127.1:03 to determine whether to make the minor's health record available to the requesting parent. **§ 32.1-127.1:03. Health records privacy.** E. Requests for copies of health records shall (i) be in writing, dated and signed by the requester; (ii) identify the nature of the information requested; and (iii) include evidence of the authority of the requester to receive such copies and identification of the person to whom the information is to be disclosed. The health care entity shall accept a photocopy, facsimile, or other copy of the original signed by the requestor as if it were an original. Within 15 days of receipt of a request for copies of health records, the health care entity shall do one of the following: (i) furnish such copies to any requester authorized to receive them; (ii) inform the requester if the information does not exist or cannot be found; (iii) if the health care entity does not maintain a record of the information, so inform the requester and provide the name and address, if known, of the health care entity who maintains the record; or (iv) deny the request (a) under subsection F, (b) on the grounds that the requester has not established his authority to receive such health records or proof of his identity, or (c) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for health records not specifically governed by other provisions of state law. **§ 54.1-2404. Itemized statements required upon request.** Upon the request of any of his patients, any health care provider licensed or certified by any of the boards within the Department, except in the case of health care services as defined in Chapter 43 (§ 38.2-4300 et seq.) of Title 38.2, shall provide to such patient an itemized statement of the charges for the services rendered to the requesting patient regardless of whether a bill for the services which are the subject of the request has	4. List of drugs prescribed, administered, dispensed and the quantity and strength; 5. Radiographs, digital images and photographs clearly labeled with patient name and date taken; 6. Itemized patient financial records; 7. ~~Name of~~ Notation of each date of treatment as well as the dentist and dental hygienist providing service; and	**treatment** **Board discussion of info needed to evaluate level of sedation** **Clarify that all images taken are part of the record** **Required by §54.1-2404** **DAsII should be added in that regulatory process**

been or will be submitted to any third party payor including medical assistance services or the state/local hospitalization program. **§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.** A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324. The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records. B. For the purposes of this section: "Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer. "Relocation of a professional practice" means the moving of a practice located in Virginia from the location at which the records are stored at the time of the notice to another practice site that is located more than 30 miles away or to another practice site that is located in another state or the District of Columbia.		
§ 54.1-2719. B. Any licensed dentist who employs the services of any person, firm or corporation not working in a dental office under his direct supervision to construct or repair, extraorally, prosthetic dentures, bridges, replacements, or orthodontic appliances for a part of a tooth, a tooth, or teeth, shall furnish such person, firm or corporation with a written work order on forms prescribed by the Board which shall, at minimum, contain: (i) the name and address of the person, firm or corporation; (ii) the patient's name or initials or an identification number; (iii) the date the work order was written; (iv) a description of the work to be done, including diagrams, if necessary; (v) specification of the type and quality of materials to be used; and (vi) the signature and address of the dentist. The person, firm or corporation shall retain the original work order and the dentist shall **retain a duplicate for three years.**	8. Laboratory work orders which meet the requirements of §54.1-2719 of the Code of Virginia.	**Should we list the content requirements from the statute in the regs? Establish the form?** **Consider adding recordkeeping requirements specific to administration here or in 18VAC60-20-107** **Require notation of ASA classification, medical history, physical examination, informed consent, time-oriented administration record including the names of all drugs administered including local anesthetics, dose and monitored physiological parameters–ADA Teaching Guidelines pgs12&15** **Consider requiring names, credentials and role of staff assisting**

§ 54.1-2703. Inspection of dental offices and laboratories. Employees of the Department of Health Professions, when properly identified, shall be authorized, during ordinary business hours, to enter and inspect any dental office or dental laboratory for the purpose of enforcing the provisions of this chapter.		
	18VAC60-20-16. Address of record. At all times, each licensed dentist and dental hygienist shall provide the board with a current~~,~~ ~~primary business~~ address of record. ~~, 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 of record given by the licensee. All changes ~~of~~ in the address of record or in the public address, if different form the address of record shall be furnished to the board in writing within 30 days of such changes.	**Changed by Board's 3/13/09 exempt action to read as edited.**
§54.1-2400. 10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner of the appropriate board may be subject to disciplinary action. The special conference committee may (i) exonerate the practitioner; (ii) reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated. This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.	**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.	
	18VAC60-20-? Posting Requirements A. A dentist who is practicing under a firm name or who is practicing as an employee of another dentist shall conspicuously display his name at the entrance of the office. The employing dentist must enable compliance by designating a space at the entrance of the office for the name to be displayed. B. A dentist, dental hygienist or dental assistant II shall display a current, active license or registration in the patient receiving area of his place of practice so that it is easily viewed by patients and is accessible for reading. C. If a licensee or registrant practices in more than one office, a notarized photocopy of a current, active license or registration may be used.	**Through the review of Parts II and III on Licensure it was decided to add a new section to Part I General Provisions on Posting Requirements/A and B are underlined as proposed new regulatory language**

	18VAC60-20-? Fees 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	**Through the review of Parts II and III on Licensure it was decided to add a new section to Part I General Provisions on Fees/all provisions here are in current regulations**

	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 G. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.	
	Part IV. Anesthesia, Sedation and Analgesia.	**Consider renaming as Administering Controlled Drugs, Sedation and Anesthesia**
§ 54.1-2706. Revocation or suspension; other sanctions. The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant, suspend for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes: 5. Intentional or negligent conduct in the practice of dentistry or dental hygiene which causes or is likely to cause injury to a patient or patients; 11. Practicing or causing others to practice in a manner as to be a danger to the health and welfare of his patients or to the public; 12. Practicing outside the scope of the dentist's or dental hygienist's education, training, and experience;	**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 physical~~ evaluation and documenting the ~~findings and 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	**Amend A.1 consistent with including administration by dental hygienists in this part and consider addressing when dental assistants might administer topically** **Reverse terms "sedation" and "general anesthesia"** **Consider adding:** • **no medication of children without medical supervision-ADA Guidelines pg46 and AAPD Guidelines pg115** • **incremental dosing shall not exceed maximum recommended dose ADA Guidelines pg46** • **supplemental dosing only after clinical half-life of initial dose and shall not exceed 1.5x the maximum recommended dose ADA Guidelines pg46** **Clarify that a physical exam must be documented**