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**STATE OF MAINE
BOARD OF DENTAL PRACTICE
143 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0143**

Report of the Board of Dental Practice

**Submitted to the
Joint Standing Committee on
Health Coverage, Insurance and Financial Services**

Pursuant to Public Law 2018, c. 388

**Directing the Board of Dental Practice to Study and Recommend
Changes to the Statutory Definitions of Supervision and
Recommend a Definition of "Teledentistry"**

January 31, 2020

Board's Report Pursuant to Public Law 2018, c. 388

Public Law 2018, c. 388, enacted by the 129th Legislature, directs the Board of Dental Practice, in consultation with interested parties, to review the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the statutory definitions of supervision and recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The legislative language appears below.

"An Act To Align the Laws Governing Dental Therapy with Standards Established by the American Dental Association Commission on Dental Accreditation"

Sec. 11. Board of Dental Practice to review dental practice laws and recommend changes. The Board of Dental Practice, in consultation with interested parties, shall review the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the statutory definitions of supervision and recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice shall submit its report and recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.

Public Law Background

LD 1441 "An Act To Align the Laws Governing Dental Therapy with Standards Established by the American Dental Association Commission on Dental Accreditation" was considered by the Joint Standing Committee on Health Coverage, Insurance and Financial Services ("the Committee") during the First Regular Session of the 129th Maine Legislature. While the Board did not take a position on the proposal, the Board did support the provisions that clarified the requirements for dental therapy practice with the exception of changing the level of required supervision from "direct" to "general" for certain irreversible dental procedures such as simple extractions, management of dental trauma, administration of nitrous oxide analgesia and local anesthesia.

At hearing, the Board submitted testimony to the Committee that the current definitions of supervision do not reflect today's dental practices and suggested that a further review of the supervision provisions be conducted as it impacts not only the practice of dental therapy, but the entire dental team. Additionally, the Board suggested the inclusion of developing a definition of teledentistry to thoroughly examine the current delivery models of dental services and advancements utilizing technology. LD 1441 was subsequently amended by including, among other changes, language noted above in Section 11 requiring the Board to report back to the Committee. **(Appendix 1)**

The Board convened an ad hoc group in public session at the Board's office on November 1, 2019. The purpose of the meeting was to have stakeholders assist the Board in identifying current practice information and advancements in technology to help guide the Board's discussion on recommending changes to the Committee. Participants of the ad hoc group included three dentists, four dental hygienists, an expanded function dental assistant/dental radiographer, and other interested parties. Dr. Glen Davis and Ms. Tracey Jowett, current members of the Board, served as co-chairs of the meeting. The Board's Executive Director provided staffing resources to the meeting. **(Appendix 2)**

Ad Hoc Meeting

The agenda of the ad hoc meeting included an overview of the statutory mandate, identification of the role of participants, a review of existing levels of supervision and teledentistry regulations from various licensure boards. **(Appendix 3)**

The following reference materials were provided in advance to the group:

- Maine Dental Practice Act
- Public Law 2018, c. 388
- Supervision charts by licensure category
- State Dental Board information on supervision levels; definitions
- BOLIM Board Rule Chapter 6 "Telemedicine Standards of Practice"
- ADA Policy on Teledentistry, 2015
- ADA Guidance on Teledentistry, 2017
- State Dental Board information on teledentistry
- Teledentistry Powerpoint slides as provided by Northeast Telehealth Resource Center, Medical Care Development

The group convened at 9:00 a.m. and meet for approximately four hours. The participants spent a significant amount of time reviewing and discussing existing statutory language specific to scopes of practice and levels of supervision. Participants shared their practice experiences, articulated the importance of a dental team which includes an effective supervisor/supervisee relationship, and identified additional statutory changes as a result.

The group spent additional time reviewing data and information specific to teledentistry regulations, teledentistry as a practice model and reimbursement policies. Consensus was reached that the existing statutory language should be revised in the following ways:

- 1) Amend 32 M.R.S. § 18302 "Definitions"
 - a. Revise the section to include a new definition of supervision and supervisor which includes direct supervision and general supervision. Direct supervision still requires the physical presence of a supervisor but does not require the supervisor to authorize the treatment prior to delivery or examine the condition after treatment or prior to the patient's discharge as is in current statute. General

supervision if further defined to make clear that the physical presence of the supervisor is not required but that the procedures to be performed are with prior knowledge and consent of the supervisor.

(Note: This proposal best reflects the existing supervision practices and recognizes the importance of the dental team to establish policies/protocols at the practice level that utilize individual competencies and professional relationships in the delivery of patient care that otherwise does not need to be prescribed in statute. This proposed change would provide the full use of a dental professional's education and training that is otherwise restricted in the current definitions of supervision.

- b. Define teledentistry for the purpose of identifying technological advances in the delivery of health/dental care. For clarification purposes teledentistry is not a specific service, rather it is the use modalities such as live video, store-and-forward, remote patient monitoring, and mobile health to deliver patient care.

(Note: The Board recommends adding specific legislative authority for the Board to adopt through rulemaking regulations for the appropriate use of teledentistry to ensure public protection. **(Appendix 4)**)

2) Amend 32 M.R.S. § 18371(3) – “Delegation authorized”

- a. Revise this section by removing the list of duties and replace with language that requires a dentist to delegate dental care and treatment based on custom and usage so long as those activities do not require a license under the Dental Practice Act.

(Note: The existing statutory list of duties was developed via the rulemaking process and was placed into the Dental Practice Act as a result of the repeal and replace effort in 2016. A recommendation to further review the delegated duties was also reported out from the Board to its legislative committee of oversight in 2017.)

3) Amend 32 M.R.S. § 18371(3) – “Delegation not authorized”

- a. Revise this section by clarifying duties that cannot be delegated by a dentist to an unlicensed individual.

4) Amend 32 M.R.S. § 18344 – “Expanded function dental assistant”

- a. Revise this section by clarifying scopes of practice and further clarifying levels of supervision that reflects current practice.

5) Amend 32 M.R.S. § 18377 – “Dental therapist”

- a. Revise this section by clarifying scopes of practice and further clarifying levels of supervision that reflects current practice.

- 6) Amend 32 M.R.S. § 18374 – “Dental hygienist”
 - a. Revise this section by clarifying scopes of practice, further clarifying levels of supervision that reflects current practice, and removes procedures that are otherwise delegated duties by a dentist under 32 M.R.S. §18371(3).

- 7) Amend 32 M.R.S. § 18374 – “Dental hygienist”
 - a. Revise this section by eliminating certain procedures and adopt standards of dental hygiene practice as identified by the American Dental Hygienists Association.

(Note: The recommended statutory changes approved by the Board are listed in **Appendix 5.**)

Board Meeting – Next Steps

At its December 6, 2019 and January 17, 2020 meetings, the Board considered and discussed the information forwarded from the ad hoc meeting. Additional edits to the proposed changes were made at the meetings, and the Board voted to submit the resulting effort to the Committee. The Board is appreciative of the efforts of stakeholders and hopes the Committee finds this information helpful. If the committee wishes to pursue legislative changes, the Board would be happy to provide technical assistance and/or clarification regarding the recommendations.

List of Appendices

Appendix 1: Board's Testimony – April 25, 2019 (2 pages)

Appendix 2: Ad Hoc Group Information (4 pages)

Appendix 3: Ad Hoc Meeting Agenda and Meeting Materials (125 pages)

Appendix 4: Washington State Teledentistry Guidelines (4 pages)

Appendix 5: Recommended Statutory Changes – November 2019 (9 pages)



JANET T. MILLS
GOVERNOR

STATE OF MAINE
BOARD OF DENTAL PRACTICE
143 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0143

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GLEN S. DAVIS, DMD, VICE CHAIR
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MARK D. ZAJKOWSKI, DDS, MD
PENNY VA LLANCOURT
EXECUTIVE DIRECTOR

TESTIMONY OF

PENNY VAILLANCOURT, EXECUTIVE DIRECTOR
MAINE BOARD OF DENTAL PRACTICE

NEITHER FOR NOR AGAINST LD 1441

“An Act to Align the Laws Governing Dental Therapy with Standards Established by the American Dental Association Commission on Dental Accreditation”

Sponsored by Representative Anne-Marie Mastraccio

BEFORE THE JOINT STANDING COMMITTEE ON
HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

April 25, 2019, 1:00 P.M.

Good afternoon Senator Sanborn, Representative Tepler, and Members of the Committee. My name is Penny Vaillancourt and I am the Executive Director of the Maine Board of Dental Practice. Thank you for the opportunity to provide testimony on LD 1441.

The Maine Board of Dental Practice takes no position on LD 1441. However, the Board would like to offer information that may be helpful to the Committee as it considers this bill. Public Law 2013, chapter 575 amended the Board’s statute to include two new licensure categories identified as a provisional dental hygiene therapist and a dental hygiene therapist. The law also required the Board to adopt by rulemaking the requirements for dental hygiene therapy in consultation with interested parties. The Board completed that work in 2014 and adopted Board Rule Chapter 17 “Requirements for Establishing a Board Approved Dental Hygiene Therapy Program” effective June 29, 2015. (See Attachment #1)

Public Law 2015, chapter 429 further amended those new licensure provisions by streamlining the dental hygiene licensure and permit structure into a single licensure category with additional practice authorities such as independent practice dental hygiene, public health hygiene, and the administration of nitrous oxide analgesia and local anesthesia. (See Attachment #2.) The Board is currently engaged in the rulemaking process to fully implement the licensure provisions of this effort, and anticipates formally proposing those rules at its May 17, 2019 meeting.

The dental hygiene therapy education and experience requirements in statute are difficult to navigate and even more challenging to implement. The requirements do not align with dental therapy laws in other jurisdictions potentially creating barriers to practice. In addition, the term “dental hygiene therapist” as opposed to “dental therapist” has caused significant confusion. The Board has created a chart identifying dental therapy licensure laws in other states for the committee’s information. (See Attachment #3)

To date, the Board has not received an application from an individual to practice either as a provisional dental hygiene therapist or as a dental hygiene therapist. The timing of LD 1441 is such that it could provide clarity to individuals seeking not only the authority to practice dental therapy in Maine, but provide clarity to individuals seeking to enroll in a board-approved dental hygiene therapy program that meets the licensing standard.

Overall, the Board supports the provisions clarifying the requirements for dental hygiene therapy practice except for Section 10 of the bill which changes the level of supervision from “direct” to “general” for certain irreversible dental procedures (simple extractions, management of dental trauma, administration of nitrous oxide analgesia and local anesthesia). The Board would note that the current statutory language defining direct supervision and general supervision do not reflect current practice.

Direct supervision requires not only the physical presence of the supervisor, but also the supervisor’s diagnosis, authorization for treatment, and examination of the patient after treatment and prior to the patient’s discharge. General supervision is simply defined as procedures performed when the supervisor is not physically present in the practice setting. (See, 32 M.R.S. §§18302(18) and 18302(22)).

As part of the Board’s April 2017 Phase II report, additional statutory recommendations were made to the Joint Standing Committee on Labor, Commerce, Research and Economic Development to align the dental regulations with the current delivery models of services, including practice advancements utilizing technology. Perhaps a closer review of the statutory definitions of supervision along with the previous recommendations to define teledentistry practice, and refine the dental hygiene scope of practice might be an alternative approach rather than change the level of supervision as proposed in this bill.

Again, thank you for the opportunity to comment. I would be happy to answer questions now or at the work session.

Ad Hoc Committee pursuant to Public Law, 2018 chapter 388
Section 11 re: Report back on definitions of supervision and teledentistry

Dr. Glen Davis	Dental Board Member, Co-chair
Tracey Jowett, RDH	Dental Board Member, Co-chair
Representative Anne-Marie Mastraccio	Maine State Legislature
Dr. Heather Keeling	MDA, Representative
Dr. Brad Rand	MDA, Representative
Lorraine Klug, RDH, IPDH	MDHA, Representative
Linda Souliere, LD	MLDA, Representative
Amanda Willette, EFDA, RAD	UMA, Representative
Joleen Lee, RDH	UMA, Representative
Marji Harmer-Beem, M.S., RDH	UNE - RDH Representative
Dr. David Moyer	UNE - Dentist Representative
Reid Plimpton, Project Manager (telehealth)	Medical Care Development
Bonnie Vaughan, IPDH, MEd, MBA	
Mike Saxl	
Penny Vaillancourt	Board Staff

Discussion Items

I. Existing statutory definitions:

- A. Direct supervision
- B. General supervision

II. Propose teledentistry definition

- A. Review state dental boards
- B. Review BOLIM definition
- C. Other Maine state statutes regarding telehealth

Timeline

November 1, 2019	Ad Hoc Committee meeting (9:00 a.m. to 1:00 p.m.)
November 15, 2019	Ad Hoc Committee meeting (9:00 a.m. to 1:00 p.m.) if necessary
December 6, 2019	Draft proposal for Board's review and vote
January 10, 2020	Revisions to draft proposal for Board's review and vote, if necessary
February 1, 2020	Deadline to submit report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Ground Rules:

1. • Hands to speak.
2. Minimize distractions. Side conversations, cell phones - try to be fully present as a group for the whole meeting.
3. Name tensions. Surely there are tensions and areas of disagreement. There are bound to be differences of opinion. Agree to disagree, respectfully.
4. Emphasize that this is not a forum to air grievances with the Board/Board staff – this is a focused effort. However, board staff will capture other topics in a “parking lot” list for the Board’s review.
5. Audience decorum - discussion is among the ad hoc participants. Members of the audience can reach out to board staff by email or during a break if they have an issue, comment, etc.
6. Goal is to identify the issues, the committee is not being asked to provide solutions. The solutions are likely to be public policy decisions that are determined by the Legislature, not the Board.
7. Board staff to disseminate and collect information. This is a public process, so please do not REPLY ALL on email exchanges. Please direct your email to board staff and it will be disseminated to participants either in advance or at the next meeting.

Tips/Talking Points:

- At the start of every meeting review:
 - Objective
 - Agenda
 - Ground rules
- Provide some context to the committee
 - Many changes to the Board since it last convened an ad hoc committee
 - Substantive policy issues are to be decided by the Legislature/Governor, not the Board
 - Board implements legislation (policy) and adopts rules to further clarify intent
 - Purpose of the board is to protect the public, not the interests of the various professions
 - Board is still in the midst of proposing rules to fully implement the new Dental Practice Act
- Clarify the role of the Board
 - Explain difference between statutes, rules and board policy
 - Statutes – gives the board its authority; outlines policy
 - Rules – implemented by Board to further explain the legislative intent
 - Policies – practice guidance identified by the Board, not enforceable
- Clarify the role of the ad hoc committee
 - Task is to identify the issues to better inform the Board as it reports back to the Legislature



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MARK D. ZAJKOWSKI, DDS, MD
PENNY VAILLANCOURT
EXECUTIVE DIRECTOR

Via email:

October 1, 2019

The Honorable Anne-Marie Mastraccio
Maine House of Representatives
2 State House Station
Augusta, ME 04333-0002

**Re: Legislative Recommendations pursuant to Public Law 2018; chapter 388
(supervision and teledentistry definitions)**

Dear Representative Mastraccio:

Please accept this letter as a request for you to serve on an ad hoc committee developed by the Maine Board of Dental Practice ("the Board") in its efforts to report back to the Maine State Legislature pursuant to Public Law 2018, chapter 388. More specifically, Section 11 of the enacted legislation requires the following:

"The Board of Dental Practice, in consultation with interested parties, shall review the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the statutory definitions of supervision and recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice shall submit its report and recommends to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations."

To that end, the Board is convening an ad hoc committee to assist in identifying current practices and advancements in technology to guide discussions on recommending changes as noted above. The committee will be co-chaired by sitting members of the Board, and other committee participants will be soon identified to ensure appropriate stakeholder involvement.

Ad Hoc Committee Ltr.

10/01/2019

Page Two

Your participation is purely voluntary; however, if you agree to participate, please contact me by phone at (207) 287-3333 or by email at penny.vaillancourt@maine.gov to confirm. The first meeting of the committee will be **Friday, November 1st from 9:00 a.m. to 1:00 p.m.** located at the Board's office at 161 Capitol Street, Augusta, Maine. Meeting materials will be distributed in advance and an additional meeting, if necessary, will be scheduled on Friday, November 15th.

I look forward to hearing from you and should you have any questions in the meantime, please feel free to contact me directly.

Sincerely,



Penny Vaillancourt
Executive Director

Enc. (Public Law 2018, c.388)

**Maine Board of Dental Practice
Ad Hoc Committee
Supervision and Teledentistry Review pursuant to Public Law 2018, c. 388**

**November 1, 2019 - 9:00 a.m. - 1:00 p.m.
Meeting Agenda**

- 1) Introduction of participants and board staff**
- 2) Timeline, meeting schedule, ground rules, etc.**
- 3) Review statutory mandate; role of the ad hoc committee**
- 4) Overview of the supervision requirements in Dental Practice Act**
- 5) Overview of teledentistry**
- 6) Discussion/Propose draft language**
- 7) Adjourn**

Location: Maine Board of Dental Practice, Conference room, 161 Capitol Street, Augusta, ME 04330

Directions: <http://www.maine.gov/dental/board-information/contact.html>

Contact staff: Penny Vaillancourt, Executive Director; tel: (207) 287-3333; TTY users call Maine relay 711; or email penny.vaillancourt@maine.gov

**Maine Board of Dental Practice
Ad Hoc Committee pursuant to Public Law, 2018 chapter 388
Section 11 re: Report back on definitions of supervision and teledentistry**

November 1, 2019

1: Introductions:

Ad Hoc Committee Members:

Dr. Glen Davis	Dental Board Member, Co-chair
Tracey Jowett, RDH	Dental Board Member, Co-chair
Representative Anne-Marie Mastraccio	Maine State Legislature
TBA	MDA, Representative
Lorraine Klug, RDH, IPDH	MDHA, Representative
Linda Souliere, LD	MLDA, Representative
Amanda Willette, EFDA, RAD	UMA, Representative
Joleen Lee, RDH	UMA, Representative
Marji Harmer-Beem, M.S., RDH	UNE – RDH Representative
Dr. David Moyer	UNE – Dentist Representative
Reid Plimpton, Project Manager (telehealth)	Medical Care Development
Bonnie Vaughan, IPDH, MEd, MBA	
Mike Saxl	

Staff:

Penny Vaillancourt, Executive Director	Maine Board of Dental Practice
Legal counsel	Attorney General's Office

2: Timeline, meeting schedule, ground rules, etc.

- Ad Hoc Committee schedule – **Friday, November 15th** 9:00 a.m. to 1:00 p.m. (if needed)

3: Review statutory mandate; role of the ad hoc committee

Section 25 of PL 2018, c. 388 reads: “**Sec. 11. Board of Dental Practice to review dental practice laws and recommend changes.** The Board of Dental Practice, in consultation with interested parties, shall review the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the statutory definitions of supervision and recommend a definition of “teledentistry” for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice shall submit its report and recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board’s recommendations.

4. Overview of the supervision requirements of the Dental Practice Act

- Delegation authorized by dentists
- RDH supervision
- Dental Therapy supervision
- Expanded Function Dental Assisting supervision
- Dental Radiography supervision
- Resident Dentist supervision
- Registration – clinical experience supervision

5. Overview of the telemedicine/teledentistry

- Delegation authorized by dentists
- RDH supervision
- Dental Therapy supervision
- Expanded Function Dental Assisting supervision
- Dental Radiography supervision
- Resident Dentist supervision
- Registration – clinical experience supervision

6. Reference materials provided

- Maine Dental Practice Act
- Public Law 2018, c. 388
- Supervision charts by licensure category
- State Dental Board information on supervision levels; definitions
- BOLIM Board Rule Chapter 6 “Telemedicine Standards of Practice”
- ADA Policy on Teledentistry, 2015
- ADA Guidance on Teledentistry, 2017
- State Dental Board information on teledentistry
- Teledentistry Powerpoint slides as provided by Northeast Telehealth Resource Center, Medical Care Development

Discussion/Adjourn

Title 32: PROFESSIONS AND OCCUPATIONS

Chapter 143: DENTAL PROFESSIONS

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Maine Revised Statutes
Title 32: PROFESSIONS AND OCCUPATIONS
Chapter 143: DENTAL PROFESSIONS

Subchapter 1: GENERAL PROVISIONS

§18301. SHORT TITLE

This chapter may be known and cited as "the Dental Practice Act." [2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18302. DEFINITIONS

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [2015, c. 429, §21 (NEW) .]

1. Board. "Board" means the Board of Dental Practice established in Title 5, section 12004-A, subsection 10.

[2015, c. 429, §21 (NEW) .]

2. Charitable dentist license.

[2017, c. 388, §1 (RP) .]

3. Clinical dentist educator license.

[2017, c. 388, §1 (RP) .]

4. Commissioner. "Commissioner" means the Commissioner of Professional and Financial Regulation.

[2015, c. 429, §21 (NEW) .]

5. Dental auxiliary. "Dental auxiliary" means a dental radiographer, expanded function dental assistant, dental hygienist, independent practice dental hygienist, public health dental hygienist, dental hygiene therapist or denturist.

[2015, c. 429, §21 (NEW) .]

6. Dental hygiene. "Dental hygiene" means the delivery of preventative, educational and clinical services supporting total health for the control of oral disease and the promotion of oral health provided by a dental hygienist in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

7. Dental hygiene therapist. "Dental hygiene therapist" means a person who holds a valid license as a dental hygienist issued by the board and is authorized to practice dental hygiene therapy under this chapter.

[2015, c. 429, §21 (NEW) .]

8. Dental hygiene therapy. "Dental hygiene therapy" means the delivery of dental hygiene services, including performance of certain dental procedures in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

9. Dental hygienist. "Dental hygienist" means a person who holds a valid license as a dental hygienist issued by the board.

[2015, c. 429, §21 (NEW) .]

10. Dental radiographer. "Dental radiographer" means a person who holds a valid license as a dental radiographer issued by the board.

[2015, c. 429, §21 (NEW) .]

11. Dental radiography. "Dental radiography" means the use of ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes while under the general supervision of a dentist or an independent practice dental hygienist in accordance with this chapter.

[2017, c. 388, §2 (AMD) .]

12. Dentist. "Dentist" means a person who holds a valid dentist license issued by the board.

[2015, c. 429, §21 (NEW) .]

13. Dentistry. "Dentistry" means the scope of practice for a dentist as described in section 18371.

[2015, c. 429, §21 (NEW) .]

14. Denture. "Denture" means any removable full or partial upper or lower prosthetic dental appliance to be worn in the human mouth to replace any missing natural teeth.

[2015, c. 429, §21 (NEW) .]

15. Denturism. "Denturism" means the process of obtaining denture impressions and bite registrations for the purpose of making, producing, reproducing, constructing, finishing, supplying, altering or repairing a denture to be fitted to an edentulous or partially edentulous arch or arches and the fitting of a denture to an edentulous or partially edentulous arch or arches, including the making, producing, reproducing, constructing, finishing, supplying, altering and repairing of dentures, without performing alteration to natural or reconstructed tooth structure, in accordance with this chapter.

[2017, c. 388, §3 (AMD) .]

16. Denturist. "Denturist" means a person who holds a valid denturist license issued by the board.

[2015, c. 429, §21 (NEW) .]

17. Department. "Department" means the Department of Professional and Financial Regulation.

[2015, c. 429, §21 (NEW) .]

18. Direct supervision. "Direct supervision" means the supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient's discharge.

[2015, c. 429, §21 (NEW) .]

19. Expanded function dental assistant. "Expanded function dental assistant" means a person who holds a valid expanded function dental assistant license issued by the board.

[2015, c. 429, §21 (NEW) .]

20. Expanded function dental assisting. "Expanded function dental assisting" means performing certain dental procedures under the supervision of a dentist in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

21. Faculty. "Faculty" means, when used in conjunction with a license issued under this chapter, the authority granted to an individual who is authorized to practice only within the school setting, including any satellite locations approved by the board, and who teaches dentistry, dental hygiene or denturism as part of a clinical and didactic program.

[2015, c. 429, §21 (NEW) .]

22. General supervision. "General supervision" means the supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.

[2015, c. 429, §21 (NEW) .]

23. Independent practice dental hygienist. "Independent practice dental hygienist" means a person who holds a valid license as a dental hygienist issued by the board and who is authorized to practice independent dental hygiene.

[2015, c. 429, §21 (NEW) .]

24. License. "License" means a license or permit issued by the board granting authority to an individual authorized under this chapter to perform certain services.

[2015, c. 429, §21 (NEW) .]

25. Limited dentist. "Limited dentist" means a dentist who has retired from the regular practice of dentistry and who holds a valid license issued by the board to practice only in a nonprofit clinic without compensation for work performed at the clinic. Services provided by a limited dentist must be in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

26. Local anesthesia. "Local anesthesia" means a drug, element or other material that results in a state of insensibility of a circumscribed area or the loss of sensation in some definite, localized area without inhibition of conscious processes.

[2015, c. 429, §21 (NEW) .]

27. Nitrous oxide analgesia. "Nitrous oxide analgesia" means a gas containing nitrous oxide used to induce a controlled state of relative analgesia with the goal of controlling anxiety.

[2015, c. 429, §21 (NEW) .]

28. Practice setting. "Practice setting" means the physical location where services authorized under this chapter are provided to the public.

[2015, c. 429, §21 (NEW) .]

29. Provisional dental hygiene therapist. "Provisional dental hygiene therapist" means a person who holds a valid license as a dental hygienist issued by the board and who is authorized to practice dental hygiene therapy under the supervision of a dentist in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

30. Public health dental hygiene. "Public health dental hygiene" means the delivery of certain dental hygiene services under a written supervision agreement with a dentist for the purpose of providing services in a public health setting in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

31. Public health dental hygienist. "Public health dental hygienist" means a person who holds a valid license as a dental hygienist issued by the board and who is authorized to practice public health dental hygiene in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

32. Public health setting. "Public health setting" means a place where the practice of public health dental hygiene occurs, and includes, but is not limited to, public and private schools, medical facilities, nursing homes, residential care facilities, mobile units, nonprofit organizations and community health centers.

[2015, c. 429, §21 (NEW) .]

33. Resident dentist license. "Resident dentist license" means the authority granted to an individual who is a graduate of an approved dental school or college, who is not licensed to practice dentistry in this State and is authorized to practice under the direct or general supervision and direction of a dentist in a board-approved setting in accordance with this chapter.

[2015, c. 429, §21 (NEW) .]

34. Reversible intraoral procedures.

[2017, c. 388, §4 (RP) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §§1-4 (AMD).

§18303. INDIVIDUAL LICENSE

Only an individual may be licensed under this chapter and only a licensed individual may provide services for which a license is required under this chapter. [2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18304. LICENSE REQUIRED

1. Unlicensed practice. Except as provided in section 18305 and section 18371, subsections 3 and 6, a person may not practice or profess to be authorized to practice the activities described in this chapter without a license or during any period when that person's license has expired or has been suspended or revoked.

[2015, c. 429, §21 (NEW) .]

2. Unlawful practice. A person may not:

A. Practice dentistry under a false or assumed name; [2015, c. 429, §21 (NEW) .]

B. Practice dentistry under the name of a corporation, company, association, parlor or trade name; [2015, c. 429, §21 (NEW) .]

C. While manager, proprietor, operator or conductor of a place for performing dental operations, employ a person who is not a lawful practitioner of dentistry in this State to perform dental practices as described in section 18371; [2015, c. 429, §21 (NEW) .]

D. While manager, proprietor, operator or conductor of a place for performing dental operations, permit a person to practice dentistry under a false name; [2015, c. 429, §21 (NEW) .]

E. Assume a title or append a prefix or letters following that person's name that falsely represent the person as having a degree from a dental college; [2015, c. 429, §21 (NEW) .]

F. Impersonate another at an examination held by the board; [2015, c. 429, §21 (NEW) .]

G. Knowingly make a false application or false representation in connection with an examination held by the board; or [2015, c. 429, §21 (NEW) .]

H. Employ an unlicensed person to provide services for which a license is required by this chapter. [2017, c. 388, §5 (AMD) .]

[2017, c. 388, §5 (AMD) .]

3. Penalties. A person who violates this section commits a Class E crime. Violation of this section is a strict liability crime as defined in Title 17-A, section 34, subsection 4-A.

[2015, c. 429, §21 (NEW) .]

4. Injunction. The Attorney General may bring an action in Superior Court pursuant to Title 10, section 8003-C, subsection 5 to enjoin a person from violating this chapter.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §5 (AMD).

§18305. PERSONS AND PRACTICES NOT AFFECTED; EXEMPTIONS

1. Persons and practices not affected. Nothing in this chapter may be construed to limit, enlarge or affect the practice of persons licensed to practice medicine, osteopathy or dentistry in this State. Nothing in this chapter may be construed to prohibit a duly qualified dental surgeon or dental hygienist from performing work or services performed by a denturist licensed under this chapter to the extent those persons are authorized to perform the same services under other state law.

[2015, c. 429, §21 (NEW) .]

2. Exemptions. The requirement of a license under this chapter does not apply to:

- A. A resident physician or a student enrolled in and attending a school or college of medicine or osteopathy; [2015, c. 429, §21 (NEW).]
- B. A licensed physician or surgeon who practices under the laws of this State, unless that person practices dentistry as a specialty; [2015, c. 429, §21 (NEW).]
- C. A qualified anesthetist or nurse anesthetist who provides an anesthetic for a dental operation; a certified registered nurse under the direct supervision of either a licensed dentist who holds a valid sedation or general anesthesia permit or a licensed physician who provides an anesthetic for a dental operation; a certified registered nurse under the direct supervision of a licensed dentist or physician who removes sutures, dresses wounds or applies dressings and bandages; and a certified registered nurse under the direct supervision of a licensed dentist or physician who injects drugs subcutaneously or intravenously; [2015, c. 429, §21 (NEW).]
- D. A person serving in the United States Armed Forces or the United States Department of Health and Human Services, Public Health Service or employed by the United States Department of Veterans Affairs or other federal agency while performing official duties, if the duties are limited to that service or employment; [2015, c. 429, §21 (NEW).]
- E. A graduate dentist or dental surgeon in the United States Army, Navy or Air Force; the United States Department of Health and Human Services, Public Health Service; the United States Coast Guard; or United States Department of Veterans Affairs who practices dentistry in the discharge of official duties; [2015, c. 429, §21 (NEW).]
- F. A person having a current license to perform radiologic technology pursuant to section 9854 and who is practicing dental radiography under the general supervision of a dentist or physician; [2015, c. 429, §21 (NEW).]
- G. A dentist licensed in another state or country at meetings of the Maine Dental Association or its affiliates or other like dental organizations approved by the board, while appearing as a clinician; [2015, c. 429, §21 (NEW).]
- H. Any person, association, corporation or other entity who fills a prescription from a dentist for the construction, reproduction or repair of prosthetic dentures, bridges, plates or appliances to be used or worn as substitutes for natural teeth; [2015, c. 429, §21 (NEW).]
- I. A dental laboratory technician constructing, altering, repairing or duplicating a denture, plate, partial plate, bridge, splint, orthodontic or prosthetic appliance with a prescription as set forth in section 18371, subsection 6; [2015, c. 429, §21 (NEW).]
- J. A student enrolled in a dental assisting program or a board-approved dental program, dental hygiene program, dental therapy program, expanded function dental assisting program, dental radiography program or denturism program practicing under the direct or general supervision of that student's instructors; and [2017, c. 388, §6 (AMD).]
- K. [2017, c. 388, §7 (RP).]
- L. An individual licensed under this chapter who is registered and practicing under the direct supervision of a dentist as set forth in section 18348, subsection 2 or 3 for the purpose of obtaining clinical experience needed for meeting the requirements to administer sedation, local anesthesia or general anesthesia. [2015, c. 429, §21 (NEW).]

[2017, c. 388, §§6, 7 (AMD).]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §§6, 7 (AMD).

§18306. FRAUDULENT SALE OR ALTERATION OF DIPLOMAS OR LICENSES

1. Fraudulent or altered diploma or license; bribery. A person may not:

A. Sell or offer to sell a diploma conferring a dental degree or license granted pursuant to the laws of this State; [2015, c. 429, §21 (NEW).]

B. Procure a license or diploma with intent that it be used as evidence of the right to practice dentistry by a person other than the one upon whom the diploma or license was conferred; [2015, c. 429, §21 (NEW).]

C. With fraudulent intent alter a diploma or license to practice dentistry; [2015, c. 429, §21 (NEW).]

D. Use or attempt to use an altered diploma or license; or [2015, c. 429, §21 (NEW).]

E. Attempt to bribe a member of the board by the offer or use of money or other pecuniary reward or by other undue influence. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW).]

2. Penalty. A person who violates this section commits a Class E crime. Except as otherwise specifically provided, violation of this section is a strict liability crime as defined in Title 17-A, section 34, subsection 4-A.

[2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18307. REVIEW COMMITTEE IMMUNITY

A dentist who is a member of a peer review committee of a state or local association or society composed of doctors of dentistry, a staff member of such an association or society assisting a peer review committee and a witness or consultant appearing before or presenting information to the peer review committee are immune from civil liability for, without malice, undertaking or failing to undertake any act within the scope of the function of the committee. [2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18308. REQUIREMENTS REGARDING PRESCRIPTION OF OPIOID MEDICATION

1. Limits on opioid medication prescribing. Except as provided in subsection 2, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication may not prescribe:

A. To a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day; [2015, c. 488, §32 (NEW).]

B. To a patient who, on the effective date of this section, has an active prescription for opioid medication in excess of 100 morphine milligram equivalents of an opioid medication per day, an opioid medication in an amount that would cause that patient's total amount of opioid medication to exceed 300 morphine milligram equivalents of opioid medication per day; except that, on or after July 1, 2017, the aggregate amount of opioid medication prescribed may not be in excess of 100 morphine milligram equivalents of opioid medication per day; [2015, c. 488, §32 (NEW).]

C. On or after January 1, 2017, within a 30-day period, more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. For purposes of this paragraph, "chronic pain" has the same meaning as in Title 22, section 7246, subsection 1-C; or [2015, c. 488, §32 (NEW).]

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a 7-day supply as prescribed, in which case the amount dispensed may not exceed a 14-day supply. For purposes of this paragraph, "acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A. [2017, c. 213, §20 (AMD) .]

[2017, c. 213, §20 (AMD) .]

2. Exceptions. An individual licensed under this chapter whose scope of practice includes prescribing opioid medication is exempt from the limits on opioid medication prescribing established in subsection 1 only:

A. When prescribing opioid medication to a patient for:

- (1) Pain associated with active and aftercare cancer treatment;
- (2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;
- (3) End-of-life and hospice care;
- (4) Medication-assisted treatment for substance use disorder; or
- (5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and [2015, c. 488, §32 (NEW) .]

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility or a residential care facility or in connection with a surgical procedure.

As used in this paragraph, "administer" has the same meaning as in Title 22, section 7246, subsection 1-B. [2017, c. 213, §21 (AMD) .]

[2017, c. 213, §21 (AMD) .]

3. Electronic prescribing. An individual licensed under this chapter whose scope of practice includes prescribing opioid medication and who has the capability to electronically prescribe shall prescribe all opioid medication electronically by July 1, 2017. An individual who does not have the capability to electronically prescribe must request a waiver from this requirement from the Commissioner of Health and Human Services stating the reasons for the lack of capability, the availability of broadband infrastructure and a plan for developing the ability to electronically prescribe opioid medication. The commissioner may grant a waiver for circumstances in which exceptions are appropriate, including prescribing outside of the individual's usual place of business and technological failures.

[2015, c. 488, §32 (NEW) .]

4. Continuing education. By December 31, 2017, an individual licensed under this chapter must successfully complete 3 hours of continuing education every 2 years on the prescription of opioid medication as a condition of prescribing opioid medication. The board shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[2015, c. 488, §32 (NEW) .]

5. Penalties. An individual who violates this section commits a civil violation for which a fine of \$250 per violation, not to exceed \$5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section.

[2015, c. 488, §32 (NEW) .]

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

[2017, c. 186, §5 (NEW) .]

SECTION HISTORY

2015, c. 488, §32 (NEW). 2017, c. 186, §5 (AMD). 2017, c. 213, §§20, 21 (AMD).

Subchapter 2: BOARD OF DENTAL PRACTICE

§18321. BOARD CREATION; DECLARATION OF POLICY; COMPENSATION

1. Board creation; declaration of policy. The Board of Dental Practice, as established in Title 5, section 12004-A, subsection 10, is created within this subchapter, its sole purpose being to protect the public health and welfare. The board carries out this purpose by ensuring that the public is served by competent and honest practitioners and by establishing minimum standards of proficiency in the professions regulated by the board by testing, licensing, regulating and disciplining practitioners of those regulated professions.

[2015, c. 429, §21 (NEW) .]

2. Compensation. Members of the board, the Subcommittee on Denturists under section 18326 and the Subcommittee on Dental Hygienists under section 18327 are entitled to compensation according to the provisions of Title 5, chapter 379.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18322. BOARD MEMBERSHIP

1. Membership; terms; removal. The board consists of 9 members appointed by the Governor as follows:

A. Five dentists. Each dentist member must hold a valid dental license under this chapter and must have been in the actual practice of dentistry in this State for at least 10 years immediately preceding appointment. A dentist is not eligible to serve as a member of the board while employing a dental hygienist or a denturist who is a member of the board; [2015, c. 429, §21 (NEW) .]

B. Two dental hygienists. Each dental hygienist member must hold a valid dental hygiene license under this chapter and must have practiced in the State for at least 6 years immediately preceding appointment. A dental hygienist is not eligible to serve as a member of the board while employed by a dentist who is a member of the board; [2015, c. 429, §21 (NEW) .]

C. One denturist. The denturist member must hold a valid denturist license under this chapter and must have practiced in the State for at least 6 years immediately preceding appointment. A denturist is not eligible to serve as a member of the board while employed by a dentist who is a member of the board; and [2015, c. 429, §21 (NEW) .]

D. One public member. The public member must be a person who has no financial interest in the dental profession and has never been licensed, certified or given a permit in this or any other state for the dental profession. [2015, c. 429, §21 (NEW) .]

The Governor may accept nominations from professional associations and from other organizations and individuals. A member of the board must be a legal resident of the State. A person who has been convicted of a violation of the provisions of this Act or any prior dental practice act, or who has been convicted of a crime punishable by more than one year's imprisonment, is not eligible for appointment to the board. Appointments of members must comply with Title 10, section 8009.

[2015, c. 429, §21 (NEW) .]

2. Terms. Terms of the members of the board are for 5 years. A person who has served 10 years or more on a dental examining board in this State is not eligible for appointment to the board. A member may be removed by the Governor for cause.

[2015, c. 429, §21 (NEW) .]

3. Quorum; chair; vice-chair. Notwithstanding any provision of law to the contrary, a majority of the members serving on the board constitutes a quorum. The board shall elect its chair and vice-chair annually.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18323. POWERS AND DUTIES OF THE BOARD

The board has the following powers and duties in addition to all other powers and duties imposed by this chapter: [2015, c. 429, §21 (NEW) .]

1. Hearings and procedures. The power to hold hearings and take evidence in all matters relating to the exercise and performance of the powers and duties vested in the board and the authority to subpoena witnesses, books, records and documents in hearings before the board;

[2015, c. 429, §21 (NEW) .]

2. Complaints. The duty to investigate complaints in a timely fashion on its own motion and those lodged with the board or its representatives regarding the violation of a provision of this chapter or of rules adopted by the board;

[2015, c. 429, §21 (NEW) .]

3. Fees. The authority to adopt by rule fees for purposes authorized under this chapter in amounts that are reasonable and necessary for their respective purposes, except that the fee for any one purpose may not exceed \$550;

[2015, c. 429, §21 (NEW) .]

4. Budget. The duty to submit to the commissioner its budgetary requirements in the same manner as is provided in Title 5, section 1665. The commissioner shall in turn transmit these requirements to the Department of Administrative and Financial Services, Bureau of the Budget without revision, alteration or change, unless alterations are mutually agreed upon by the department and the board or the board's designee. The budget submitted by the board to the commissioner must be sufficient to enable the board to comply with this chapter;

[2015, c. 429, §21 (NEW) .]

5. Adequacy of budget, fees and staffing. The duty to ensure that the budget submitted by the board to the commissioner pursuant to subsection 4 is sufficient, if approved, to provide for adequate legal and investigative personnel on the board's staff and that of the Attorney General to ensure that complaints pursuant to this chapter can be resolved in a timely fashion;

[2015, c. 429, §21 (NEW) .]

6. Executive director; duties. The power to appoint an executive director who serves at the pleasure of the board and who shall assist the board in carrying out its duties and responsibilities under this chapter. The executive director is responsible for the management of the board's affairs, including the authority to employ and prescribe the duties of personnel within the guidelines, policies and rules established by the board;

[2015, c. 429, §21 (NEW) .]

7. Authority to delegate. The power to delegate to staff the authority to review and approve applications for licensure pursuant to procedures and criteria established by rule;

[2015, c. 429, §21 (NEW) .]

8. Protocols for professional review committee. The authority to establish protocols for the operation of a professional review committee as defined in Title 24, section 2502, subsection 4-A. The protocols must include the committee reporting information the board considers appropriate regarding reports received, contracts or investigations made and the disposition of each report, as long as the committee is not required to disclose any personally identifiable information. The protocols may not prohibit an impaired licensee under this chapter from seeking alternative forms of treatment; and

[2015, c. 429, §21 (NEW) .]

9. Authority to order a mental or physical examination. The authority to direct a licensee, who by virtue of an application for and acceptance of a license to practice under this chapter is considered to have given consent, to submit to an examination whenever the board determines the licensee may be suffering from a mental illness or physical illness that may be interfering with competent practice under this chapter or from the use of intoxicants or drugs to an extent that prevents the licensee from practicing competently and with safety to patients. A licensee examined pursuant to an order of the board may not prevent the testimony of the examining individual or prevent the acceptance into evidence of the report of an examining individual. The board may petition the District Court for immediate suspension of a license if the licensee fails to comply with an order of the board to submit to a mental or physical examination pursuant to this subsection.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18324. RULES

The board shall adopt rules that are necessary for the implementation of this chapter. The rules may include, but need not be limited to, requirements for licensure, license renewal and license reinstatement as well as practice setting standards that apply to individuals licensed under this chapter relating to recordkeeping, infection control, supervision and administering sedation and anesthesia. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18325. DISCIPLINARY ACTION; JUDICIAL REVIEW

1. Disciplinary action. The board may suspend, revoke, refuse to issue or renew a license pursuant to Title 5, section 10004. The following are grounds for an action to refuse to issue, modify, suspend, revoke or refuse to renew the license of a person licensed under this chapter:

- A. The practice of fraud, deceit or misrepresentation in obtaining a license or authority from the board or in connection with services within the scope of the license or authority; [2015, c. 429, §21 (NEW).]
- B. Misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; [2015, c. 429, §21 (NEW).]
- C. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; [2015, c. 429, §21 (NEW).]
- D. Incompetence in the practice for which the licensee is licensed or authorized by the board. A licensee is considered incompetent in the practice if the licensee has:
 - (1) Engaged in conduct that evidences a lack of ability or fitness to perform the duties owed by the licensee to a client or patient or the general public; or
 - (2) Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed; [2015, c. 429, §21 (NEW).]
- E. Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior that has been established in the practice for which the licensee is licensed or authorized by the board; [2015, c. 429, §21 (NEW).]
- F. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement or that relates directly to the practice for which the licensee is licensed or authorized by the board, or conviction of a crime for which incarceration for one year or more may be imposed; [2015, c. 429, §21 (NEW).]
- G. Engaging in false, misleading or deceptive advertising; [2015, c. 429, §21 (NEW).]
- H. Aiding or abetting unlicensed practice by a person who is not licensed or authorized as required under this chapter; [2015, c. 429, §21 (NEW).]
- I. Failure to provide supervision as required under this chapter or a rule adopted by the board; [2015, c. 429, §21 (NEW).]
- J. Engaging in any activity requiring a license or authority under this chapter or rule adopted by the board that is beyond the scope of acts authorized by the license or authority held; [2015, c. 429, §21 (NEW).]

K. Continuing to act in a capacity requiring a license or authority under this chapter or a rule adopted by the board after expiration, suspension or revocation of that license or authority; [2015, c. 429, §21 (NEW) .]

L. Noncompliance with an order of or consent agreement executed by the board; [2015, c. 429, §21 (NEW) .]

M. Failure to produce any requested documents in the licensee's possession or under the licensee's control relevant to a pending complaint, proceeding or matter under investigation by the board; [2015, c. 429, §21 (NEW) .]

N. Any violation of a requirement imposed pursuant to section 18352; [2015, c. 488, §33 (AMD) .]

O. A violation of this chapter or a rule adopted by the board; and [2015, c. 488, §33 (AMD) .]

P. Failure to comply with the requirements of Title 22, section 7253. [2015, c. 488, §34 (NEW) .]

[2015, c. 488, §§33, 34 (AMD) .]

1-A. Authority to file in court. If the board concludes that suspension or revocation of a license is warranted, the board may file a complaint in the District Court in accordance with Title 4, chapter 5.

[2017, c. 210, Pt. J, §1 (NEW) .]

2. Judicial review. Notwithstanding Title 10, section 8003, subsection 5, any nonconsensual revocation pursuant to Title 10, section 8003, subsection 5 of a license or authority issued by the board may be imposed only after a hearing conforming to the requirements of Title 5, chapter 375, subchapter 4 and is subject to judicial review exclusively in the Superior Court in accordance with Title 5, chapter 375, subchapter 7.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2015, c. 488, §§33, 34 (AMD). 2017, c. 210, Pt. J, §1 (AMD).

§18326. SUBCOMMITTEE ON DENTURISTS

The Subcommittee on Denturists, referred to in this section as "the subcommittee," is established as follows. [2015, c. 429, §21 (NEW) .]

1. Membership. The subcommittee consists of 5 members as follows:

A. The dentist who is a member of the board; [2015, c. 429, §21 (NEW) .]

B. Two denturists, appointed by the Governor, who are legal residents of the State and have practiced in the State for at least 6 years immediately preceding appointment; and [2015, c. 429, §21 (NEW) .]

C. Two dentists who are members of the board, appointed by the chair of the board. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

2. Terms. Each of the 3 members of the subcommittee who also are members of the board shall serve on the subcommittee for the duration of that member's term on the board. The term of a member of the subcommittee who is not a member of the board is 5 years.

[2015, c. 429, §21 (NEW) .]

3. Duties. The subcommittee shall:

A. Perform an initial review of all complaints involving denturists. Upon completion of its review of a complaint, the secretary of the subcommittee shall report to the board the subcommittee's recommended disposition of the complaint. The board shall adopt the subcommittee's recommended disposition of a complaint unless no fewer than 2/3 of the board members who are present and voting vote to reject that recommended disposition; and [2015, c. 429, §21 (NEW) .]

B. Perform an initial review of all applications for licensure as a denturist and all submissions relating to continuing education of denturists. Upon completion of its review of an application or submission, the secretary of the subcommittee shall report to the board the subcommittee's recommended disposition of the application or submission, including issuance, renewal, denial or nonrenewal of a denturist license. The board shall adopt the subcommittee's recommended disposition of an application or submission unless no fewer than 2/3 of the board members who are present and voting vote to reject that recommended disposition. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

4. Quorum; chair; secretary. Notwithstanding any provision of law to the contrary, a majority of the members serving on the subcommittee constitutes a quorum. The subcommittee shall annually elect its chair and secretary.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18327. SUBCOMMITTEE ON DENTAL HYGIENISTS

The Subcommittee on Dental Hygienists, referred to in this section as "the subcommittee," is established. [2015, c. 429, §21 (NEW) .]

1. Membership. The subcommittee consists of 5 members as follows:

A. A dental hygienist who is a member of the board; [2015, c. 429, §21 (NEW) .]

B. Two dental hygienists, appointed by the Governor, who are legal residents of the State and have practiced in the State for at least 6 years immediately preceding appointment; and [2015, c. 429, §21 (NEW) .]

C. Two dentists who are members of the board, appointed by the chair of the board. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

2. Terms. Each of the 3 members of the subcommittee who also are members of the board shall serve on the subcommittee for the duration of that member's term on the board. The term of a member of the subcommittee who is not a member of the board is 5 years.

[2015, c. 429, §21 (NEW) .]

3. Duties. The subcommittee shall:

A. Perform an initial review of all complaints involving dental hygienists and dental hygienists with additional authority pursuant to section 18345, subsection 2. Upon completion of its review of a complaint, the secretary of the subcommittee shall report to the board the subcommittee's recommended disposition of the complaint. The board shall adopt the subcommittee's recommended disposition of a complaint unless no fewer than 2/3 of the board members who are present and voting vote to reject that recommended disposition; and [2015, c. 429, §21 (NEW) .]

B. Perform an initial review of all applications for licensure as a dental hygienist or a dental hygienist with additional authority pursuant to section 18345, subsection 2 and all submissions relating to continuing education of dental hygienists. Upon completion of its review of an application or submission, the secretary of the subcommittee shall report to the board the subcommittee's recommended disposition of the application or submission, including issuance, renewal, denial or nonrenewal of a dental hygienist license. The board shall adopt the subcommittee's recommended disposition of an application or submission unless no fewer than 2/3 of the board members who are present and voting vote to reject that recommended disposition. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

4. Quorum; chair; secretary. Notwithstanding any provision of law to the contrary, a majority of the members serving on the subcommittee constitutes a quorum. The subcommittee shall annually elect its chair and secretary.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

Subchapter 3: LICENSING QUALIFICATIONS

§18341. APPLICATION; FEES; GENERAL QUALIFICATIONS

1. Application. An applicant seeking an initial or a renewed license must submit an application with the fee established under section 18323 and any other materials required by the board.

[2015, c. 429, §21 (NEW) .]

2. Age. An applicant must be 18 years of age or older.

[2015, c. 429, §21 (NEW) .]

3. Time limit. An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. Failure to complete the application within that 90-day period may result in a denial of the application.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18342. DENTIST

1. Dentist license. Except as provided in section 18347, an applicant for licensure as a dentist must comply with the provisions of section 18341 and must provide:

A. Verification of a doctoral degree in dentistry from a dental school accredited as required by board rule; and [2015, c. 429, §21 (NEW) .]

B. Verification of passing all examinations required by the board. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

2. Faculty dentist license. An applicant for a faculty dentist license must comply with section 18341 and must provide:

A. Verification of an active dental license in good standing issued under the laws of another state or a Canadian province; and [2015, c. 429, §21 (NEW) .]

B. Credentials, satisfactory to the board, including a letter from the employing school of dentistry, dental hygiene or denturism indicating that the applicant satisfies the credentialing standards of the school and that the applicant will teach:

(1) Dentistry, dental hygiene or denturism in this State as part of a clinical and didactic program for professional education for dental students and dental residents accredited by the American Dental Association Commission on Dental Accreditation or a successor organization approved by the board;

(2) Dental hygiene in this State as part of a clinical and didactic program for professional education for dental hygiene students and dental hygiene residents accredited by the American Dental Association Commission on Dental Accreditation or a successor organization approved by the board; or

(3) Denturism in this State as part of a board-approved clinical and didactic program for professional education for denturism students. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

3. Limited dentist license. An applicant for a limited dentist license must comply with section 18341 and must provide:

A. Verification of a doctoral degree in dentistry from a dental school accredited as required by board rule; [2015, c. 429, §21 (NEW) .]

B. Verification that the applicant has been licensed as a dentist in good standing issued under the laws of this State or has an active dental license in good standing issued under the laws of another state or a Canadian province; [2015, c. 429, §21 (NEW) .]

C. Verification of passing all examinations required by board rule; and [2015, c. 429, §21 (NEW) .]

D. Verification that the applicant will be practicing dentistry in a nonprofit dental clinic without compensation for work performed at the clinic. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

4. Clinical dentist educator license.

[2017, c. 388, §8 (RP) .]

5. Charitable dentist license.

[2017, c. 388, §8 (RP) .]

6. Resident dentist license. An applicant for a resident dentist license must comply with section 18341 and must provide:

A. Verification of a doctoral degree in dentistry from a dental school accredited as required by board rule; [2015, c. 429, §21 (NEW).]

B. Verification of passing all examinations required by board rule; [2015, c. 429, §21 (NEW).]

C. Verification that the applicant will be practicing dentistry in a board-approved practice setting within the State; and [2015, c. 429, §21 (NEW).]

D. A statement from the sponsoring dentist that demonstrates that the level of supervision and control of the services to be performed by the applicant are adequate and that the performance of these services are within the applicant's dental knowledge and skill. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §8 (AMD).

§18343. DENTAL RADIOGRAPHER

1. Dental radiographer license. Except as provided in section 18347, an applicant for a dental radiographer license must comply with section 18341 and must provide:

A. Verification of a high school diploma or its equivalent as determined by the board; and [2015, c. 429, §21 (NEW).]

B. Verification of passing an examination in dental radiologic technique and safety required by board rule. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18344. EXPANDED FUNCTION DENTAL ASSISTANT

1. Expanded function dental assistant license. Except as provided in section 18347, an applicant for an expanded function dental assistant license must comply with section 18341 and must provide:

A. Verification of a high school diploma or its equivalent as determined by the board; [2015, c. 429, §21 (NEW).]

B. Verification of one of the following:

(1) A current certificate as a certified dental assistant from a board-approved certificate program;

(2) An active dental hygiene license in good standing issued under the laws of this State; or

(3) An active dental hygiene license in good standing issued under the laws of another state or a Canadian province; [2015, c. 2, §22 (COR).]

C. Verification of having successfully completed training in a school or program required by board rule; and [2015, c. 429, §21 (NEW).]

D. Verification of passing all examinations required by board rule. [2015, c. 429, §21 (NEW).]

[2015, c. 2, §22 (COR).]

SECTION HISTORY

RR 2015, c. 2, §22 (COR). 2015, c. 429, §21 (NEW).

§18345. DENTAL HYGIENIST

1. Dental hygienist license. Except as provided in section 18347, an applicant for a dental hygienist license must comply with section 18341 and must provide:

A. Verification of having successfully passed all examinations required by board rule and one of the following:

- (1) Verification of an associate degree or higher in dental hygiene from a program accredited by the American Dental Association Commission on Dental Accreditation, or its successor organization; or
- (2) Verification of having completed at least 1/2 of the prescribed course of study in an accredited dental college as a dental student. [2017, c. 388, §9 (AMD) .]

[2017, c. 388, §9 (AMD) .]

2. Additional authority. A dental hygienist licensed under this section or section 18347 who applies for additional authority must comply with section 18341 and must provide:

A. For independent practice dental hygienist authority, verification of 2,000 work hours of clinical practice.

For purposes of meeting the clinical practice requirements of this paragraph, the applicant's hours in a private dental practice or nonprofit setting under the supervision of a dentist may be included as well as the applicant's hours as a public health dental hygienist or, prior to July 29, 2016, as a dental hygienist with public health supervision status; [2017, c. 139, §1 (AMD) .]

B. For public health dental hygienist authority:

- (1) A copy of the written agreement between the applicant and a supervising dentist that outlines the roles and responsibilities of the parties, which must include, but is not limited to, the level of supervision provided by the dentist, the practice settings, the standing orders and the coordination and collaboration that each party must undertake if additional patient care is needed; and
- (2) Verification that the services will be offered in a public health setting; [2015, c. 429, §21 (NEW) .]

C. For dental hygiene therapist authority:

- (1) Verification of having successfully completed a dental hygiene therapy program that:
 - (a) Is accredited by the American Dental Association Commission on Dental Accreditation or a successor organization;
 - (b) Is a minimum of 4 semesters;
 - (c) Is consistent with the model curriculum for educating dental hygiene therapists adopted by the American Association of Public Health Dentistry or a successor organization;
 - (d) Is consistent with existing dental hygiene therapy programs in other states approved by the board; and
 - (e) Meets the requirements for dental hygiene therapy education programs adopted by board rule;
- (2) Verification of a bachelor's degree or higher in dental hygiene, dental hygiene therapy or dental therapy from a school accredited by the American Dental Association Commission on Dental Accreditation or a successor organization;

(3) Verification of passing a clinical examination and all other examinations required by board rule. The clinical examination must be a comprehensive, competency-based clinical examination approved by the board and administered independently of an institution providing dental hygiene therapy education;

(4) Verification of having engaged in 2,000 hours of supervised clinical practice under the supervision of a dentist and in conformity with rules adopted by the board, during which supervised clinical practice the applicant is authorized to practice pursuant to paragraph F.

For purposes of meeting the clinical requirements of this subparagraph, an applicant's hours of supervised clinical experience while enrolled in the dental hygiene therapy program under subparagraph (1) may be included as well as hours completed under the supervision of a dentist licensed in another state or a Canadian province, provided that the applicant was operating lawfully under the laws and rules of that state or province; and

(5) A copy of the written practice agreement and standing orders required by section 18377, subsection 3; [2015, c. 429, §21 (NEW).]

D. For local anesthesia authority:

(1) Verification of having successfully completed a course of study required by board rule; and

(2) Verification of passing all examinations required by board rule; [2015, c. 429, §21 (NEW).]

E. For nitrous oxide analgesia authority:

(1) Verification of having successfully completed a course of study required by board rule; and

(2) Verification of passing all examinations required by board rule; and [2015, c. 429, §21 (NEW).]

F. For provisional dental hygiene therapist authority:

(1) Verification of meeting the requirements of paragraph C, subparagraphs (1) to (3); and

(2) A copy of the written agreement between the applicant and a dentist who will provide levels of supervision consistent with the scope of practice outlined in section 18377 and in conformity with rules adopted by the board.

During the period of provisional authority the applicant may be compensated for services performed as a dental hygiene therapist. The period of provisional authority may not exceed 3 years. [2015, c. 429, §21 (NEW).]

[2017, c. 139, §1 (AMD).]

3. Faculty dental hygiene license. An applicant for a faculty dental hygienist license must comply with section 18341 and must provide:

A. Verification of an active dental hygiene license in good standing issued under the laws of another state or a Canadian province; and [2015, c. 429, §21 (NEW).]

B. Credentials, satisfactory to the board, including a letter from the employing school of dentistry, dental hygiene or denturism indicating that the applicant satisfies the credentialing standards of the school and that the applicant will teach:

(1) Dental hygiene or denturism in this State as part of a clinical and didactic program for professional education for dental students and dental residents accredited by the American Dental Association Commission on Dental Accreditation or a successor organization approved by the board;

(2) Dental hygiene in this State as part of a clinical and didactic program for professional education for dental hygiene students and dental hygiene residents accredited by the American Dental Association Commission on Dental Accreditation or a successor organization approved by the board; or

(3) Denturism in this State as part of a board-approved clinical and didactic program for professional education for denturism students. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 139, §1 (AMD). 2017, c. 388, §9 (AMD).

§18346. DENTURIST

1. Denturist license. Except as provided in section 18347, an applicant for a denturist license must comply with section 18341 and must provide:

A. Verification of a high school diploma or its equivalent as determined by the board; [2015, c. 429, §21 (NEW).]

B. Verification of a diploma from a board-approved denturism postsecondary institution; and [2015, c. 429, §21 (NEW).]

C. Verification of passing all examinations required by board rule. The content of one examination must have a clinical component and a written component concerning, but not limited to, dental materials, denture technology, United States Department of Health and Human Services, Centers for Disease Control and Prevention guidelines, basic anatomy and basic pathology. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW) .]

2. Faculty denturist license. An applicant for a faculty denturist license must comply with section 18341 and must provide:

A. Verification of an active denturist license in good standing issued under the laws of another state or a Canadian province; and [2015, c. 429, §21 (NEW).]

B. Credentials, satisfactory to the board, including a letter from the employing school of dentistry, dental hygiene or denturism indicating that the applicant satisfies the credentialing standards of the school. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18347. ENDORSEMENT; APPLICANTS AUTHORIZED TO PRACTICE IN ANOTHER JURISDICTION

The board is authorized, at its discretion, to waive the examination requirements and issue a license or grant an authority to an applicant who is licensed under the laws of another state or a Canadian province who furnishes proof, satisfactory to the board, that the requirements for licensure under this chapter have been met. Applicants must comply with the provisions set forth in section 18341. [2015, c. 429, §21 (NEW).]

1. Applicants licensed in another jurisdiction. An applicant for licensure or seeking authority under this chapter who is licensed under the laws of another jurisdiction is governed by this subsection.

A. An applicant who is licensed in good standing at the time of application to the board under the laws of another state or a Canadian province may qualify for licensure by submitting evidence to the board that the applicant has held a substantially equivalent, valid license for at least 3 consecutive years immediately preceding the application to the board at the level of licensure applied for in this State.

[2015, c. 429, §21 (NEW) .]

B. An applicant who does not meet the requirements of paragraph A but is licensed in good standing at the time of application to the board under the laws of another state or a Canadian province may qualify for licensure by submitting evidence satisfactory to the board that the applicant's qualifications for licensure are substantially similar to the requirements in this chapter for the relevant license. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18348. REGISTRATION REQUIREMENTS

1. Dentist externship registration.

[2017, c. 388, §10 (RP) .]

2. Sedation and general anesthesia registration. A dentist who holds a permit to administer sedation pursuant to section 18379 may register another dentist under that dentist's license for the purpose of providing clinical supervision in administering sedation or general anesthesia under direct supervision. A registration under this subsection expires one year from the date the registration is granted. Applicants must comply with section 18341 and must submit a letter from the supervising dentist describing the practice settings in which supervision will occur as well as attesting that these arrangements are commensurate with the registrant's education, training and competency.

[2015, c. 429, §21 (NEW) .]

3. Local anesthesia/nitrous oxide analgesia registration. A dentist may register a dentist or dental hygienist under that dentist's license for the purpose of providing clinical supervision in administering local anesthesia or nitrous oxide analgesia under direct supervision. A registration under this section expires one year from the date the registration is granted. Applicants must comply with section 18341 and must submit a letter from the supervising dentist describing the practice settings in which supervision will occur as well as attesting that these arrangements are commensurate with the registrant's education, training and competency.

[2015, c. 429, §21 (NEW) .]

4. Denturist trainee registration. A denturist or dentist may register under that dentist's or denturist's license an individual who has completed a board-approved denturism postsecondary program for the purpose of providing additional clinical supervision outside of the academic setting. A registration under this section expires one year from the date the registration is granted, but may be renewed for an additional year. An applicant must comply with section 18341 and must provide:

A. Verification that the trainee has successfully completed a denturism program approved by the board; and [2017, c. 388, §11 (AMD) .]

B. [2017, c. 388, §11 (RP) .]

C. A letter from the supervising denturist or dentist that describes the level of supervision that the denturist or dentist will provide and that attests that the performance of these services by the trainee will add to the trainee's knowledge and skill in denturism. [2017, c. 388, §11 (AMD).]

[2017, c. 388, §11 (AMD) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §§10, 11 (AMD).

§18349. LICENSE RENEWAL; REINSTATEMENT

1. Renewal. Licenses under this chapter expire at such times as the commissioner may designate. In the absence of any reason or condition that might warrant the refusal of granting a license, the board shall issue a renewal license to each applicant who meets the requirements of sections 18341 and 18350.

[2015, c. 429, §21 (NEW) .]

2. Late renewals. Licenses may be renewed up to 90 days after the date of expiration if the applicant meets the requirements of subsection 1 and pays a late fee established by the board pursuant to section 18323, subsection 3.

[2015, c. 429, §21 (NEW) .]

3. Reinstatement. A person who submits an application for reinstatement more than 90 days after the license expiration date is subject to all requirements governing new applicants under this chapter, except that the board may, giving due consideration to the protection of the public, waive examination if that renewal application is received, together with the penalty fee established by the board pursuant to section 18323, subsection 3, within 2 years from the date of the license expiration.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18350. CONTINUING EDUCATION

As a condition of renewal of a license to practice, an applicant must have a current cardiopulmonary resuscitation certification and complete continuing education during the licensing cycle prior to application for renewal. The board may prescribe by rule the content and types of continuing education activities that meet the requirements of this section. [2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18351. INACTIVE STATUS

A licensee who wants to retain licensure while not practicing may apply for an inactive status license. The fee for inactive status licensure is set under section 18323, subsection 3. During inactive status, the licensee must renew the license and pay the renewal fee set under section 18323, subsection 3, but is not required to meet the continuing education requirements under section 18350. The board shall adopt rules by which an inactive status license may be reinstated. [2015, c. 429, §21 (NEW).]

An individual who practices under a resident dentist license or as a provisional dental hygiene therapist may not apply for inactive status. [2017, c. 388, §12 (AMD).]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §12 (AMD).

§18352. DUTY TO REQUIRE CERTAIN INFORMATION FROM APPLICANTS AND LICENSEES

1. Report in writing. A licensee and an applicant for licensure shall report in writing to the board no later than 10 days after any of the following changes or events:

- A. Change of name or address; [2015, c. 429, §21 (NEW).]
- B. Criminal conviction; [2015, c. 429, §21 (NEW).]
- C. Revocation, suspension or other disciplinary action taken in this State or any other jurisdiction against any occupational or professional license held by the licensee or applicant; or [2015, c. 429, §21 (NEW).]
- D. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the board. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW).]

SECTION HISTORY

2015, c. 429, §21 (NEW).

Subchapter 4: SCOPE OF PRACTICE; SUPERVISION; PRACTICE REQUIREMENTS

§18371. DENTIST

1. Scope of practice. A dentist, faculty dentist, limited dentist or resident dentist may:

- A. Perform a dental operation or oral surgery or dental service of any kind, gratuitously or for a salary, fee, money or other compensation paid, or to be paid, directly or indirectly to the person or to any other person or agency who is a proprietor of a place where dental operations, oral surgery or dental services are performed; [2015, c. 429, §21 (NEW).]
- B. Obtain impressions of a human tooth, teeth or jaws and perform a phase of an operation incident to the replacement of a part of a tooth; [2017, c. 388, §13 (AMD).]
- C. Supply artificial substitutes for the natural teeth and furnish, supply, construct, reproduce or repair a prosthetic denture, bridge, appliance or any other structure to be worn in the human mouth; [2015, c. 429, §21 (NEW).]
- D. Place dental appliances or structures in the human mouth and adjust or attempt or profess to adjust the same; [2015, c. 429, §21 (NEW).]
- E. Furnish, supply, construct, reproduce or repair or profess to the public to furnish, supply, construct, reproduce or repair a prosthetic denture, bridge, appliance or other structure to be worn in the human mouth; [2015, c. 429, §21 (NEW).]
- F. Diagnose or profess to diagnose, prescribe for and treat or profess to prescribe for and treat disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws or adjacent structure; [2015, c. 429, §21 (NEW).]
- G. Extract or attempt to extract human teeth; [2015, c. 429, §21 (NEW).]

H. Correct or attempt to correct malformations of teeth and jaws; [2015, c. 429, §21 (NEW) .]

I. Repair or fill cavities in the human teeth; [2015, c. 429, §21 (NEW) .]

J. Diagnose malposed teeth and make and adjust appliances or artificial casts for treatment of the malposed teeth in the human mouth with or without instruction; [2015, c. 429, §21 (NEW) .]

K. Use an x-ray machine for the purpose of taking dental x-rays and interpret or read or profess to interpret or read dental x-rays; [2015, c. 429, §21 (NEW) .]

L. Use the words dentist, dental surgeon or oral surgeon and the letters D.D.S. or D.M.D. and any other words, letters, title or descriptive matter that represents that person as being able to diagnose, treat, prescribe or operate for a disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws or adjacent structures and state, profess or permit to be stated or professed by any means or method whatsoever that the person can perform or will attempt to perform dental operations or render a diagnosis connected with dental operations; [2015, c. 429, §21 (NEW) .]

M. Prescribe drugs or medicine and administer local anesthesia, analgesia including nitrous oxide and oxygen inhalation and, with the appropriate permit issued by the board, administer sedation and general anesthesia necessary for proper dental treatment; and [2015, c. 429, §21 (NEW) .]

N. Take case histories and perform physical examinations to the extent the activities are necessary in the exercise of due care in conjunction with the provision of dental treatment or the administration of anesthesia. A dentist is not permitted to perform physical examinations within a hospital licensed by the Department of Health and Human Services unless this activity is permitted by the hospital. [2015, c. 429, §21 (NEW) .]

[2017, c. 388, §13 (AMD) .]

2. Limitations. Individuals practicing dentistry as described in this section who possess one of the following licenses shall adhere to the restrictions in this subsection.

A. [2017, c. 388, §14 (RP) .]

B. [2017, c. 388, §14 (RP) .]

C. An individual with a faculty dentist license may provide dental services only as part of the education program for which the license was issued by the board. [2015, c. 429, §21 (NEW) .]

D. An individual with a limited dentist license may provide dental services only in the nonprofit dental clinic for which the license was issued by the board and may not accept remuneration for those services. [2015, c. 429, §21 (NEW) .]

E. An individual with a resident dentist license may provide dental services only under the supervision of the sponsoring dentist and in accordance with the level of supervision and control for which the license was issued by the board. [2015, c. 429, §21 (NEW) .]

[2017, c. 388, §14 (AMD) .]

3. Delegation authorized. A dentist may delegate to an unlicensed person the activities listed in this subsection. A dentist who delegates activities as described is legally liable for the activities of that unlicensed person and the unlicensed person in this relationship is considered the dentist's agent.

A. A dentist may delegate the following activities to an unlicensed person as long as these activities are conducted under the general supervision of the delegating dentist:

- (1) Changing or replacing dry socket packets after diagnosis and treatment planned by a dentist;
- (2) For instruction purposes, demonstrating to a patient how the patient should place and remove removable prostheses, appliances or retainers;

- (3) For the purpose of eliminating pain or discomfort, removing loose, broken or irritating orthodontic appliances;
- (4) Giving oral health instructions;
- (5) Irrigating and aspirating the oral cavity;
- (6) Performing dietary analyses for dental disease control;
- (7) Placing and recementing with temporary cement an existing crown that has fallen out as long as the dentist is promptly notified that this procedure was performed so that appropriate follow-up can occur;
- (8) Placing and removing periodontal dressing;
- (9) Pouring and trimming dental models;
- (10) Removing sutures and scheduling a follow-up appointment with the dentist within 7 to 10 days of suture removal;
- (11) Retracting lips, cheek, tongue and other tissue parts;
- (12) Obtaining impressions for study casts;
- (13) Taking and recording the vital signs of blood pressure, pulse and temperature;
- (14) Taking dental plaque smears for microscopic inspection and patient education; and
- (15) Taking intraoral photographs. [2017 , c . 388 , §15 (AMD) .]

B. If the unlicensed person has successfully passed a certification examination administered by a national dental assisting board, the dentist may delegate to that unlicensed person the following additional activities, as long as these activities are conducted under the general supervision of the dentist:

- (1) Placing temporary fillings on an emergency basis as long as the patient is informed of the temporary nature of the fillings; and
- (2) Removing excess cement from the supragingival surfaces of teeth. [2015 , c . 429 , §21 (NEW) .]

C. A dentist may delegate to an unlicensed person the following intraoral activities, which must be conducted under the direct supervision of the delegating dentist:

- (1) Applying cavity varnish;
- (2) Applying liquids, pastes and gel topical anesthetics;
- (3) Assisting a dentist who provides orthodontic services in preparation of teeth for attaching, bonding and cementing fixed appliances in a manner appropriate and according to manufacturer's directions;
- (4) Delivering, but not condensing or packing, amalgam or composite restoration material;
- (5) Fabricating temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication to extraoral use only, as long as the dentist checks the occlusion and fit prior to releasing the patient;
- (6) Irrigating and drying root canals;
- (7) Isolating the operative field;
- (8) Performing pulp vitality testing with confirmation by the dentist;
- (9) Performing electronic vitality scanning with confirmation by the dentist;
- (10) Performing preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist;
- (11) Placing and cementing temporary crowns with temporary cement;

- (12) Placing and removing matrix bands, rubber dams and wedges;
- (13) Placing elastics and instructing in their use;
- (14) Placing, holding or removing celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist;
- (15) Placing or removing temporary separating devices;
- (16) Placing wires, pins and elastic ligatures to tie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion;
- (17) Preparing tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure may not be intended or interpreted as an oral prophylaxis, which is a procedure specifically reserved to be performed by dental hygienists or dentists. This procedure also may not be intended or interpreted as a preparation for restorative material. A dentist or dental hygienist shall check and approve the procedure;
- (18) Reapplying, on an emergency basis only, orthodontic brackets;
- (19) Recording readings with a digital caries detector and reporting them to the dentist for interpretation and evaluation;
- (20) Removing composite material using slow-speed instrumentation for debonding brackets, as long as the dentist conducts a final check prior to release of the patient;
- (21) Removing excess cement from the supragingival surfaces of teeth;
- (22) Removing gingival retraction cord;
- (23) Removing orthodontic arch wires and tension devices and any loose bands or bonds, but only as directed by the dentist;
- (24) Selecting and trying in stainless steel or other preformed crowns for insertion by the dentist;
- (25) Obtaining impressions for opposing models and retainers;
- (26) Obtaining impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays; and
- (27) Taking intraoral measurements and making preliminary selection of arch wires and intraoral and extraoral appliances, including head gear. [2017, c. 388, §15 (AMD).]

[2017, c. 388, §15 (AMD) .]

4. Delegation not authorized. A dentist may not delegate any dental activity not listed in subsection 3 or 6 to an unlicensed person.

[2017, c. 288, Pt. A, §35 (AMD) .]

5. Supervision of dental hygiene therapists. A dentist, referred to in this section as the "supervising dentist," who employs a dental hygiene therapist shall comply with this subsection.

A. A supervising dentist shall arrange for another dentist or specialist to provide any services needed by a patient of a dental hygiene therapist supervised by that dentist that are beyond the scope of practice of the dental hygiene therapist and that the supervising dentist is unable to provide. [2015, c. 429, §21 (NEW) .]

B. The supervising dentist is responsible for all authorized services and procedures performed by the dental hygiene therapist pursuant to a written practice agreement executed by the dentist pursuant to section 18377. [2015, c. 429, §21 (NEW) .]

C. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental hygiene therapist. [2015, c. 429, §21 (NEW) .]

D. A supervising dentist who signs a written practice agreement shall file a copy of the agreement with the board, keep a copy for the dentist's own records and make a copy available to patients of the dental hygiene therapist upon request. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

6. Prescription for laboratory services. A dentist who uses the services of a person not licensed to practice dentistry in this State to construct, alter, repair or duplicate a denture, plate, partial plate, bridge, splint, orthodontic or prosthetic appliance shall first furnish the unlicensed person with a written prescription, which must contain:

A. The name and address of the unlicensed person; [2015, c. 429, §21 (NEW) .]

B. The patient's name or number. In the event the number is used, the name of the patient must be written upon the duplicate copy of the prescription retained by the dentist; [2015, c. 429, §21 (NEW) .]

C. The date on which the prescription was written; [2015, c. 429, §21 (NEW) .]

D. A description of the work to be done, with diagrams if necessary; [2015, c. 429, §21 (NEW) .]

E. A specification of the type and quality of materials to be used; and [2015, c. 429, §21 (NEW) .]

F. The signature of the dentist and the number of the dentist's state license. [2015, c. 429, §21 (NEW) .]

The dentist shall retain for 2 years a duplicate copy of all prescriptions issued pursuant to this subsection for inspection by the board.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 288, Pt. A, §35 (AMD). 2017, c. 388, §§13-15 (AMD).

§18372. DENTAL RADIOGRAPHER

1. Scope of practice. A licensed dental radiographer may practice dental radiography under the general supervision of a dentist or an independent practice dental hygienist.

[2017, c. 388, §16 (AMD) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §16 (AMD).

§18373. EXPANDED FUNCTION DENTAL ASSISTANT

1. Scope of practice; direct supervision. An expanded function dental assistant may perform under the direct supervision of a dentist all of the activities that may be delegated by a dentist to an unlicensed person pursuant to section 18371, subsection 3, paragraph C. An expanded function dental assistant may also perform the following activities authorized under the direct supervision of a dentist:

A. Apply cavity liners and bases as long as the dentist:

(1) Has ordered the cavity liner or base;

(2) Has checked the cavity liner or base prior to the placement of the restoration; and

- (3) Has checked the final restoration prior to patient dismissal; [2015, c. 429, §21 (NEW).]
- B. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement; [2015, c. 429, §21 (NEW).]
- C. Apply supragingival desensitizing agents to an exposed root surface or dentinal surface of teeth; [2015, c. 429, §21 (NEW).]
- D. Apply topical fluorides recognized for the prevention of dental caries; [2015, c. 429, §21 (NEW).]
- E. Cement provisional or temporary crowns and bridges and remove excess cement; [2015, c. 429, §21 (NEW).]
- F. Perform pulp vitality tests; [2017, c. 388, §17 (AMD).]
- G. Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material; [2015, c. 429, §21 (NEW).]
- H. [2017, c. 388, §17 (RP).]
- I. Place and remove gingival retraction cord; [2017, c. 388, §17 (AMD).]
- J. [2017, c. 388, §17 (RP).]
- K. Size, place and cement or bond orthodontic bands and brackets with final inspection by the dentist; [2015, c. 429, §21 (NEW).]
- L. Supragingival polishing. A dentist or a dental hygienist must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing. Dentists may permit an expanded function dental assistant to use only a slow-speed rotary instrument and rubber cup. Dentists may allow an expanded function dental assistant to use high-speed, power-driven handpieces or instruments to contour or finish newly placed composite materials; and [2017, c. 388, §17 (AMD).]
- M. Obtain impressions for athletic mouth guards, provisional or temporary crowns and bridges. [2017, c. 388, §17 (AMD).]
- N. [2017, c. 388, §17 (RP).]
- O. [2017, c. 388, §17 (RP).]
- P. [2017, c. 388, §17 (RP).]
- Q. [2017, c. 388, §17 (RP).]
- R. [2017, c. 388, §17 (RP).]
- S. [2017, c. 388, §17 (RP).]
- T. [2017, c. 388, §17 (RP).]
- U. [2017, c. 388, §17 (RP).]
- V. [2017, c. 388, §17 (RP).]
- W. [2017, c. 388, §17 (RP).]
- X. [2017, c. 388, §17 (RP).]
- Y. [2017, c. 388, §17 (RP).]
- Z. [2017, c. 388, §17 (RP).]
- AA. [2017, c. 388, §17 (RP).]
- BB. [2017, c. 388, §17 (RP).]
- CC. [2017, c. 388, §17 (RP).]

DD. [2017, c. 388, §17 (RP).]

EE. [2017, c. 388, §17 (RP).]

FF. [2017, c. 388, §17 (RP).]

GG. [2017, c. 388, §17 (RP).]

[2017, c. 388, §17 (AMD) .]

2. Scope of practice; general supervision. An expanded function dental assistant may perform under the general supervision of a dentist all of the activities that may be delegated by a dentist to an unlicensed person pursuant to section 18371, subsection 3, paragraphs A and B.

A. [2017, c. 388, §17 (RP).]

B. [2017, c. 388, §17 (RP).]

C. [2017, c. 388, §17 (RP).]

D. [2017, c. 388, §17 (RP).]

E. [2017, c. 388, §17 (RP).]

F. [2017, c. 388, §17 (RP).]

G. [2017, c. 388, §17 (RP).]

H. [2017, c. 388, §17 (RP).]

I. [2017, c. 388, §17 (RP).]

J. [2017, c. 388, §17 (RP).]

K. [2017, c. 388, §17 (RP).]

L. [2017, c. 388, §17 (RP).]

M. [2017, c. 388, §17 (RP).]

N. [2017, c. 388, §17 (RP).]

O. [2017, c. 388, §17 (RP).]

P. [2017, c. 388, §17 (RP).]

Q. [2017, c. 388, §17 (RP).]

[2017, c. 388, §17 (AMD) .]

3. Procedures not authorized. An expanded function dental assistant may not engage in the following activities:

A. Complete or limited examination, diagnosis or treatment planning; [2015, c. 429, §21 (NEW) .]

B. Surgical or cutting procedures of hard or soft tissue; [2015, c. 429, §21 (NEW) .]

C. Prescribing drugs, medicaments or work authorizations; [2015, c. 429, §21 (NEW) .]

D. Pulp capping, pulpotomy or other endodontic procedures; [2015, c. 429, §21 (NEW) .]

E. Placement and intraoral adjustments of fixed or removable prosthetic appliances; or [2015, c. 429, §21 (NEW) .]

F. Administration of local anesthesia, parenteral or inhalation sedation or general anesthesia. [2015, c. 429, §21 (NEW).]

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §17 (AMD).

§18374. DENTAL HYGIENIST

1. Scope of practice; direct supervision. A dental hygienist and faculty dental hygienist may perform the following procedures under the direct supervision of a dentist:

A. Administer local anesthesia or nitrous oxide analgesia, as long as the dental hygienist or faculty dental hygienist has authority to administer the relevant medication pursuant to section 18345, subsection 2, paragraph D or E; [2015, c. 429, §21 (NEW).]

B. Irrigate and dry root canals; [2015, c. 429, §21 (NEW).]

C. Record readings with a digital caries detector and report them to the dentist for interpretation and evaluation; [2015, c. 429, §21 (NEW).]

D. Remove socket dressings; [2015, c. 429, §21 (NEW).]

E. Take cytological smears as requested by the dentist; and [2015, c. 429, §21 (NEW).]

F. Obtain impressions for nightguards and occlusal splints. [2017, c. 388, §18 (AMD).]

[2017, c. 388, §18 (AMD) .]

2. Scope of practice; general supervision. A dental hygienist and faculty dental hygienist may perform under the general supervision of a dentist all of the activities that may be delegated to an unlicensed person pursuant to section 18371, subsection 3, except the activities in section 18371, subsection 3, paragraph C, subparagraphs (6), (17) and (19). A dental hygienist and faculty dental hygienist may also perform the following procedures under the general supervision of a dentist:

A. Prescribe, dispense or administer anticavity toothpastes or topical gels with 1.1% or less sodium fluoride and oral rinses with 0.05%, 0.2%, 0.44% or 0.5% sodium fluoride, as well as chlorhexidine gluconate oral rinse; [2015, c. 429, §21 (NEW).]

B. [2017, c. 388, §19 (RP).]

C. Apply desensitizing agents to teeth; [2015, c. 429, §21 (NEW).]

D. Apply fluoride to control caries; [2015, c. 429, §21 (NEW).]

E. [2017, c. 388, §19 (RP).]

F. Apply sealants; [2017, c. 388, §19 (AMD).]

G. [2017, c. 388, §19 (RP).]

H. [2017, c. 388, §19 (RP).]

I. [2017, c. 388, §19 (RP).]

J. Expose and process radiographs; [2015, c. 429, §21 (NEW).]

K. [2017, c. 388, §19 (RP).]

L. [2017, c. 388, §19 (RP).]

M. [2017, c. 388, §19 (RP).]

N. [2017, c. 388, §19 (RP).]

- O. Interview patients and record complete medical and dental histories; [2015, c. 429, §21 (NEW).]
- P. [2017, c. 388, §19 (RP).]
- Q. [2017, c. 388, §19 (RP).]
- R. Obtain bacterial sampling when treatment is planned by the dentist; [2015, c. 429, §21 (NEW).]
- S. Perform all procedures necessary for a complete prophylaxis, including root planing; [2015, c. 429, §21 (NEW).]
- T. [2017, c. 388, §19 (RP).]
- U. Perform complete periodontal and dental restorative charting; [2015, c. 429, §21 (NEW).]
- V. [2017, c. 388, §19 (RP).]
- W. [2017, c. 388, §19 (RP).]
- X. Perform oral inspections, recording all conditions that should be called to the attention of the dentist; [2015, c. 429, §21 (NEW).]
- Y. Perform postoperative irrigation of surgical sites; [2015, c. 429, §21 (NEW).]
- Z. [2017, c. 388, §19 (RP).]
- AA. [2017, c. 388, §19 (RP).]
- BB. [2017, c. 388, §19 (RP).]
- CC. Place and remove gingival retraction cord without vasoconstrictor; [2015, c. 429, §21 (NEW).]
- DD. [2017, c. 388, §19 (RP).]
- EE. [2017, c. 388, §19 (RP).]
- FF. [2017, c. 388, §19 (RP).]
- GG. Place localized delivery of chemotherapeutic agents when treatment is planned by the dentist; [2015, c. 429, §21 (NEW).]
- HH. [2017, c. 388, §19 (RP).]
- II. [2017, c. 388, §19 (RP).]
- JJ. Place temporary restorations as an emergency procedure, as long as the patient is informed of the temporary nature of the restoration; [2015, c. 429, §21 (NEW).]
- KK. [2017, c. 388, §19 (RP).]
- LL. Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure may not be interpreted as a preparation for restorative material; [2015, c. 429, §21 (NEW).]
- MM. [2017, c. 388, §19 (RP).]
- NN. [2017, c. 388, §19 (RP).]
- OO. [2017, c. 388, §19 (RP).]
- PP. [2017, c. 388, §19 (RP).]
- QQ. [2017, c. 388, §19 (RP).]
- RR. [2017, c. 388, §19 (RP).]
- SS. [2017, c. 388, §19 (RP).]
- TT. Smooth and polish amalgam restorations; and [2017, c. 388, §19 (AMD).]

UU. [2017, c. 388, §19 (RP).]

VV. Obtain impressions for study casts, athletic mouth guards, custom trays, bleaching trays, fluoride trays, opposing models, retainers and stents. [2017, c. 388, §19 (AMD).]

WW. [2017, c. 388, §19 (RP).]

XX. [2017, c. 388, §19 (RP).]

YY. [2017, c. 388, §19 (RP).]

[2017, c. 388, §19 (AMD) .]

3. Limitation. An individual with a faculty dental hygienist license may provide the services described in this section only as part of the education program for which the license was issued by the board.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §§18, 19 (AMD).

§18375. INDEPENDENT PRACTICE DENTAL HYGIENIST

1. Scope of practice. An independent practice dental hygienist may perform only the following duties without supervision by a dentist:

- A. Interview patients and record complete medical and dental histories; [2015, c. 429, §21 (NEW).]
- B. Take and record the vital signs of blood pressure, pulse and temperature; [2015, c. 429, §21 (NEW).]
- C. Perform oral inspections, recording all conditions that should be called to the attention of a dentist; [2015, c. 429, §21 (NEW).]
- D. Perform complete periodontal and dental restorative charting; [2015, c. 429, §21 (NEW).]
- E. Perform all procedures necessary for a complete prophylaxis, including root planing; [2015, c. 429, §21 (NEW).]
- F. Apply fluoride to control caries; [2015, c. 429, §21 (NEW).]
- G. Apply desensitizing agents to teeth; [2015, c. 429, §21 (NEW).]
- H. Apply topical anesthetics; [2015, c. 429, §21 (NEW).]
- I. Apply sealants; [2015, c. 429, §21 (NEW).]
- J. Smooth and polish amalgam restorations, limited to slow-speed application only; [2015, c. 429, §21 (NEW).]
- K. [2017, c. 388, §20 (RP).]
- L. Obtain impressions for athletic mouth guards and custom fluoride trays; [2017, c. 388, §21 (AMD).]
- M. Place and remove rubber dams; [2015, c. 429, §21 (NEW).]
- N. Place temporary restorations in compliance with the protocol adopted by the board; [2015, c. 429, §21 (NEW).]
- O. Apply topical antimicrobials, including fluoride but excluding antibiotics, for the purposes of bacterial reduction, caries control and desensitization in the oral cavity. The independent practice dental hygienist shall follow current manufacturer's instructions in the use of these medicaments; [2015, c. 429, §21 (NEW).]

P. Expose and process radiographs, including but not limited to vertical and horizontal bitewing films, periapical films, panoramic images and full-mouth series, under protocols developed by the board as long as the independent practice dental hygienist has a written agreement with a licensed dentist that provides that the dentist is available to interpret all dental radiographs within 21 days from the date the radiograph is taken and that the dentist will sign a radiographic review and findings form; and [2015, c. 429, §21 (NEW).]

Q. Prescribe, dispense or administer anticavity toothpastes or topical gels with 1.1% or less sodium fluoride and oral rinses with 0.05%, 0.2%, 0.44% or 0.5% sodium fluoride, as well as chlorhexidine gluconate oral rinse. For the purposes of this paragraph, "topical" includes superficial and intraoral application. [2015, c. 429, §21 (NEW).]

[2017, c. 388, §§20, 21 (AMD) .]

2. Practice standards. An independent practice dental hygienist has the duties and responsibilities set out in this subsection with respect to each patient seen in an independent capacity.

A. Prior to an initial patient visit, an independent practice dental hygienist shall obtain from the patient or the parent or guardian of a minor patient written acknowledgment of the patient's or parent's or guardian's understanding that the independent practice dental hygienist is not a dentist and that the service to be rendered does not constitute restorative care or treatment. [2015, c. 429, §21 (NEW) .]

B. An independent practice dental hygienist shall provide to a patient or the parent or guardian of a minor patient a written plan for referral to a dentist for any necessary dental care. The referral plan must identify all conditions that should be called to the attention of the dentist. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §§20, 21 (AMD).

§18376. PUBLIC HEALTH DENTAL HYGIENIST

1. Scope of practice. A public health dental hygienist may perform the following procedures in a public health setting under a supervision agreement with a dentist that outlines the roles and responsibilities of the collaboration:

A. Prescribe, dispense or administer anticavity toothpastes or topical gels with 1.1% or less sodium fluoride and oral rinses with 0.05%, 0.2%, 0.44% or 0.5% sodium fluoride, as well as chlorhexidine gluconate oral rinse; [2015, c. 429, §21 (NEW).]

B. Apply cavity varnish; [2015, c. 429, §21 (NEW).]

C. Apply desensitizing agents to teeth; [2015, c. 429, §21 (NEW).]

D. Apply fluoride to control caries; [2015, c. 429, §21 (NEW).]

E. Apply liquids, pastes or gel topical anesthetics; [2015, c. 429, §21 (NEW).]

F. Apply sealants; [2015, c. 429, §21 (NEW).]

G. Apply topical antimicrobials, including fluoride but excluding antibiotics, for the purposes of bacterial reduction, caries control and desensitization in the oral cavity. The public health dental hygienist shall follow current manufacturer's instructions in the use of these medicaments. For the purposes of this paragraph, "topical" includes superficial and intramuscular application; [2015, c. 429, §21 (NEW).]

H. [2017, c. 388, §22 (RP).]

- I. Expose and process radiographs upon written standing prescription orders from a dentist who is available to interpret all dental radiographs within 21 days and who will complete and sign a radiographic review and findings form; [2015, c. 429, §21 (NEW).]
- J. For instruction purposes, demonstrate to a patient how the patient should place and remove removable prostheses, appliances or retainers; [2015, c. 429, §21 (NEW).]
- K. For the purposes of eliminating pain or discomfort, remove loose, broken or irritating orthodontic appliances; [2015, c. 429, §21 (NEW).]
- L. Give oral health instruction; [2015, c. 429, §21 (NEW).]
- M. Interview patients and record complete medical and dental histories; [2015, c. 429, §21 (NEW).]
- N. Irrigate and aspirate the oral cavity; [2015, c. 429, §21 (NEW).]
- O. Isolate operative fields; [2015, c. 429, §21 (NEW).]
- P. Perform all procedures necessary for a complete prophylaxis, including root planing; [2015, c. 429, §21 (NEW).]
- Q. Perform complete periodontal and dental restorative charting; [2015, c. 429, §21 (NEW).]
- R. Perform dietary analyses for dental disease control; [2015, c. 429, §21 (NEW).]
- S. Perform temporary filling procedures without a dentist present under protocols adopted by board rule; [2015, c. 429, §21 (NEW).]
- T. Perform oral inspections, recording all conditions that should be called to the attention of the dentist; [2015, c. 429, §21 (NEW).]
- U. Perform pulp vitality tests pursuant to the direction of a dentist; [2017, c. 388, §23 (AMD).]
- V. Place and remove gingival retraction cord without vasoconstrictor; [2015, c. 429, §21 (NEW).]
- W. Place and remove matrix bands for purposes of fabricating or placing temporary restorations; [2015, c. 429, §21 (NEW).]
- X. Place and remove rubber dams; [2015, c. 429, §21 (NEW).]
- Y. Place and remove wedges for purposes of fabricating or placing temporary restorations; [2015, c. 429, §21 (NEW).]
- Z. Place temporary restorations in compliance with the protocol adopted by board rule; [2015, c. 429, §21 (NEW).]
- AA. Remove excess cement from the supragingival surfaces of teeth; [2015, c. 429, §21 (NEW).]
- BB. Retract lips, cheek, tongue and other tissue parts; [2015, c. 429, §21 (NEW).]
- CC. Smooth and polish restorations, limited to slow-speed application only; [2015, c. 429, §21 (NEW).]
- DD. Take and record the vital signs of blood pressure, pulse and temperature; [2015, c. 429, §21 (NEW).]
- EE. Take dental plaque smears for microscopic inspection and patient education; [2015, c. 429, §21 (NEW).]
- FF. Obtain impressions for and deliver athletic mouth guards and custom fluoride trays; and [2017, c. 388, §23 (AMD).]

GG. Take intraoral photographs. [2015, c. 429, §21 (NEW) .]

[2017, c. 388, §§22, 23 (AMD) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §§22, 23 (AMD).

§18377. DENTAL HYGIENE THERAPIST

1. Scope of practice. A dental hygiene therapist may perform the following procedures in limited practice settings, if authorized by a written practice agreement with a dentist licensed in this State pursuant to subsection 3.

A. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services listed in this paragraph only under the direct supervision of the supervising dentist:

- (1) Perform oral health assessments, pulpal disease assessments for primary and young teeth, simple cavity preparations and restorations and simple extractions;
- (2) Prepare and place stainless steel crowns and aesthetic anterior crowns for primary incisors and prepare, place and remove space maintainers;
- (3) Provide referrals;
- (4) Administer local anesthesia and nitrous oxide analgesia;
- (5) Perform preventive services;
- (6) Conduct urgent management of dental trauma, perform suturing, extract primary teeth and perform nonsurgical extractions of periodontally diseased permanent teeth if authorized in advance by the supervising dentist;
- (7) Provide, dispense and administer anti-inflammatories, nonprescription analgesics, antimicrobials, antibiotics and anticaries materials;
- (8) Administer radiographs; and
- (9) Perform other related services and functions authorized by the supervising dentist and for which the dental hygiene therapist is trained. [2015, c. 429, §21 (NEW) .]

B. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services listed in section 18374, subsections 1 and 2 under the general supervision of the supervising dentist. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

2. Supervision responsibilities. A dental hygiene therapist may be delegated a dentist's responsibility to supervise up to 2 dental hygienists and 3 unlicensed persons in any one practice setting through a written practice agreement pursuant to subsection 3.

[2015, c. 429, §21 (NEW) .]

3. Practice requirements. A dental hygiene therapist must comply with the following practice limitations.

A. A dental hygiene therapist may provide services only in a hospital; a public school, as defined in Title 20-A, section 1, subsection 24; a nursing facility licensed under Title 22, chapter 405; a residential care facility licensed under Title 22, chapter 1663; a clinic; a health center reimbursed as a federally qualified health center as defined in 42 United States Code, Section 1395x(aa)(4) (1993) or that has been determined by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services to meet the requirements for funding under Section 330 of the Public Health Service

Act, 42 United States Code, Section 254(b); a federally qualified health center licensed in this State; a public health setting that serves underserved populations as recognized by the federal Department of Health and Human Services; or a private dental practice in which at least 50% of the patients who are provided services by that dental hygiene therapist are covered by the MaineCare program under Title 22 or are underserved adults. [2015, c. 429, §21 (NEW) .]

B. A dental hygiene therapist may practice only under the direct supervision of a dentist through a written practice agreement signed by both parties. A written practice agreement is a signed document that outlines the functions that the dental hygiene therapist is authorized to perform, which may not exceed the scopes of practice specified in subsections 1 and 2. A dental hygiene therapist may practice only under the standing order of the supervising dentist, may provide only care that follows written protocols and may provide only services that the dental hygiene therapist is authorized to provide by the written practice agreement. [2015, c. 429, §21 (NEW) .]

C. A written practice agreement between a supervising dentist and a dental hygiene therapist must include the following elements:

- (1) The services and procedures and the practice settings for those services and procedures that the dental hygiene therapist may provide, together with any limitations on those services and procedures;
- (2) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
- (3) Procedures to be used with patients treated by the dental hygiene therapist for obtaining informed consent and for creating and maintaining dental records;
- (4) A plan for review of patient records by the supervising dentist and the dental hygiene therapist;
- (5) A plan for managing medical emergencies in each practice setting in which the dental hygiene therapist provides care;
- (6) A quality assurance plan for monitoring care, including patient care review, referral follow-up and a quality assurance chart review;
- (7) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed;
- (8) Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation prior to initiating care; and
- (9) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the scope of practice or capabilities of the dental hygiene therapist. [2015, c. 429, §21 (NEW) .]

D. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental hygiene therapist. [2015, c. 429, §21 (NEW) .]

E. A dental hygiene therapist shall file a copy of a written practice agreement with the board, keep a copy for the dental hygiene therapist's own records and make a copy available to patients of the dental hygiene therapist upon request. [2015, c. 429, §21 (NEW) .]

F. A dental hygiene therapist shall refer patients in accordance with a written practice agreement to another qualified dental or health care professional to receive needed services that exceed the scope of practice of the dental hygiene therapist. [2015, c. 429, §21 (NEW) .]

G. A dental hygiene therapist who provides services or procedures beyond those authorized in a written agreement engages in unprofessional conduct and is subject to discipline pursuant to section 18325. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

4. Dental coverage and reimbursement. Notwithstanding Title 24-A, section 2752, any service performed by a dentist, dental assistant or dental hygienist licensed in this State that is reimbursed by private insurance, a dental service corporation, the MaineCare program under Title 22 or the Cub Care program under Title 22, section 3174-T must also be covered and reimbursed when performed by a dental hygiene therapist authorized to practice under this chapter.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18378. DENTURIST

1. Scope of practice. A denturist and faculty denturist may:

A. Obtain denture impressions and bite registrations for the purpose of or with a view to making, producing, reproducing, constructing, finishing, supplying, altering or repairing a denture to be fitted to an edentulous or partially edentulous arch or arches; [2017, c. 388, §24 (AMD) .]

B. Fit a denture to an edentulous or partially edentulous arch or arches, including by making, producing, reproducing, constructing, finishing, supplying, altering or repairing dentures without performing alteration to natural or reconstructed tooth structure. A denturist may perform clinical procedures related to the fabrication of a removable tooth-borne partial denture, including cast frameworks; [2015, c. 429, §21 (NEW) .]

C. Perform procedures incidental to the procedures specified in paragraphs A and B, as specified by board rule; and [2015, c. 429, §21 (NEW) .]

D. Make, place, construct, alter, reproduce or repair nonorthodontic removable sports mouth guards and provide teeth whitening services, including by fabricating whitening trays, providing whitening solutions determined to be safe for public use and providing any required follow-up care and instructions for use of the trays and solutions at home. [2015, c. 429, §21 (NEW) .]

[2017, c. 388, §24 (AMD) .]

2. Limitation. An individual with a faculty denturist license may provide the services described in this section only as part of the education program for which the license was issued by the board.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 388, §24 (AMD).

§18379. SEDATION AND GENERAL ANESTHESIA PERMITS

The board shall adopt by rule the qualifications a dentist must have to obtain a permit from the board authorizing the administration of sedation and general anesthesia. The board shall also adopt the guidelines for such administration, including but not limited to practice setting requirements. [2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

Subchapter 5: PRACTICE STANDARDS

§18391. AMALGAM BROCHURES; POSTERS

1. Brochure; poster. The Director of the Bureau of Health within the Department of Health and Human Services shall develop a brochure that explains the potential advantages and disadvantages to oral health, overall human health and the environment of using mercury or mercury amalgam in dental procedures. The brochure must describe what alternatives are available to mercury amalgam in various dental procedures and what potential advantages and disadvantages are posed by the use of those alternatives. The brochure may also include other information that contributes to the patient's ability to make an informed decision when choosing between the use of mercury amalgam or an alternative material in a dental procedure, including, but not limited to, information on the durability, cost, aesthetic quality or other characteristics of the mercury amalgam and alternative materials. The director shall also develop a poster that informs patients of the availability of the brochure.

The Director of the Bureau of Health shall, in consultation with the Department of Environmental Protection, adopt the brochure and the poster described in this subsection through major substantive rules pursuant to Title 5, chapter 375, subchapter 2-A.

[2015, c. 429, §21 (NEW) .]

2. Display. A dentist who uses mercury or a mercury amalgam in any dental procedure shall display the poster adopted by the Department of Health and Human Services, Bureau of Health under this section in the public waiting area of the practice setting and shall provide each patient a copy of the brochure adopted by the bureau under this section. The Department of Health and Human Services shall also post on its publicly accessible website a copy of the brochure that is suitable for downloading and printing by dentists, patients and other interested parties.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW) .

§18392. REMOVABLE DENTAL PROSTHESIS; OWNER IDENTIFICATION

1. Identification required. Every complete upper and lower denture and removable dental prosthesis fabricated by a dentist or denturist, or fabricated pursuant to the dentist's or denturist's work order or under the dentist's or denturist's direction or supervision, must be marked with the name and social security number of the patient for whom the prosthesis is intended. The markings must be made during fabrication and must be permanent, legible and cosmetically acceptable. The exact location of the markings and the methods used to apply or implant the markings must be determined by the dentist or dental laboratory fabricating the prosthesis. If, in the professional judgment of the dentist or dental laboratory, this identification is not practical, identification must be provided as follows:

A. The social security number of the patient may be omitted if the name of the patient is shown; [2015, c. 429, §21 (NEW) .]

B. The initials of the patient may be shown alone, if use of the name of the patient is impracticable; or [2015, c. 429, §21 (NEW) .]

C. The identification marks may be omitted in their entirety if none of the forms of identification specified in paragraphs A and B are practicable or clinically safe. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

2. Applicability. A removable dental prosthesis in existence prior to September 23, 1983 that was not marked in accordance with subsection 1 at the time of its fabrication must be marked in accordance with subsection 1 at the time of a subsequent rebasing.

[2015, c. 429, §21 (NEW) .]

3. Violation. Failure of a dentist or denturist to comply with this section constitutes grounds for discipline pursuant to section 18325, as long as the dentist or denturist is charged with the violation within 2 years of initial insertion of the dental prosthetic device.

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW).

§18393. CONFIDENTIALITY

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Confidential communication" means a communication not intended to be disclosed to 3rd persons other than those present to further the interest of the patient in the consultation, examination or interview or persons who are participating in the diagnosis and treatment under the direction of the dentist, including members of the patient's family. [2015, c. 429, §21 (NEW) .]

B. "Patient" means a person who consults or is examined or interviewed by a dentist or dental auxiliary. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

2. General rule of privilege. A patient has a privilege to refuse to disclose and to prevent another person from disclosing confidential communications made for the purpose of diagnosis or treatment of the patient's physical, mental or emotional conditions, including substance use disorder, among the patient, the patient's dentist and persons who are participating in the diagnosis or treatment under the direction of the dentist, including members of the patient's family.

[2017, c. 407, Pt. A, §149 (AMD) .]

3. Who may claim the privilege. The privilege under subsection 2 may be claimed by the patient, by the patient's guardian or conservator or by the personal representative of a deceased patient. The dentist or dental auxiliary at the time of the communication is presumed to have authority to claim the privilege, but only on behalf of the patient.

[2015, c. 429, §21 (NEW) .]

4. Exceptions. Notwithstanding any other provision of law, the following are exceptions to the privilege under subsection 2.

A. If the court orders an examination of the physical, mental or emotional condition of a patient, whether a party or a witness, communications made in the course of the examination are not privileged under this section with respect to the particular purpose for which the examination is ordered unless the court orders otherwise. [2015, c. 429, §21 (NEW) .]

B. There is not any privilege under this section as to communications relevant to an issue of the physical, mental or emotional condition of a patient in a proceeding in which the condition of the patient is an element of the claim or defense of the patient or of a party claiming through or under the patient

or because of the patient's condition or claiming as a beneficiary of the patient through a contract to which the patient is or was a party or, after the patient's death, in a proceeding in which a party puts the condition in issue. [2015, c. 429, §21 (NEW) .]

C. There is not any privilege under this section as to information regarding a patient that is sought by the Chief Medical Examiner or the Chief Medical Examiner's designee in a medical examiner case, as defined by Title 22, section 3025, in which the Chief Medical Examiner or the Chief Medical Examiner's designee has reason to believe that information relating to dental treatment may assist in determining the identity of a deceased person. [2015, c. 429, §21 (NEW) .]

D. There is not any privilege under this section as to disclosure of information concerning a patient when that disclosure is required by law, and nothing in this section may modify or affect the provisions of Title 22, sections 4011-A to 4015 and Title 29-A, section 2405. [2015, c. 429, §21 (NEW) .]

[2015, c. 429, §21 (NEW) .]

SECTION HISTORY

2015, c. 429, §21 (NEW). 2017, c. 407, Pt. A, §149 (AMD).

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STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND NINETEEN

H.P. 1053 - L.D. 1441

**An Act To Align the Laws Governing Dental Therapy with Standards
Established by the American Dental Association Commission on Dental
Accreditation**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3174-XX, as amended by PL 2015, c. 429, §5, is further amended to read:

§3174-XX. Dental therapy reimbursement

1. Reimbursement. By October 1, 2015, the department shall provide for the reimbursement under the MaineCare program of dental hygiene therapists practicing as authorized under Title 32, section 18377 for the procedures identified in their scope of practice. Reimbursement must be provided to dental hygiene therapists directly or to a federally qualified health center pursuant to section 3174-V when a dental hygiene therapist is employed as a core provider at the center.

2. Rulemaking. The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

Sec. 2. 24 MRSA §2317-B, sub-§21, as enacted by PL 2013, c. 575, §4 and affected by §10, is amended to read:

21. Title 24-A, sections 2765-A and 2847-U. The practice of dental hygiene therapy by a dental hygiene therapist, Title 24-A, sections 2765-A and 2847-U.

Sec. 3. 24-A MRSA §2765-A, as amended by PL 2015, c. 429, §12, is further amended to read:

§2765-A. Coverage for services provided by dental therapist

1. Services provided by dental therapist. An insurer that issues individual dental insurance or health insurance that includes coverage for dental services shall provide

coverage for dental services performed by a dental hygiene therapist licensed under Title 32, chapter 143 when those services are covered services under the contract and when they are within the lawful scope of practice of the dental hygiene therapist.

2. Limits; coinsurance; deductibles. A contract that provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

3. Coordination of benefits with dental insurance. If an enrollee eligible for coverage under this section is eligible for coverage under a dental insurance policy or contract and a health insurance policy or contract, the insurer providing dental insurance is the primary payer responsible for charges under subsection 1 and the insurer providing individual health insurance is the secondary payer.

4. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 4. 24-A MRSA §2847-U, as amended by PL 2015, c. 429, §14, is further amended to read:

§2847-U. Coverage for services provided by dental therapist

1. Services provided by dental therapist. An insurer that issues group dental insurance or health insurance that includes coverage for dental services shall provide coverage for dental services performed by a dental hygiene therapist licensed under Title 32, chapter 143 when those services are covered services under the contract and when they are within the lawful scope of practice of the dental hygiene therapist.

2. Limits; coinsurance; deductibles. A contract that provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

3. Coordination of benefits with dental insurance. If an enrollee eligible for coverage under this section is eligible for coverage under a dental insurance policy or contract and a health insurance policy or contract, the insurer providing dental insurance is the primary payer responsible for charges under subsection 1 and the insurer providing group health insurance is the secondary payer.

Sec. 5. 32 MRSA §18302, sub-§§5, 7 and 8, as enacted by PL 2015, c. 429, §21, are further amended to read:

5. Dental auxiliary. "Dental auxiliary" means a dental radiographer, expanded function dental assistant, dental hygienist, independent practice dental hygienist, public health dental hygienist, dental hygiene therapist or dentist.

7. Dental therapist. "Dental hygiene therapist" means a person who holds a valid license as a dental hygienist issued by the board and is authorized to practice dental hygiene therapy under this chapter.

8. Dental therapy. "Dental hygiene therapy" means the delivery of dental hygiene services, including performance of certain dental procedures in accordance with this chapter.

Sec. 6. 32 MRSA §18302, sub-§29, as enacted by PL 2015, c. 429, §21, is amended to read:

29. Provisional dental therapist. "Provisional dental hygiene therapist" means a person who holds a valid license as a dental hygienist issued by the board and who is authorized to practice dental hygiene therapy under the supervision of a dentist in accordance with this chapter.

Sec. 7. 32 MRSA §18345, sub-§2, ¶¶C and F, as enacted by PL 2015, c. 429, §21, are amended to read:

C. For dental hygiene therapist authority:

~~(1) Verification of having successfully completed a dental hygiene therapy program that:~~

~~(a) Is accredited by the American Dental Association Commission on Dental Accreditation or a successor organization;~~

~~(b) Is a minimum of 4 semesters;~~

~~(c) Is consistent with the model curriculum for educating dental hygiene therapists adopted by the American Association of Public Health Dentistry or a successor organization;~~

~~(d) Is consistent with existing dental hygiene therapy programs in other states approved by the board; and~~

~~(e) Meets the requirements for dental hygiene therapy education programs adopted by board rule;~~

(2) Verification of a bachelor's master's degree ~~or higher in dental hygiene, dental hygiene therapy or in~~ dental therapy from a school accredited by the American Dental Association Commission on Dental Accreditation or a its successor organization or a master's degree in dental therapy from a program that meets the requirements adopted by board rule consistent with the accreditation standards identified by the American Dental Association Commission on Dental Accreditation or its successor organization;

(3) Verification of passing a clinical examination and all other examinations required by board rule. The clinical examination must be a comprehensive, competency-based clinical examination approved by the board and administered independently of an institution providing dental hygiene therapy education;

(4) Verification of having engaged in 2,000 hours of supervised clinical practice under the supervision of a dentist and in conformity with rules adopted by the board, during which supervised clinical practice the applicant is authorized to practice pursuant to paragraph F.

For purposes of meeting the clinical requirements of this subparagraph, an applicant's hours of supervised clinical experience ~~while enrolled in the dental hygiene therapy program under subparagraph (1) may be included as well as~~ hours completed under the supervision of a dentist licensed in another state or a Canadian province may be included, provided that as long as the applicant was operating lawfully under the laws and rules of that state or province; ~~and~~

(5) A copy of the written practice agreement and standing orders required by section 18377, subsection 3; and

(6) Verification of a current advanced cardiac life support certification;

F. For provisional dental hygiene therapist authority:

(1) Verification of meeting the requirements of paragraph C, subparagraphs ~~(4)~~ (2), (3) and (6); and

(2) A copy of the written agreement between the applicant and a dentist who will provide levels of supervision consistent with the scope of practice outlined in section 18377 and in conformity with rules adopted by the board.

During the period of provisional authority the applicant may be compensated for services performed as a dental hygiene therapist. The period of provisional authority may not exceed 3 years.

Sec. 8. 32 MRSA §18351, last ¶, as amended by PL 2017, c. 388, §12, is further amended to read:

An individual who practices under a resident dentist license or as a provisional dental hygiene therapist may not apply for inactive status.

Sec. 9. 32 MRSA §18371, sub-§5, as enacted by PL 2015, c. 429, §21, is amended to read:

5. Supervision of dental therapists. A dentist, referred to in this section as the "supervising dentist," who employs a dental hygiene therapist shall comply with this subsection.

A. A supervising dentist shall arrange for another dentist or specialist to provide any services needed by a patient of a dental hygiene therapist supervised by that dentist that are beyond the scope of practice of the dental hygiene therapist and that the supervising dentist is unable to provide.

B. The supervising dentist is responsible for all authorized services and procedures performed by the dental hygiene therapist pursuant to a written practice agreement executed by the dentist pursuant to section 18377.

C. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental hygiene therapist.

D. A supervising dentist who signs a written practice agreement shall file a copy of the agreement with the board, keep a copy for the dentist's own records and make a copy available to patients of the dental hygiene therapist upon request.

Sec. 10. 32 MRSA §18377, as enacted by PL 2015, c. 429, §21, is amended to read:

§18377. Dental therapist

1. Scope of practice. A dental hygiene therapist may perform the following procedures in limited practice settings, if authorized by a written practice agreement with a dentist licensed in this State pursuant to subsection 3.

A. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services listed in this paragraph only under the direct supervision of the supervising dentist:

- (1) Perform oral health assessments, pulpal disease assessments for primary and young teeth, simple cavity preparations and restorations and simple extractions;
- (2) Prepare and place stainless steel crowns and aesthetic anterior crowns for primary incisors and prepare, place and remove space maintainers;
- (3) Provide referrals;
- (4) Administer local anesthesia and nitrous oxide analgesia;
- (5) Perform preventive services;
- (6) Conduct urgent management of dental trauma, perform suturing, extract primary teeth and perform nonsurgical extractions of periodontally diseased permanent teeth if authorized in advance by the supervising dentist;
- (7) Provide, dispense and administer anti-inflammatories, nonprescription analgesics, antimicrobials, antibiotics and anticaries materials;
- (8) Administer radiographs; and
- (9) Perform other related services and functions authorized by the supervising dentist and for which the dental hygiene therapist is trained.

B. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services listed in section 18374, subsections 1 and 2 under the general supervision of the supervising dentist.

2. Supervision responsibilities. A dental hygiene therapist may be delegated a dentist's responsibility to supervise up to 2 dental hygienists and 3 unlicensed persons in any one practice setting through a written practice agreement pursuant to subsection 3.

3. Practice requirements. A dental hygiene therapist must comply with the following practice limitations.

~~A. A dental hygiene therapist may provide services only in a hospital; a public school, as defined in Title 20-A, section 1, subsection 24; a nursing facility licensed under Title 22, chapter 405; a residential care facility licensed under Title 22, chapter 1663; a clinic; a health center reimbursed as a federally qualified health center as defined in 42 United States Code, Section 1395x(aa)(4) (1993) or that has been determined by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services to meet the requirements for funding under Section 330 of the Public Health Service Act, 42 United States Code, Section 254(b); a federally qualified health center licensed in this State; a public health setting that serves underserved populations as recognized by the federal Department of Health and Human Services; or a private dental practice in which at least 50% of the patients who are provided services by that dental hygiene therapist are covered by the MaineCare program under Title 22 or are underserved adults.~~

B. A dental hygiene therapist may practice only under the direct supervision of a dentist through a written practice agreement signed by both parties. A written practice agreement is a signed document that outlines the functions that the dental hygiene therapist is authorized to perform, which may not exceed the scopes of practice specified in subsections 1 and 2. A dental hygiene therapist may practice only under the standing order of the supervising dentist, may provide only care that follows written protocols and may provide only services that the dental hygiene therapist is authorized to provide by the written practice agreement.

C. A written practice agreement between a supervising dentist and a dental hygiene therapist must include the following elements:

- (1) The services and procedures and the practice settings for those services and procedures that the dental hygiene therapist may provide, together with any limitations on those services and procedures;
- (2) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
- (3) Procedures to be used with patients treated by the dental hygiene therapist for obtaining informed consent and for creating and maintaining dental records;
- (4) A plan for review of patient records by the supervising dentist and the dental hygiene therapist;
- (5) A plan for managing medical emergencies in each practice setting in which the dental hygiene therapist provides care;
- (6) A quality assurance plan for monitoring care, including patient care review, referral follow-up and a quality assurance chart review;
- (7) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed;
- (8) Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation prior to initiating care; and

(9) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the scope of practice or capabilities of the dental hygiene therapist.

D. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental hygiene therapist.

E. A dental hygiene therapist shall file a copy of a written practice agreement with the board, keep a copy for the dental hygiene therapist's own records and make a copy available to patients of the dental hygiene therapist upon request.

F. A dental hygiene therapist shall refer patients in accordance with a written practice agreement to another qualified dental or health care professional to receive needed services that exceed the scope of practice of the dental hygiene therapist.

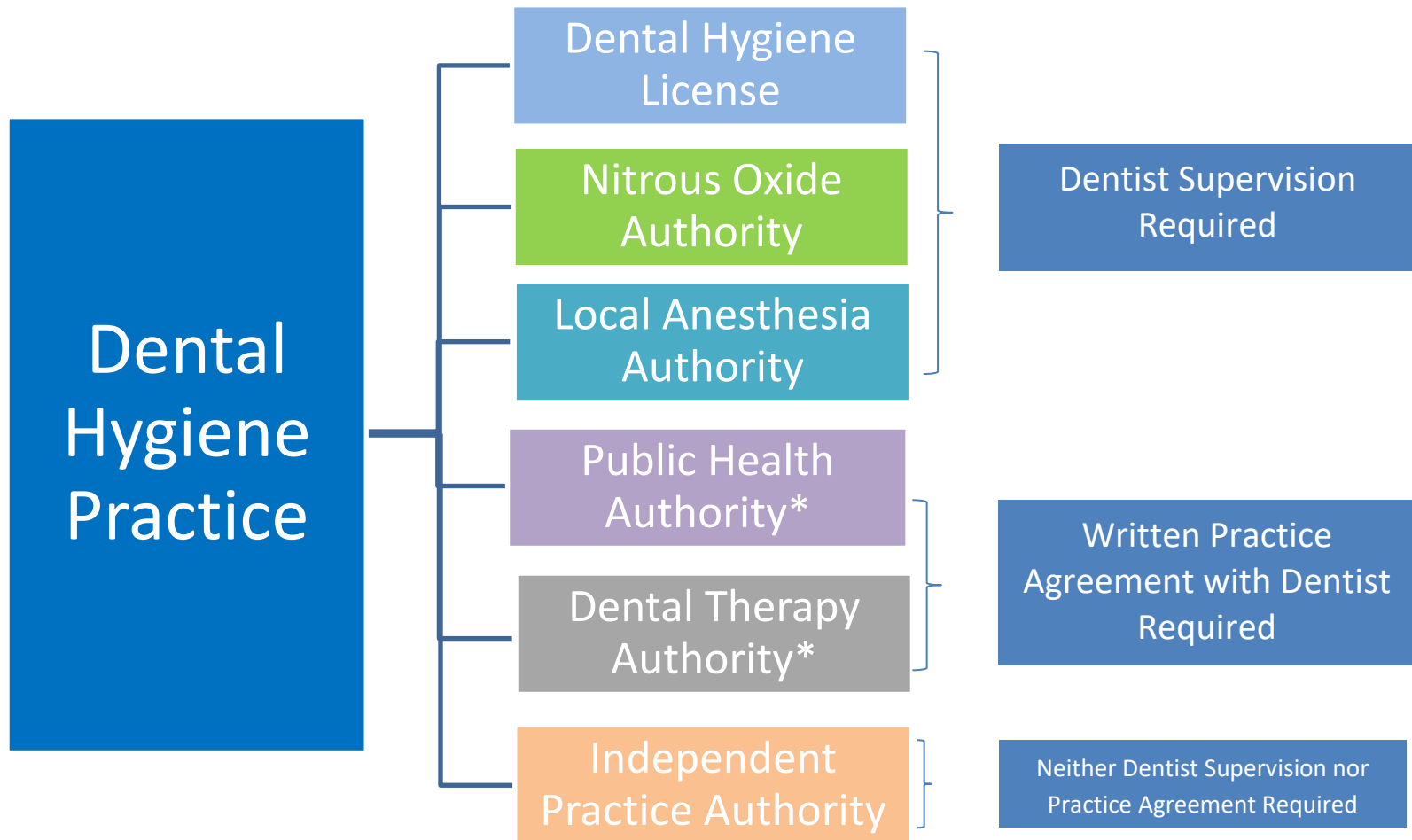
G. A dental hygiene therapist who provides services or procedures beyond those authorized in a written agreement engages in unprofessional conduct and is subject to discipline pursuant to section 18325.

4. Dental coverage and reimbursement. Notwithstanding Title 24-A, section 2752, any service performed by a dentist, dental assistant or dental hygienist licensed in this State that is reimbursed by private insurance, a dental service corporation, the MaineCare program under Title 22 or the Cub Care program under Title 22, section 3174-T must also be covered and reimbursed when performed by a dental hygiene therapist authorized to practice under this chapter.

Sec. 11. Board of Dental Practice to review dental practice laws and recommend changes. The Board of Dental Practice, in consultation with interested parties, shall review the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the statutory definitions of supervision and recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice shall submit its report and recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.

MAINE BOARD OF DENTAL PRACTICE

Dental Hygiene Practice Chart – October 2019



*Denotes expanded scope of procedures:

Public health – temporary fillings

Dental therapy and provisional dental therapy: see 32 MRS §18377

**Maine Board of Dental Practice – Delegation Authorized 32 M.R.S. § 18371(3)
October 2019**

Activities Authorized to be Delegated by a Dentist under Direct Supervision

32 M.R.S. § 18302(18) defines direct supervision is defined as:

“Direct supervision” means the supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient’s discharge.

1. Apply cavity varnish
2. Apply liquids, pastes, or gel topical anesthetics
3. Assisting a dentist who provides orthodontic services in preparation of teeth for attaching, bonding and cementing fixed appliances in a manner appropriate and according to manufacturer’s directions
4. Delivering, but not condensing or packing, amalgam or composite restoration material
5. Fabricating temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication to extraoral use only, as long as the dentist checks the occlusion and fit prior to releasing the patient
6. Apply sealants, provided that a licensed dentist first makes the determination and diagnosis as to the surfaces on which the sealants shall be applied. In Public health or school sealant programs only, determination, and diagnosis of the sealant site by a dentist need not occur
7. Irrigating and drying root canals (*Note: general supervision for dental hygienists)
8. Isolating the operative field
9. Performing pulp vitality testing with confirmation by the dentist
10. Performing electronic vitality scanning with confirmation by the dentist
11. Performing preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient’s mouth by the dentist
12. Placing and cementing temporary crowns with temporary cement
13. Placing and removing matrix bands, rubber dams and wedges
14. Placing elastics and instructing their use
15. Placing, holding or removing celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist

16. Placing or removing temporary separating devices
17. Placing wires, pins, and elastic ligatures to tie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion;
18. Preparing tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure may not be intended or interpreted as an oral prophylaxis, which is a procedure specifically reserved to be performed by dental hygienists or dentists. This procedure also may not be intended or interpreted as a preparation for restorative material. A dentist or dental hygienist shall check and approve the procedure (*Note: general supervision for dental hygienists)
19. Reapplying, on an emergency basis only, orthodontic brackets
20. Recording readings with a digital caries detector and reporting them to the dentist for interpretation and evaluation (*Note: general supervision for dental hygienists)
21. Removing composite material using slow speed instrumentation for de-bonding brackets, as long as the dentist conducts a final check prior to release of the patient
22. Removing excess cement from the supragingival surfaces of teeth
23. Removing gingival retraction cord
24. Removing orthodontic arch wires and tension devices and any loose bands or bonds, but only as directed by the dentist
25. Selecting and trying in stainless steel or other preformed crowns for insertion by the dentist
26. Obtaining impressions for opposing models and retainers
27. Obtaining impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays
28. Taking intraoral measurements and making preliminary selection of arch wires and intraoral and extraoral appliances, including head gear
Activities Authorized to be Delegated by a Dentist under General Supervision
<u>32 M.R.S. § 18302(22) defines general supervision is defined as:</u>
“General supervision” means the supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.
1. Changing or replacing dry socket packets after diagnosed and treatment planned by a dentist
2. For instruction purposes, demonstrating to a patient how the patient should place and remove removable prostheses, appliances, or retainers

3. For the purpose of eliminating pain or discomfort, removing loose, broken or irritating orthodontic appliances
4. Giving oral health instructions
5. Interview patients and record complete medical and dental histories;
6. Irrigating and aspirating the oral cavity
7. Performing dietary analyses for dental disease control
8. Placing and recementing with temporary cement an existing crown that has fallen out as long as the dentist is promptly notified that this procedure was performed so that appropriate follow-up can occur
9. Placing and removing periodontal dressing
10. Pouring and trimming dental models
11. Removing sutures and scheduling a follow-up appointment with the dentist within 7 to 10 days of suture removal
12. Retracting lips, cheek, tongue and other tissue parts
13. Obtaining impressions for study casts
14. Taking and recording the vital signs of blood pressure, pulse and temperature
15. Taking dental plaque smears for microscopic inspection and patient education
16. Take intraoral photographs
Activities Authorized to be Delegated by a Dentist under General Supervision to individual who has successfully passed a certification examination administered by a national dental assisting board
17. Placing temporary fillings on an emergency basis as long as the patient is informed of the temporary nature of the fillings
18. Removing excess cement from the supragingival surfaces of teeth

**Maine Board of Dental Practice – Dental Therapy Supervision Requirements 32 M.R.S. § 18377(1)
October 2019**

Services Authorized by a Dental Therapist under the Direct Supervision of a Dentist

32 M.R.S. § 18302(18) defines direct supervision is defined as:

“Direct supervision” means the supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient’s discharge.

1. Perform oral health assessments, pulpal disease assessments for primary and young teeth, simple cavity preparations and restorations and simple extractions
2. Prepare and place stainless steel crowns and aesthetic anterior crowns for primary incisors and prepare, place and remove space maintainers
3. Provide referrals
4. Administer local anesthesia and nitrous oxide analgesia
5. Perform preventive services
6. Conduct urgent management of dental trauma, perform suturing, extract primary teeth and perform nonsurgical extractions of periodontally diseased permanent teeth if authorized in advance by the supervising dentist
7. Provide, dispense and administer anti-inflammatories, nonprescription analgesics, antimicrobials, antibiotics and anticaries materials;
8. Administer radiographs
9. Perform other related services and functions authorized by the supervising dentist and for which the dental hygiene therapist is trained

Services Authorized by a Dental Therapist under the General Supervision of a Dentist

32 M.R.S. § 18302(22) defines general supervision is defined as:

“General supervision” means the supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.

1. RDH scope as identified in sections 18374 subsection 1 and 2

Maine Board of Dental Practice – Supervision Requirements – October 2019

- Expanded Function Dental Assistant 32 M.R.S. § 18373(1)
- Dental Radiography 32 M.R.S. § 18372
- Resident Dentist 32 M.R.S. § 18371(2)(E)
- Registrations pursuant to 32 M.R.S. § 18348

Services Authorized by an Expanded Function Dental Assistant under the Direct Supervision of a Dentist

32 M.R.S. § 18302(18) defines direct supervision is defined as:

“Direct supervision” means the supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient’s discharge.

1. Apply cavity liners and bases as long as the dentist: has ordered the cavity liner or base; has checked the cavity liner or base prior to the placement of the restoration; and has checked the final restoration prior to patient dismissal
2. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement
3. Apply supragingival desensitizing agents to an exposed root surface or dentinal surface of teeth
4. Apply topical fluorides recognized for the prevention of dental caries;
5. Cement provisional or temporary crowns and bridges and remove excess cement;
6. Perform pulp vitality tests
7. Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material
8. Place and remove gingival retraction cord
9. Size, place and cement or bond orthodontic bands and brackets with final inspection by the dentist
10. Supragingival polishing. A dentist or a dental hygienist must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing. Dentists may permit an expanded function dental assistant to use only a slow-speed rotary instrument and rubber cup. Dentists may allow an expanded function dental assistant to use high-speed, power-driven handpieces or instruments to contour or finish newly placed composite materials
11. Obtain impressions for athletic mouth guards, provisional or temporary crowns and bridges

Services Authorized by a Dental Radiographer under the General Supervision

32 M.R.S. § 18302(22) defines general supervision is defined as:

“General supervision” means the supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.

1. Practice dental radiography which is defined as “the use of ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes while under the general supervision of a dentist or an independent practice dental hygienist

Clinical Supervision of Resident Dentists

1. Level of supervision is not identified in statute

Clinical Supervision of Individuals Seeking Additional Training by a Dentist or Denturist (Registrations)

1. Level of supervision is not identified in statute

**Maine Board of Dental Practice – RDH Supervision Requirements 32 M.R.S. § 18374
October 2019**

Activities Authorized by an RDH under Direct Supervision of a Dentist

32 M.R.S. § 18302(18) defines direct supervision is defined as:

“Direct supervision” means the supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient’s discharge.

1. Administer local anesthesia or nitrous oxide analgesia, as long as the dental hygienist has the practice authority to administer
2. Remove socket dressing
3. Take cytological smears as required by the dentist
4. Obtain impressions for nightguards and occlusal splints

Activities Authorized by an RDH under General Supervision of a Dentist

32 M.R.S. § 18302(22) defines general supervision is defined as:

“General supervision” means the supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.

1. Prescribe, dispense or administer anticavity toothpastes or topical gels with 1.1% or less sodium fluoride and oral rinses with 0.05%, 0.2%, 0.44% or 0.5% sodium fluoride, as well as chlorhexidine gluconate oral rinse
2. Apply desensitizing agents to teeth;
3. Apply fluoride to control caries
4. Apply sealants;
5. Expose and process radiographs
6. Interview patients and record complete medical and dental histories

7. Obtain bacterial sampling when treatment is planned by the dentist
8. Perform all procedures necessary for a complete prophylaxis, including root planing
9. Perform complete periodontal and dental restorative charting
10. Perform oral inspections, recording all conditions that should be called to the attention of the dentist
11. Perform postoperative irrigation of surgical sites
12. Place and remove gingival retraction cord without vasoconstrictor
13. Place localized delivery of chemotherapeutic agents when treatment is planned by the dentist
14. Place temporary restorations as an emergency procedure, as long as the patient is informed of the temporary nature of the restoration
15. Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure may not be interpreted as a preparation for restorative material
16. Smooth and polish amalgam restorations; and
17. Obtain impressions for study casts, athletic mouth guards, custom trays, bleaching trays, fluoride trays, opposing models, retainers and stents.

**MAINE BOARD OF DENTAL PRACTICE - MARCH 18, 2019
DENTAL THERAPY LICENSURE CHART - STATE BOARD DATA**

STATE - LICENSE TYPE	EDUCATION	SUPERVISION	EXAMINATION	OTHER
Maine - Dental Hygiene Therapy <ul style="list-style-type: none"> • Provisional DHT • DHT* 	<ul style="list-style-type: none"> • DHT program approved by the Board; and • BS or higher in dental hygiene, or dental therapy 	<ul style="list-style-type: none"> • Direct • Written practice agreement* 	<ul style="list-style-type: none"> • CDCA 	<ul style="list-style-type: none"> • Must be licensed as a dental hygienist • *2,000 hours of supervised experience while provisionally license required for DHT • Rules not final
Minnesota - Dental Therapy <ul style="list-style-type: none"> • Dental Therapy • Advanced Dental Therapy* 	<ul style="list-style-type: none"> • MS degree in DT program approved by the board or accredited by CODA 	<ul style="list-style-type: none"> • General / Indirect • Written practice agreement* 	<ul style="list-style-type: none"> • CRDTS-CT or • CDCA 	<ul style="list-style-type: none"> • Cannot practice dental hygiene • *MS degree required for ADT • *2,000 hours of indirect supervised experience required for ADT
Vermont - Dental Therapy <ul style="list-style-type: none"> • Dental Therapy 	<ul style="list-style-type: none"> • DT program approved by the Board (institution must have a program CODA accredited) • Completed emergency office procedures training 	<ul style="list-style-type: none"> • General (defined as either direct or indirect) • Written practice agreement* 	<ul style="list-style-type: none"> • Not identified 	<ul style="list-style-type: none"> • Must be licensed as a dental hygienist, and surrender license once approved for dental therapy licensure • *1,000 hours of direct supervised experience • Rules not final

STATE - LICENSE TYPE	EDUCATION	SUPERVISION	EXAMINATION	OTHER
Arizona - Dental Therapy <ul style="list-style-type: none"> Dental Therapy 	<ul style="list-style-type: none"> DT program that is CODA accredited or holds initial accreditation 	<ul style="list-style-type: none"> Direct Written practice agreement* 	<ul style="list-style-type: none"> WREB or Equivalent as approved by the Board 	<ul style="list-style-type: none"> Must be licensed as a dental hygienist, and surrender license once approved for dental therapy licensure *1,000 hours of direct supervised experience must be completed before entering into an agreement Rules not final
Michigan - Dental Therapy <ul style="list-style-type: none"> Dental Therapy 	<ul style="list-style-type: none"> DT program meeting 4 criteria: meets accreditation standards; meets degree granting standards; meets standards developed by CODA; other requirements adopted by board rule 	<ul style="list-style-type: none"> Supervision level determined by dentist Written practice agreement* 	<ul style="list-style-type: none"> Not identified 	<ul style="list-style-type: none"> *500 hours of direct supervised experience Supervision defined as either direct/general – both require physical presence Rules not final
New Mexico - Dental Therapy <ul style="list-style-type: none"> Dental Therapy (pending Governor's signature) 	<ul style="list-style-type: none"> DT degree program accredited by CODA 	<ul style="list-style-type: none"> Complete Dental Therapy Education Residency General/Indirect as determined by dentist Written practice agreement* 	<ul style="list-style-type: none"> Not identified 	<ul style="list-style-type: none"> Must be dental hygienist *12 months post-graduate General requires dx/tx by dentist – no physical presence Indirect – no physical presence

DELEGATED DUTIES FOR DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS

General Supervision		Indirect Supervision	PROCEDURE(S)
DT	ADT		Perform preliminary charting of the oral cavity, oral health instruction and disease prevention, including nutritional counseling, dietary analysis.
DT	ADT		Apply topical medications such as, but not limited to, topical fluoride and cavity varnishes in appropriate dosages.
DT	ADT		Perform mechanical polishing.
DT	ADT		Etch appropriate enamel surfaces, apply and adjust pit and fissure sealants.
DT	ADT		Placement of temporary restorations.
DT	ADT		Fabrication of soft occlusal guards and athletic mouthguards.
DT	ADT		Pulp vitality testing.
DT	ADT		Administer local anesthesia.
DT	ADT		Administer nitrous oxide inhalation analgesia.
DT	ADT		Take radiographs.
DT	ADT		Application of desensitizing medication or resin
DT	ADT		Tissue conditioning and soft reline.
DT	ADT		Atraumatic restorative therapy.
DT	ADT		Tooth reimplantation.
DT	ADT		Dressing changes.
DT	ADT		Dispense and administer analgesics, anti-inflammatories, and antibiotics as permitted by the collaborative management agreement. Advanced Dental Therapist may provide, dispense and administer.
	ADT	DT	Cavity preparation; and restoration of primary and permanent teeth.
	ADT	DT	Pulpotomies on primary teeth: and indirect and direct pulp capping on primary and permanent teeth.
	ADT	DT	Stabilization of reimplanted teeth.
	ADT	DT	Remove sutures.
	ADT	DT	Brush biopsies.
	ADT	DT	Repair of defective prosthetic devices
	ADT	DT	Placement of temporary crowns: and preparation and placement of preformed crowns.
	ADT	DT	Provide emergency palliative treatment of dental pain.
	ADT	DT	Recement permanent crowns.
	ADT	DT	Extractions of primary teeth.
	ADT		Extraction of periodontally diseased permanent teeth with mobility of +3 to +4 as permitted by the collaborative management agreement. Not to include unerupted, impacted, fractured, or need for sectioning.
	ADT		Oral evaluation and assessment of dental disease and the formation of an individualized treatment plan authorized by a collaborating dentist.
	ADT		Make appropriate referrals to dentists, physicians, and other practitioners in consultation with the collaborating dentist.
KEY			DT = Dental Therapist ADT = Advanced Dental Therapist

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

373 BOARD OF LICENSURE IN MEDICINE

a joint rule with

383 BOARD OF OSTEOPATHIC LICENSURE

Chapter 6: TELEMEDICINE STANDARDS OF PRACTICE

SUMMARY: Chapter 6 establishes standards for the practice of medicine using telemedicine in providing health care.

SECTION 1. STATEMENT REGARDING TELEMEDICINE

1. The Board recognizes that technological advances have made it possible for licensees in one location to provide health care to patients in another location with or without an intervening health care provider.
2. Telemedicine is a useful tool that, if applied appropriately, can provide important benefits to patients, including increased access to health care, expanded utilization of specialty expertise, rapid availability of patient records, and potential cost savings.
3. The Board advises that licensees using telemedicine in providing health care will be held to the same standards of care and professional ethics as licensees providing traditional in-person health care.
4. Failure to conform to the appropriate standards of care or professional ethics while using telemedicine in providing health care may subject the licensee to potential discipline by the Board.

SECTION 2. DEFINITIONS

1. “Asynchronous store-and-forward transmission” means the collection of a patient’s relevant health information and the subsequent transmission of the information from an originating site to a health care provider at a distant site without the presence of the patient.
2. “Board” means the Maine Board of Licensure in Medicine or the Board of Osteopathic Licensure.
3. “Distant site” means the location of the licensee providing telemedicine services.
4. “In-person encounter” means that the licensee and the patient are in the physical presence of each other and are in the same physical location during the physician-patient encounter.
5. “Licensee” means a physician or physician assistant licensed or registered by the Board.

6. “Originating site” means the location of the patient at the time of the examination, diagnosis, consultation or treatment.
7. “Patient-Physician Relationship” has the same meaning as defined by Opinion 10.015 in the American Medical Association Code of Medical Ethics 2014-2015 Edition.
8. “Synchronous” means an interactive telemedicine encounter between a patient and a licensee that occurs at the same time.
9. “Telemedicine” means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.
10. “Telemedicine technologies” means technologies and devices enabling secure electronic communications and information exchanges between a licensee in one location and a patient in another location with or without an intervening health care provider.

SECTION 3. PRACTICE GUIDELINES

1. A licensee who uses telemedicine shall utilize evidence-based telemedicine practice guidelines and standards of practice, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes. The Board acknowledges that some nationally recognized medical specialty organizations have established comprehensive telemedicine practice guidelines that address the clinical and technological aspects of telemedicine for many medical specialties.
2. **MAINE MEDICAL LICENSE REQUIRED**

A licensee who uses telemedicine in the examination, diagnosis, consultation or treatment of a patient located in Maine shall hold an active Maine medical license or shall hold an active registration in Maine to provide interstate consultative telemedicine services.
3. **STANDARDS OF CARE AND PROFESSIONAL ETHICS**

A licensee who uses telemedicine in providing health care shall be held to the same standards of care and professional ethics as a licensee using traditional in-person encounters with patients. Failure to conform to the appropriate standards of care or professional ethics while using telemedicine may be a violation of the laws and rules governing the practice of medicine and may subject the licensee to potential discipline by the Board.

4. SCOPE OF PRACTICE

A licensee who uses telemedicine in providing health care shall ensure that the services provided are consistent with the licensee's scope of practice, including the licensee's education, training, experience, ability, licensure, and certification.

5. IDENTIFICATION OF PATIENT AND PHYSICIAN

A licensee who uses synchronous telemedicine technology in providing health care shall verify the identity of the patient and ensure that the patient has the ability to verify the identity, licensure status, certification, and credentials of all health care providers who provide telemedicine services prior to the provision of care.

6. PHYSICIAN-PATIENT RELATIONSHIP

A. A licensee who uses telemedicine in providing health care shall establish a valid physician-patient relationship with the person who receives telemedicine services. The physician-patient relationship begins when:

- (1) The person with a health-related matter seeks assistance from the licensee;
- (2) The licensee agrees to undertake examination, diagnosis, consultation or treatment of the person; and
- (3) The person agrees to receive health care services from the licensee whether or not there has been an in-person encounter between the licensee and the person.

B. A valid physician-patient relationship may be established between a licensee who uses telemedicine in providing health care and a patient who receives telemedicine services through any of the following circumstances:

- (1) **Consultation with another licensee.** Through consultation with another licensee (or other health care provider) who has an established relationship with the patient upon agreement to participate in, or supervise, the patient's care; or
- (2) **Telemedicine encounter.** Through telemedicine, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

7. MEDICAL HISTORY AND PHYSICAL EXAMINATION

Generally a licensee shall perform an in-person medical interview and physical examination for each patient. However, the medical interview and physical examination may not be in-person if the technology utilized in a telemedicine encounter is sufficient to establish an informed diagnosis as though the medical interview and physician examination had been performed in-person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing

health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.

8. NON-PHYSICIAN HEALTH CARE PROVIDERS

- A. If a licensee who uses telemedicine in providing health care relies upon or delegates the provision of telemedicine services to a non-physician health care provider, the licensee shall:
- (1) Ensure that systems are in place to ensure that the non-physician health care provider is qualified, trained, and authorized to provide that service; and
 - (2) Ensure that the licensee is available in person or electronically to consult with the non-physician health care provider, particularly in the case of injury or an emergency.

9. INFORMED CONSENT

A licensee who uses telemedicine in providing health care shall ensure that the patient provides appropriate informed consent for the health care services provided, including consent for the use of telemedicine to examine, consult, diagnose and treat the patient, and that such informed consent is timely documented in the patient's medical record.

10. COORDINATION OF CARE

A licensee who uses telemedicine in providing health care shall, when medically appropriate, identify the location and treating physician(s) for the patient, when available, where in-person services can be delivered in coordination with the telemedicine services. The licensee shall provide a copy of the medical records to the location or treating physician(s).

11. FOLLOW-UP CARE

A licensee who uses telemedicine in providing health care shall have access to, or adequate knowledge of, the nature and availability of local medical resources to provide appropriate follow-up care to the patient following a telemedicine encounter.

12. EMERGENCY SERVICES

A licensee who uses telemedicine in providing health care shall:

- A. Obtain emergency contact information and/or telephone contact information of the patient; and

- B. Refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of an emergency.

13. MEDICAL RECORDS

A licensee who uses telemedicine in providing health care shall ensure that complete, accurate and timely medical records are maintained for the patient when appropriate, including all patient-related electronic communications, records of past care, physician-patient communications, laboratory and test results, evaluations and consultations, prescriptions, and instructions obtained or produced in connection with the use of telemedicine technologies. The licensee shall note in the patient's record when telemedicine is used to provide diagnosis and treatment. The licensee shall ensure that the patient or another licensee designated by the patient has timely access to all information obtained during the telemedicine encounter. The licensee shall ensure that the patient receives, upon request, a summary of each telemedicine encounter in a timely manner and in accordance with applicable law.

14. PRIVACY AND SECURITY

- A. A licensee who uses telemedicine in providing health care shall ensure that all telemedicine encounters comply with the privacy and security measures of the Health Insurance Portability and Accountability Act and applicable law to ensure that all patient communications and records are secure and remain confidential.

(1) Written protocols shall be established that address the following:

- (a) Privacy;
- (b) Health care personnel who will process messages;
- (c) Hours of operation;
- (d) Types of transactions that will be permitted electronically;
- (e) Required patient information to be included in any communication, including patient name, identification number and type of transaction;
- (f) Archiving and retrieval; and
- (g) Quality oversight mechanisms.

(2) The written protocols should be periodically evaluated for currency and should be maintained in an accessible and readily available manner for review. The written protocols shall include sufficient privacy and security measures to ensure the confidentiality and integrity of patient-identifiable information, including password protection, encryption or other reliable authentication techniques.

15. TECHNOLOGY AND EQUIPMENT

- A. The Board recognizes that three broad categories of telemedicine technologies currently exist, including asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services. While some telemedicine programs are multispecialty in nature, others are tailored to specific diseases and medical specialties. The technology and equipment utilized for telemedicine shall comply with the following requirements:
- (1) The technology and equipment utilized in the provision of telemedicine services must comply with all relevant safety laws, rules, regulations, and codes for technology and technical safety for devices that interact with patients or are integral to diagnostic capabilities;
 - (2) The technology and equipment utilized in the provision of telemedicine services must be of sufficient quality, size, resolution and clarity such that the licensee can safely and effectively provide the telemedicine services;
 - (3) The technology and equipment utilized in the provision of telemedicine services must be compliant with the Health Insurance Portability and Accountability Act and other applicable law;
 - (4) The technology and equipment utilized in the provision of telemedicine services must be able to verify the identity and location of the patient; and
 - (5) The technology and equipment utilized in the provision of telemedicine services must be able to specify and disclose the identity and credentials of the health care provider(s).

16. DISCLOSURE AND FUNCTIONALITY OF TELEMEDICINE SERVICES

- A. Except for health care provider to health care provider direct consultation, a licensee who uses telemedicine in providing health care shall ensure that the following information is clearly disclosed to the patient:
- (1) Types of services provided;
 - (2) Contact information for the licensee;
 - (3) Identity, licensure, certification, credentials and qualifications of all health care providers who are providing the telemedicine services;
 - (4) Limitations in the drugs and services that can be provided via telemedicine;
 - (5) Fees for services, cost-sharing responsibilities, and how payment is to be made;
 - (6) Financial interests, other than fees charged, in any information, products, or services provided by the licensee(s);

- (7) Appropriate uses and limitations of the technologies, including in emergency situations;
- (8) Uses of and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;
- (9) To whom patient health information may be disclosed and for what purpose;
- (10) Rights of patients with respect to patient health information; and
- (11) Information collected and passive tracking mechanisms utilized.

17. PATIENT ACCESS AND FEEDBACK

- A. A licensee who uses telemedicine in providing health care shall ensure that the patient has easy access to a mechanism for the following purposes:
- (1) To access, supplement and amend patient-provided personal health information;
 - (2) To provide feedback regarding the quality of the telemedicine services provided; and
 - (3) To register complaints. The mechanism shall include information regarding the filing of complaints with the Board.

18. FINANCIAL INTERESTS

Advertising or promotion of goods or products from which the licensee(s) receives direct remuneration, benefit or incentives (other than the fees for the health care services) is prohibited to the extent that such activities are prohibited by state or federal law. Notwithstanding such prohibition, Internet services may provide links to general health information sites to enhance education; however, the licensee(s) should not benefit financially from providing such links or from the services or products marketed by such links. When providing links to other sites, licensees should be aware of the implied endorsement of the information, services or products offered from such sites. The maintenance of a preferred relationship with any pharmacy is prohibited unless pursuant to a collaborative practice agreement. Licensees shall not transmit prescriptions to a specific pharmacy, or recommend a pharmacy, in exchange for any type of consideration or benefit from the pharmacy unless pursuant to a collaborative practice agreement.

19. CIRCUMSTANCES WHERE THE STANDARD OF CARE MAY NOT REQUIRE A LICENSEE TO PERSONALLY INTERVIEW OR EXAMINE A PATIENT

- A. Under the following circumstances, whether or not such circumstances involve the use of telemedicine in providing health care, a licensee may treat a patient who has not been personally interviewed, examined and diagnosed by the licensee:

- (1) Situations in which the licensee prescribed medications on a short-term basis for a new patient and has scheduled an appointment to personally examine the patient;
- (2) For institutional settings, including writing initial admission orders for a newly hospitalized patient;
- (3) Call situations in which a licensee is taking call for another licensee who has an established physician-patient relationship with the patient;
- (4) Cross-coverage situations in which a licensee is taking call for another licensee who has an established physician-patient relationship with the patient;
- (5) Situations in which the patient has been examined in person by an advanced registered nurse practitioner or a physician assistant or other licensed practitioner with whom the licensee has a supervisory or collaborative relationship;
- (6) Emergency situations in which the life or health of the patient is in imminent danger;
- (7) Emergency situations that constitute an immediate threat to the public health including, but not limited to, empiric treatment or prophylaxis to prevent or control an infectious disease outbreak;
- (8) Situations in which the licensee has diagnosed a sexually transmitted disease in a patient and the licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention;
- (9) Situations where the patients are in a licensed or certified long term care facility, nursing facility, residential care facility, intermediate care facility, assisted living facility or hospice setting and doing so is within the practice standards for that setting; and
- (10) Circumstances in which a patient's treating physician determines that a radiology or pathology consultation is warranted.

20. **PRESCRIBING BASED SOLELY ON AN INTERNET REQUEST, INTERNET QUESTIONNAIRE OR A TELEPHONIC INTERVIEW PROHIBITED**

Prescribing to a patient based solely on an Internet request or Internet questionnaire (i.e. static questionnaire provided to a patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview) is prohibited. Absent a valid physician-patient relationship, a licensee's prescribing to a patient based solely on a telephonic evaluation is prohibited, with the exception of the circumstances described in Section 19, subsection 3 of this rule.

Telemedicine technologies, where prescribing may be contemplated, must implement measures to uphold patient safety in the absence of traditional physical examination. Such measures should guarantee that the identity of the patient and provider is clearly established and that detailed documentation for the clinical evaluation and resulting prescription is required. Measures to assure informed, accurate and error prevention prescribing practices (e.g. integration with e-Prescription systems) are encouraged. All applicable law shall be complied with.

Prescribing medications, in-person or via telemedicine, is at the professional discretion of the physician. The physician prescribing via telemedicine must ensure that the clinical evaluation, indication, appropriateness, and safety consideration for the resulting prescription are appropriately documented and meet the applicable standard of care. Consequently, prescriptions via telemedicine carry the same accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, physicians may exercise their judgment and prescribe medications as part of telemedicine encounters.

STATUTORY AUTHORITY:

32 M.R.S. §§ 3269(3), 3269(7) (Board of Licensure in Medicine)
32 M.R.S. §2562 (Board of Osteopathic Licensure)

EFFECTIVE DATE:

December 10, 2016 – filings 2016-209, 210



ADA Policy on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary.

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.
3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.
5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.
6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon their request.
7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.
8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.
9. That the delivery of services using teledentistry technologies are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via

teledentistry must comply with the state's scope of practice laws, regulations or rules. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

Policy adopted in 2015.

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D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events

Developed by the ADA, this guide is published to educate dentists and others in the dental community on these procedures and their codes first published in CDT 2018 and effective January 1, 2018.

Introduction

CDT 2018 marks the first time teledentistry codes have been added to the code set. Teledentistry provides the means for a patient to receive services when the patient is in one physical location and the dentist or other oral health or general health care practitioner overseeing the delivery of those services is in another location. This mode of patient care makes use of telecommunication technologies to convey health information and facilitate the delivery of dental services without the physical constraints of a brick and mortar dental office.

The two full CDT Code entries are:

D9995 teledentistry – synchronous; real-time encounter

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

The following pages contain a number of Questions and Answers, and Scenarios, all intended to provide readers with insight and understanding of how care is delivered and reported when teledentistry is a facet of the process.

Questions and Answers

1. What is telehealth and teledentistry?

Telehealth is not a specific service; it refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. As an umbrella term, it is further defined when applied to specific health care disciplines, such as dentistry.

Teledentistry, according to the ADA's *Comprehensive Policy Statement on Teledentistry*, refers to the use of telehealth systems and methodologies in dentistry. Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted

to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

2. Why are there two teledentistry CDT Codes, but four delivery modalities?

Delivery of Remote Patient Monitoring (RPM) and Mobile Health (mHealth) may occur in either a synchronous or asynchronous information exchange environment.

3. What prompts the need for teledentistry?

Teledentistry is a means to an end – a patient’s oral health. The reason or reasons why a teledentistry event occurs depends on the circumstances, such as when all persons who must be involved are not able to be in the same physical location. Another determining facet is the judgment of the dentist or other oral health or general health practitioner, all acting in accordance with applicable state law, regulation or licensure.

4. How is a teledentistry event affected when the health care practitioners are in different states?

A teledentistry event is subject to applicable state law, regulation or licensure. All involved persons (the dentist or other oral health or general health care practitioner) must determine if a teledentistry event can occur when all participants are not in the same state.

5. What are the notable attributes of a synchronous encounter reported with D9995, and asynchronous teledentistry reported with D9996?

Synchronous teledentistry (D9995) is delivery of patient care and education where there is live, two-way interaction between a person or persons (e.g., patient; dental, medical or health caregiver) at one physical location, and an overseeing supervising or consulting dentist or dental provider at another location. The communication is real-time and continuous between all participants who are working together as a group. Use of audiovisual telecommunications technology means that all involved persons are able to see what is happening and talk about it in a natural manner.

Asynchronous teledentistry (D9996) is different as there is no real-time, live, continuous interaction with anyone who is not at the same physical location as the patient. Also known as store-and-forward, asynchronous teledentistry involves transmission of recorded health information (e.g., radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to another practitioner for use at a later time.

6. Who would document and report a D9995 or D9996 CDT Code?

The dentist who oversees the teledentistry event, and who via diagnosis and treatment planning completes the oral evaluation, documents and reports the appropriate teledentistry CDT code. Applicable state regulations may also determine the oral health or general health practitioner who documents and reports these codes.

As noted in their descriptors, either one or the other teledentistry code is reported in addition to other procedures delivered to the patient on the date of service. In addition, both the individuals collecting records in the off-site setting and the dentist reviewing the records should document those activities in the progress notes in the patient’s chart.

7. Are there CDT Codes for: a) documenting collection and transmission of information in a teledentistry event; and b) for receipt of the information?

There are no such discrete codes. As noted in the answer to question #6, the collection, transmission and receipt actions should be noted in the patient's record. An unspecified procedure by report code may also be used as part of this documentation, with the required narrative report containing the pertinent information.

8. Who would document and report other procedures delivered during a teledentistry event?

The dentist or other oral health or general health practitioner acting in accordance with applicable state law, regulation or licensure, reports the appropriate CDT Code for these procedures, such as prophylaxis, topical fluoride application, diagnostic images. Supervision requirements within a state practice act determine whether the dentist must document and report all the other procedures, or if they may be reported whole or in part by another type of licensed practitioner.

More than one claim submission may be necessary when:

- there is a continuum of care that begins with a teledentistry encounter at a remote location, and continues with other services being delivered at a dental practice location, or
- state practice acts permit different licensed health care practitioners to submit claims for the particular services they provided during the teledentistry encounter.

Notes:

- a) Teledentistry is a mode of dental service delivery that, when applicable, is reported in addition to the other procedures provided to the patient.
 - b) Procedure delivery is by a natural person (e.g., dentist); the billing entity may be a natural person or a legal person (i.e., the facility where the service is delivered).
 - c) The ADA's "Comprehensive Policy Statement on Teledentistry" states that dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules.
9. Who has responsibility for services delivered via teledentistry?

Responsibility, and liability, for services delivered is determined by applicable state law and regulations. Each dentist, hygienist and others involved in a teledentistry appointment should become familiar with applicable state or federal regulations to determine their liability exposure, and whether or not the person receiving care becomes their patient of record. Please note that "patient of record" may be defined differently under applicable state regulations. This could be a factor to consider in a teledentistry event where the patient and some members of the team of providers are in different states.

10. With responsibility comes potential liability – what should I do to protect myself and my practice when I engage in teledentistry?

As noted in the answer to question #9 (immediately above) liability is determined by applicable state law and regulations. This concern should be discussed with your personal legal counsel and insurance advisor to determine whether or not your existing liability insurance policies cover

this risk. Additional personal, professional and practice insurance coverage may be needed to address any coverage gaps.

11. How would D9995 or D9996 be reported on a dental claim submission?

A claim submission includes the services provided to one patient. Each claim detail line identifies the particular procedure and the date it was delivered to the patient. D9995 or D9996 are reported in addition to the codes for other procedures (e.g., prophylaxis; diagnostic imaging) reported separately when the patient presents for care.

Appendix 1 contains special claim completion instructions for the ADA Dental Claim Form (©2012). These instructions are envisioned as the model for reporting teledentistry CDT Codes on the HIPAA standard electronic dental claim transaction (837Dv5010).

12. Are D9995 and D9996 used when a claim for teledentistry is submitted to a medical benefit plan?

D9995 and D9996 are CDT Codes that are applicable to claims filed against a dental benefit plan. Dental claim content, format and completion instructions differ from claims filed against a medical benefit plan. Claims filed against a medical benefit plan use a unique format, are prepared with different code sets, and follow their own completion instructions. Medical benefit claims are outside the scope of this guide.

13. What documentation should I maintain in my patient records, and what will be needed on a claim submission when reporting D9995 and D9996?

The patient record must include the CDT Code that reflects the type of teledentistry encounter, and there may be additional state documentation requirements to satisfy. A claim submission must include all required information as described in the completion instructions for the ADA paper claim form and the HIPAA standard electronic dental claim. Some government programs (e.g., Medicaid) may have additional claim reporting requirements.

14. What dental benefit plan coverage – commercial or governmental – is anticipated?

Current dental benefit plan coverage and reimbursement provisions should apply to services delivered in-office and via teledentistry. However, there is no expectation that commercial and government dental benefit plans must create new coverage provisions pertaining to teledentistry. Further, coverage and reimbursement for D9995 and D9996 is likely to vary between commercial benefit plan offerings and by state for government programs (e.g. Medicaid).

The ADA's "Comprehensive Policy Statement on Teledentistry" sets an expectation of consistent and equitable coverage for all procedures associated with teledentistry services – as noted in the following extract.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

This policy statement concerns equitable application of existing coverage and reimbursement provisions, and recognizes that dental benefit plan coverage and reimbursement provisions are likely to vary.

15. How would dental benefit plan reimbursements, meaning claim payments, be processed when more than one oral health or medical health practitioner is involved in a teledentistry encounter?

Dental benefit plan reimbursements are, as today, payable to the billing entity on the claim submission, who may be a natural person (e.g., dentist) or a legal person (e.g., dental practice). Allocation of reimbursements is subject to the business relationships between the reimbursement's recipient and other oral health or medical health practitioners involved in the teledentistry event – such relationships are outside the scope of this guide.

Coding Scenarios

Note: These two scenarios assume that the persons and services involved are in accordance with local state practice act, laws, rules, and regulations

1. Assessments at Senior Living Facility – A “Real-Time” Teledentistry Encounter

A hygienist is scheduled to meet with residents of a local senior living facility in order to assess their potential need for dental treatment. The facility does not have dedicated space or equipment for dental assessments, so the hygienist brings a laptop computer and an intraoral camera. This equipment is used to enable information capture and a real-time connection with the dentists via a HIPAA-compliant (Security and Privacy) connection that uses encryption and a secure “cloud” server.

During her or his visit the hygienist records patient information that includes perio probing and charting, a visual oral cancer examination, and capture of high-quality intraoral diagnostic images. The dentist through this real-time connection sees 10 patients exhibiting evidence of the need for immediate or further care (e.g., restorations; soft tissue biopsies). Several of the senior living facility residents schedule their care at the affiliated brick and mortar dental practice.

What CDT Codes would be used to document the services provided on the day of this real-time encounter?

In this scenario patients present for diagnostic and evaluative procedures. The dentist is at a different physical location with complete and immediate access to patient information being captured, and the ability to interact vocally and visually with the patient

The following procedure codes are reported by the oral health or general health practitioner, as applicable, **for each patient** who received the services described.

D0191 assessment of a patient

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

D0351 3D photographic image

Note: The types of diagnostic image (2-D or 3-D), as well as the number of separate images captured would be determined by the dentist to adequately document the clinical condition.

D01xx (oral evaluation CDT Code – determined and reported by the dentist – or by another oral health or general health practitioner in accordance with applicable state law)

D9995 teledentistry – synchronous; real-time encounter

Note: D9995 is reported once for each patient, in the same manner as CDT Code “D9410 house/extended care facility call” (once per date of service per patient) to document the type of teledentistry interaction in this setting on the date of service.

2. Screening Services at an Off-Site Setting - A “Store and Forward” Teledentistry Encounter

A hygienist in an off-site setting collects a full set of electronic dental records as allowed in the state where the facility is located. These records include radiographs, photographs, charting of dental conditions, health history, consent, and applicable progress notes. This stored information is forwarded to the dentist via a HIPAA-compliant (Security and Privacy) connection that uses encryption and a secure “cloud” server. At a later time the dentist completes a comprehensive oral examination, diagnosis, and treatment plan.

What CDT Codes would be used to document the services provided in this scenario?

In this scenario the individual interacts only with the hygienist. Information collected is conveyed to the dentist for diagnosis, evaluation and treatment planning at a later time, and possibly at a different location. This dentist has no live vocal or visual interaction with the individual or hygienist during information collection.

The following procedure codes are reported, as applicable, **for each individual** who received the services described above.

D0190 screening of a patient

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

D0351 3D photographic image

Note: The types of diagnostic image (2-D or 3-D), as well as the number of separate images captured would be determined by the clinical condition being documented.

D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

Note: D9996 is reported once for each individual to document the type of teledentistry interaction in this setting on the date of service.

Appendix 1

Special Claim Completion Instructions – Coding a Teledentistry Event

A teledentistry event claim or encounter submission involves reporting the appropriate Place of Service (POS) code and CDT Code.

- POS code **02** (Telehealth – the location where health services and health related services are provided or received, through telecommunication technology) was added to that code set effective January 1, 2017.
- CDT Codes **D9995** and **D9996** are effective January 1, 2018. These codes are reported in addition to other services (e.g., diagnostic) reported separately when the patient presents for care. They document services provided by the dentist, or other practitioner providing care, who is not in direct contact with the patient at the time of the encounter.

These instructions apply only to the ADA Dental Claim Form. Please contact your practice management system vendor for guidance when reporting D9995 or D9996 on the HIPAA standard electronic dental claim (837D v 5010).

POS code **02** is recorded in Item # 38 on the claim form.

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment (e.g. 11=office; 22=O/P Hospital)
 (Use "Place of Service Codes for Professional Claims")

Note: POS is at the Claim level for dental services, which means it pertains to all services reported on the claim submission.

D9995 or **D9996** is recorded on **any** unused line (1 through 10) in the 'Record of Services Provided' section of the form.

RECORD OF SERVICES PROVIDED										
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

The following special instructions for Items 24 - 31 apply to the service line on which **D9995** or **D9996** is reported.

24. Procedure Date (MM/DD/CCYY): **Enter** date the dental procedures delivered in the teledentistry encounter were performed. The date must have two digits for the month, two for the day, and four for the year.

25. Area of Oral Cavity: Not Used

- 26. Tooth System: Not Used
- 27. Tooth Number(s) or Letter(s): Not Used
- 28. Tooth Surface: Not Used
- 29. Procedure Code: **Enter** D9995 or D9996 as applicable. Only one type of teledentistry service may be reported for the encounter.
 - 29a Diagnosis Code Pointer: Not Used
 - 29b Quantity: Cannot be greater than “1”
- 30. Description: **Enter** “Teledentistry – Synchronous” or “Teledentistry – Asynchronous” as applicable.
- 31. Fee: **Enter** the full fee for the reported teledentistry procedure that is related to the other procedures delivered in the encounter.

Note: A full fee may be zero dollars.

In addition to the above, Item # 56 in the claim’s “Treating Dentist and Treatment Location” block is the location where the patient being treated is physically located, and may differ from the where the “treating dentist” is located.

TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
53. I hereby certify that the procedures as indicated by date are in progress (for proced multiple visits) or have been completed.	
X _____ Signed (Treating Dentist) Date	
54. NPI	55. License Number
56. Address, City, State, Zip Code	56a. Provider Specialty Code

- 56. Address, City, State, Zip Code: Enter the physical location where the treatment was rendered. Must be a street address, not a Post Office Box.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)* ©2017 American Dental Association (ADA). All rights reserved.
- This document includes content from the ADA publication – *ADA Dental Claim Form* ©2012 American Dental Association (ADA). All rights reserved.
- Version History

Date	Version	Remarks – Change Summary
07/17/2017	1	Initial publication

MDAC Quarterly Meeting

Telehealth 101 & Looking at the Teledentistry Landscape

September 11, 2019

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Program Manager - Northeast Telehealth Resource Center
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About Us



Presentation Outline

- NETRC Overview
- Brief Telehealth Lay of the Land
- Teledentistry Landscape
- Teledentistry Use Case Examples
- Q & A

Mission & Aim

The TRCs are funded by the Federal Office of Rural Health Policy (FORHP), under HRSA's Office for the Advancement of Telehealth



Our Mission

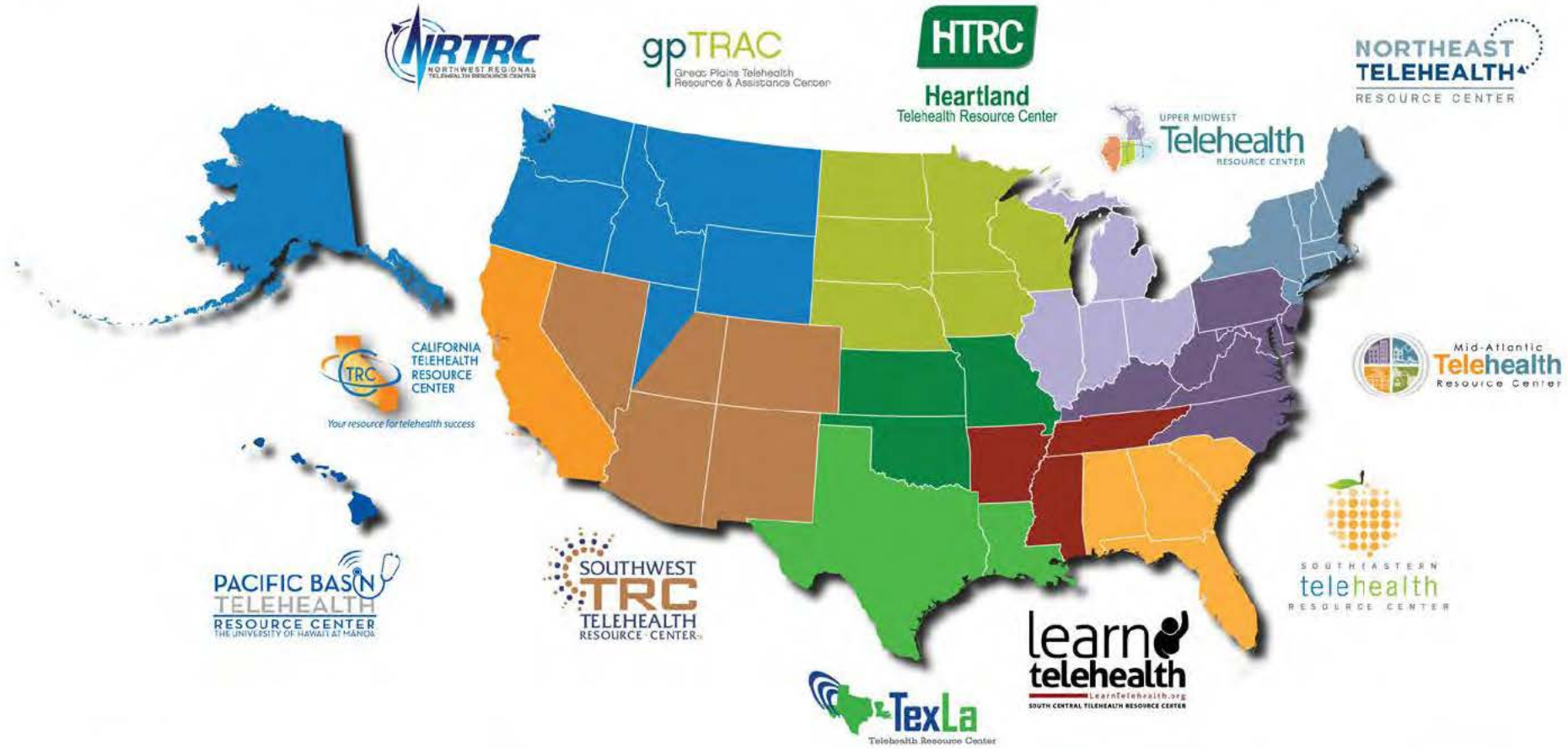
Foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations.

Our Aim

Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.



TelehealthResourceCenters.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

Recent Telehealth Headlines

- [Teledentistry Reaches the Tipping Point with CDT 2018 Codes](#)
- [Medicare Proposes \(and Rejects\) New Telehealth Services for 2019](#)
- [FCC approves \\$100M Connected Care Pilot Program](#)
- [Medicare's New Virtual Care Codes: A Monumental Change and Validation of Asynchronous Telemedicine](#)
- [Medicare Expands Remote Patient Monitoring for Home Health Agencies](#)
- [VA 'anywhere-to-anywhere' telehealth goes live](#)
- [State Medicaid Programs Are Seeing the Value of Telehealth at Home](#)
- [87% of healthcare execs rank telehealth as a priority, study finds](#)

Telehealth Landscape



What is Telehealth?

Broadly: the provision of health care, public health, and health education at a distance using telecommunications technologies.

See also: Telemedicine, Telepractice, Tele-X (specialties like telepsychiatry), Virtual Health, Connected Care, Digital Health, eHealth, eVisits

Telehealth vs. Telemedicine

While “telemedicine” has been more commonly used in the past, “telehealth” is a more universal term for the current broad array of applications in the field. Its use crosses most health service disciplines, including dentistry, counseling, physical therapy, and home health, and many other domains. Further, telehealth practice has expanded beyond traditional diagnostic and monitoring activities to include consumer and professional education.

Note: Telehealth is not a service or medical specialty, but a tool used to deliver care.



Telehealth Drivers & Barriers

Drivers

- Aging Population
- Consumer Demand
- Expanding Reimbursement
- Provider Shortages
- Payment Reform
- Readmission Penalties
- Competitive Forces

Barriers

- Access to Broadband/Technology
- Cost
- Licensure
- Limited Reimbursement
- Privacy and Security Concerns
- Resistance to Change
- Legal/Regulatory Questions



Types of Telehealth



Video-
conferencing
(Synchronous)



Store And
Forward
(Asynchronous)



Remote
Patient
Monitoring
(RPM)



Mobile
Health
(mHealth)



Provider to
Provider
(eConsults,
Project ECHO,
etc.)

Teledentistry Defined

Teledentistry or Telemedicine in Dentistry

The use of information technology and telecommunications for dental care, consultation, education, and public awareness (compare telehealth and telemedicine). Teledentistry can also be used to assist general dentists with specialty work and improve services to underserved populations such as in rural or less developed areas.

The patient outcomes of teledentistry can be similar to those of visiting a brick-and-mortar dental office. In addition, teledentistry can increase access to care and practice revenue streams by providing profitable outreach to the community without adding more chairs.



Telehealth Policy & Reimbursement

MEDICAID REIMBURSEMENT BY SERVICE MODALITY



REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS

39 states and DC

have telehealth private payer laws

Some go into effect at a later date.

Parity is difficult to determine:

- Parity in services covered vs. parity in payment
- many states make their telehealth private payer laws “subject to the terms and conditions of the contract”



Teledentistry Reimbursement

ADA Code on Dental Procedures and Nomenclature (CDT Code) 2018

[D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events](#)

The two full CDT Code entries are:

D9995 teledentistry – *synchronous*; real-time encounter Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

D9996 teledentistry – *asynchronous*; information stored and forwarded to dentist for subsequent review Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

The ADA Guide contains definitions, Q&A, and Scenarios to help end users understand care delivery and reporting as it pertains to teledentistry. It does NOT include information on medical benefit claims.

Reimbursement Continued

The ADA's ["Comprehensive Policy Statement on Teledentistry"](#) sets an expectation of consistent and equitable coverage for all procedures associated with teledentistry services:

"Reimbursement:

- Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters.
- Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service."

However, the ADA stated *no expectation* that commercial and government dental benefit plans must create new coverage provisions pertaining to teledentistry.

MaineCare

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View Webinar Recording on MaineCare Telehealth Policy:

https://zoom.us/recording/play/uX5SM_ufo61xmlS1gsyqbj25uBbgPre7Gp5fP_VFdekEsNztsJvQ3f8RRfTLquh?continueMode=true

Covers the following:

- Eligibility
- Covered Services
- Billing Procedure
- Definitions
- TH Equipment, Technology, Security
- Documentation
- FAQs



LD 1441/Public Law 2018, chapter 388

- “This new law amends the Dental Practice Act by clarifying the name of the practice authority from “dental hygiene therapist” to “dental therapist.” The new law further clarifies the educational requirements as well as the practice requirements. The Board is currently engaged in rulemaking to fully implement the new statutory provisions.
- This new law also requires the Board to report back to the Joint Standing Committee on Health Coverage, Insurance and Financial Services recommended changes to the statutory definitions of supervision, as well as **identify a proposed statutory definition of teledentistry**” Source: Maine Board of Dental Practice [Advisory letter](#), August 5 2019
- Link to LD 1441 Text :
http://www.mainelegislature.org/legis/bills/bills_129th/chapters/PUBLIC388.asp

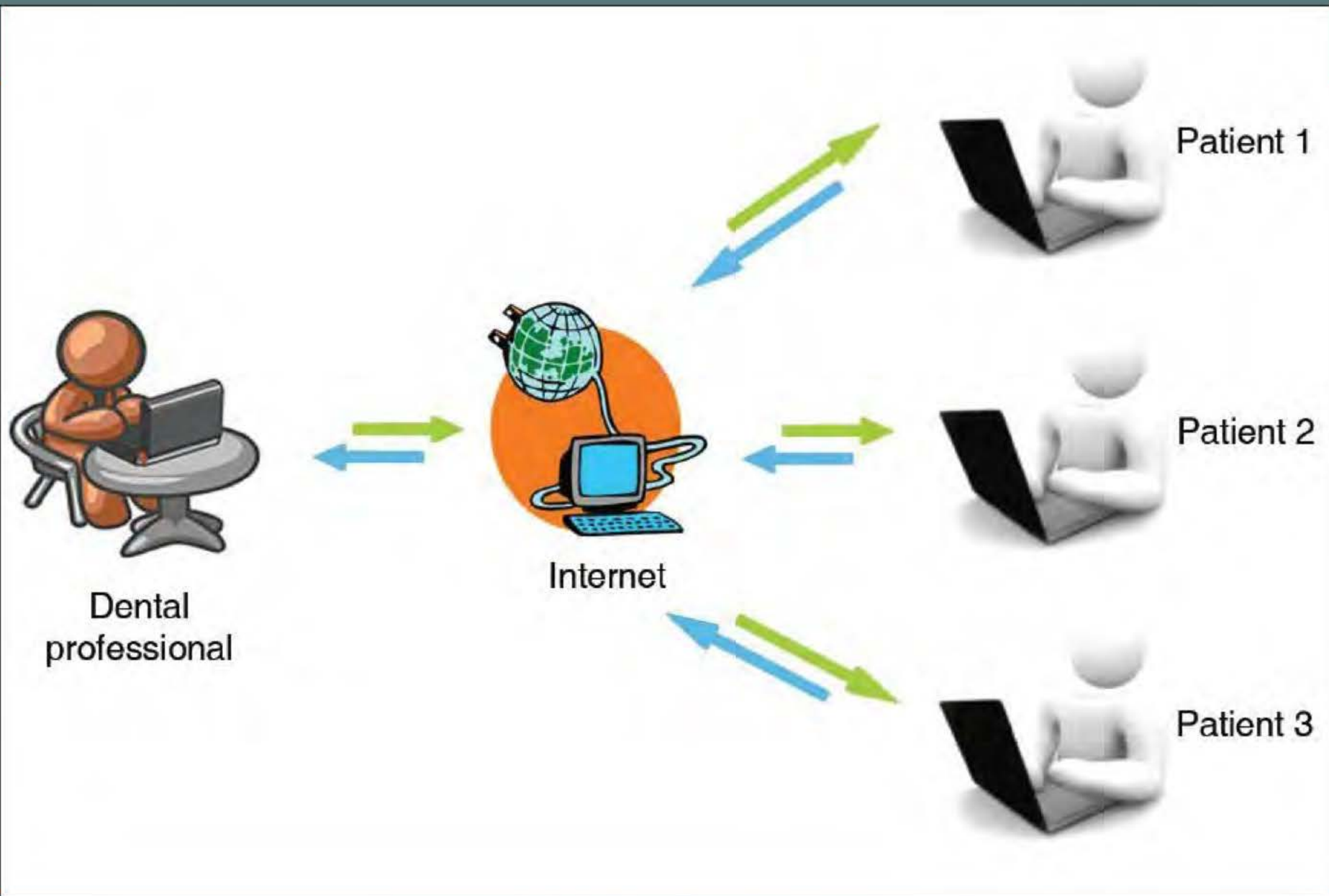
Maine Board of Dental Providers Rules and Definitions

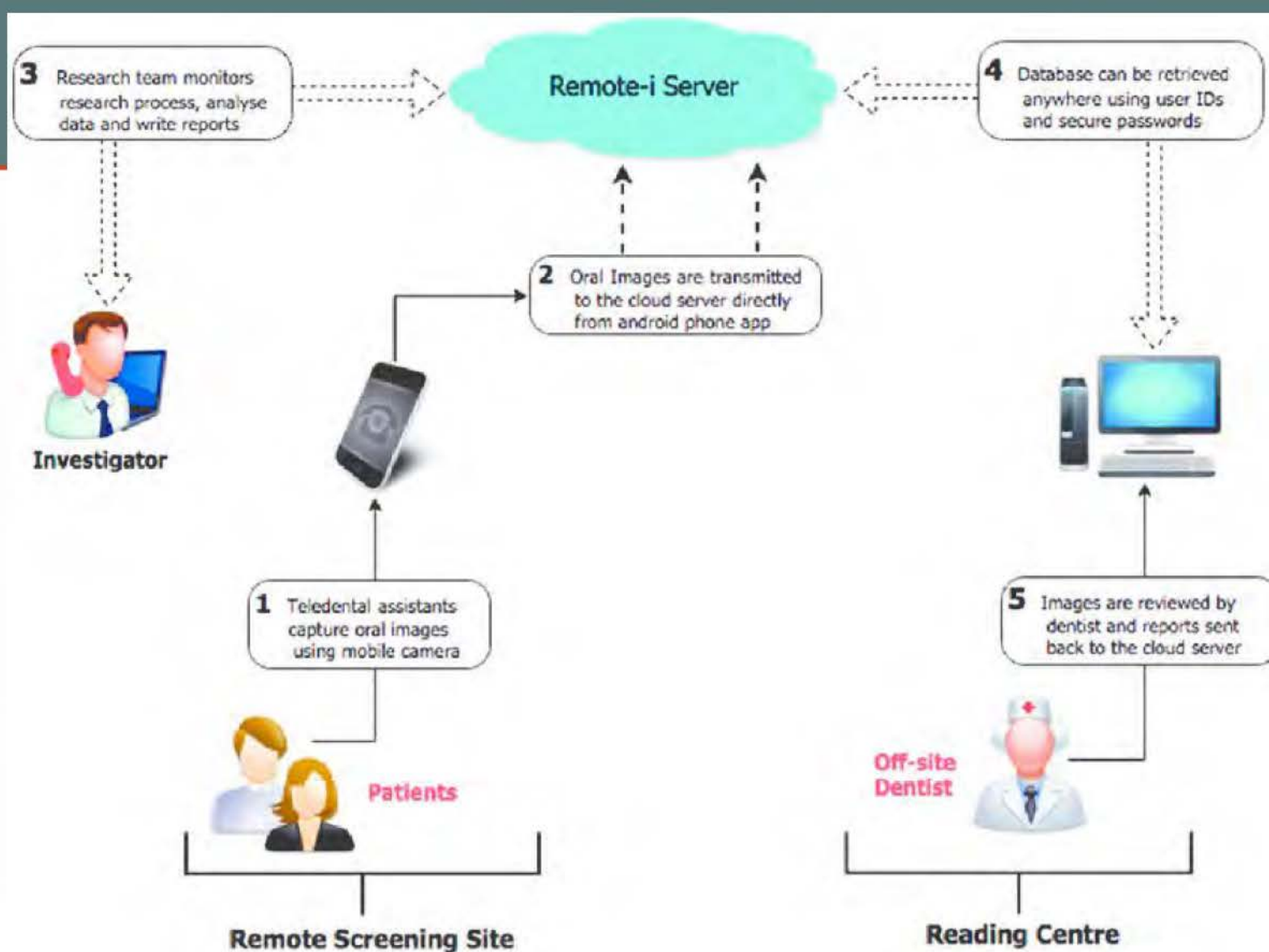
- “Teledentistry” is currently defined, but does not appear again within the rules as they stand
- “A. The practice of dentistry at a distance through the use of any electronic means.
- i. CONSULTATION: Consultations shall be considered to occur when a dentist and/or physician not licensed in the State of Maine reviews records or interviews or examines a patient in any way, and provides a professional opinion or recommendation to a dentist licensed in the State of Maine who is a dentist of record for the patient being diagnosed or treated. Such consultant must be fully licensed in another state. A non-resident dentist and/or physician does not need a license in this State if he/she consults with a dentist licensed in this State.
- ii. DISTANCE DENTISTRY – TELEDENTISTRY: For the purposes of Teledentistry the practice of dentistry occurs in the state where the patient is located at the time of the examination.”
- <https://www.maine.gov/sos/cec/rules/02/chaps02.htm#313>

Teledentistry Landscape

Surveying the Teledentistry Landscape

- **Live video (synchronous):**
 - Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- **Store-and-forward (asynchronous):**
 - Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.





Estai, Mohamed & Kanagasingam, Yogesan & Xiao, Di & Vignarajan, Janardhan & Huang, Boyen & Kruger, Estie & Tennant, Marc. (2016). A proof-of-concept evaluation of a cloud-based store-and-forward telemedicine app for screening for oral diseases. *Journal of Telemedicine and Telecare*. 22. 319-325. 10.1177/1357633X15604554.

Surveying the Teledentistry Landscape

- **Remote patient monitoring (RPM):**
 - Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
- **Mobile health (mHealth):**
 - Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).
 - at the very least (say for example, a store and forward methodology for Consultations) the site would need a laptop/computer capable of utilizing HIPPA compliant software and programs, and Electronic Health Record of some facet, and a digital camera/video platform.

Teledentistry Tech



Pediatric Teledentistry

Finger Lakes Community Health (NY):

- Community/Migrant Health Center (FQHC) with 9 locations.



Program Description:

- Uses point-to-point telehealth network to connect clinic pediatric patients in rural NY with dental providers in Rochester, NY
- MouthWatch with AmCap software; cameras ~ \$300 each
- Benefits include:
 - Decreased travel time for patient/families and Health Liaisons
 - Treatment and follow-up compliance rates > 90%

Pediatric Teledentistry

CONSENT TO PARTICIPATE IN A TELEDENTISTRY CONSULTATION

Patient Name: _____

- I understand that my child's healthcare provider, Fine, my son / daughter to engage in teledentistry specialist.
- Teledentistry consultation may include the Health Center using a specialized digital camera. These photographs for review and design of treatment recommendations.
- A teledentistry consultation for my child and I may discuss treatment options for my child beyond the scope of the Community & Major Health Program.
- My child's healthcare provider has explained to me this consultation with the pediatric dentist. I understand that to the fact that my child and I will not be in the same room.
- I understand there are potential risks to this technology, including but not limited to: my child's healthcare provider or I can experience interruptions and/or technical difficulties are affecting the consultation.
- I understand that my child's healthcare information will be shared with clinical administrative staff for scheduling and confidentiality of the information obtained. I further consent to a teledentistry consultation, and thus will have the right to:
 - Omit specific details of my child's medical history to him / her.
 - Ask non-medical personnel to leave the room.
 - Terminate the consultation any time.
- I have had the alternatives to a teledentistry consultation explained to me, and I understand that some procedures may be conducted by healthcare provider(s) at my location as requested.
- All laws concerning patient access to medical records.
- I understand all payments related to the teledentistry consultation will be made with the pediatric dentist.
- I have read this document carefully, and understand it and I have had any questions regarding the procedure explained.

Please check box:

- I hereby consent to my child's participation in teledentistry.
- I have chosen NOT to allow my child to participate in a teledentistry consultation.

Parent/Parent/Guardian Signature _____



Administrative Offices
14 Maiken Lane, PO Box 433
Penn Yan, NY 14527
p: 315-531-9102 T: 315-531-9103

Bath Community Health
117 East Steuben Street
Bath, NY 14810
p: 807-776-3083 E: 807-776-1011

Dundee Dental Center
8 Stoll Street
Dundee, NY 14827
p: 807-243-7093 E: 807-243-7098

Geneva Community Health
6015 Washington Street
Geneva, NY 14456
p: 315-781-9448 T: 315-781-9444

Newark Community Health
513 West Union Street
Newark, NY 14513
p: 315-573-7577 E: 315-573-7578

Ovid Community Health
7150 Main Street, PO Box 802
Ovid, NY 14521
p: 807-403-0005 F: 807-403-0093

Penn Yan Community Health - Medical
112 Kimball Ave
Penn Yan, NY 14527
p: 315-536-2763 E: 315-536-4005

Penn Yan Community Health - Dental
180 Main Street
Penn Yan, NY 14527
p: 315-536-2702 E: 315-536-4000

Port Byron Community Health
80 Main Street
Port Byron, NY 13440
p: 315-776-6700 E: 315-776-6701

Sodus Community Health
9992 Middle Road, Suite 2100
PO Box 278
Sodus, NY 14551
p: 315-468-1100 E: 315-482-2461

Date: ____/____/____

Child's Name: _____

Dear Parent/Guardian:

As requested by our pediatric dentist at treatment plan for your child.

Dr. McLaren evaluated a special tooth came tooth decay.

Follow up with _____

Follow up with _____

Follow up with _____
nitrous oxide (in Contact Person)

Follow up with _____
swallowed medi Contact Person

Follow up with _____
operating room Contact Person

Due to the long wait to schedule, if you have any other questions Health provider: _____

Sincerely,
Carly Sisson
Teledental Care Coordinator

Finger Lakes Community Health Teledentistry Program

Parent Information Regarding Telemedicine Consultation

Teledentistry involves taking pictures of your child's teeth using a specialized digital camera. The pictures will be taken by a day care staff and/or dental staff from the Health Center for the purpose of screening for dental problems.

The pictures are sent electronically in a secured network to a dentist employed by the health center where they will be reviewed. You will be receiving a letter stating the results of the screening and any follow up that may be required.

Please be aware that a teledentistry screening exam does not replace the need for regular check-ups by your child's dentist.

Parent Consent and Authorization for Teledental Screening

I give my son/daughter permission to receive teledental screening exams. I have had the teledentistry technology explained to me and had an opportunity to ask questions about this procedure. I understand that there are potential risks to this technology in terms of technical difficulties in obtaining and transmitting images.

I have read the above information and acknowledge understanding.

Parent/Guardian _____ Date _____

Consent for Release of Information

I give permission to the day care nurse/teledentist assistant and Finger Lakes Community Health Dental staff to exchange information about my child's oral health needs.

Parent/Guardian _____ Date _____



Virtual Dental Home

Based out of University of the Pacific

- [Virtual Dental Home Model](#) leverages variety of dental hygienists (RDHAP, RDH, RDAEF) to increase access to dental health services and resources in community settings – 10 sites across California: Schools, Head Starts, Pre-schools, Nursing Homes

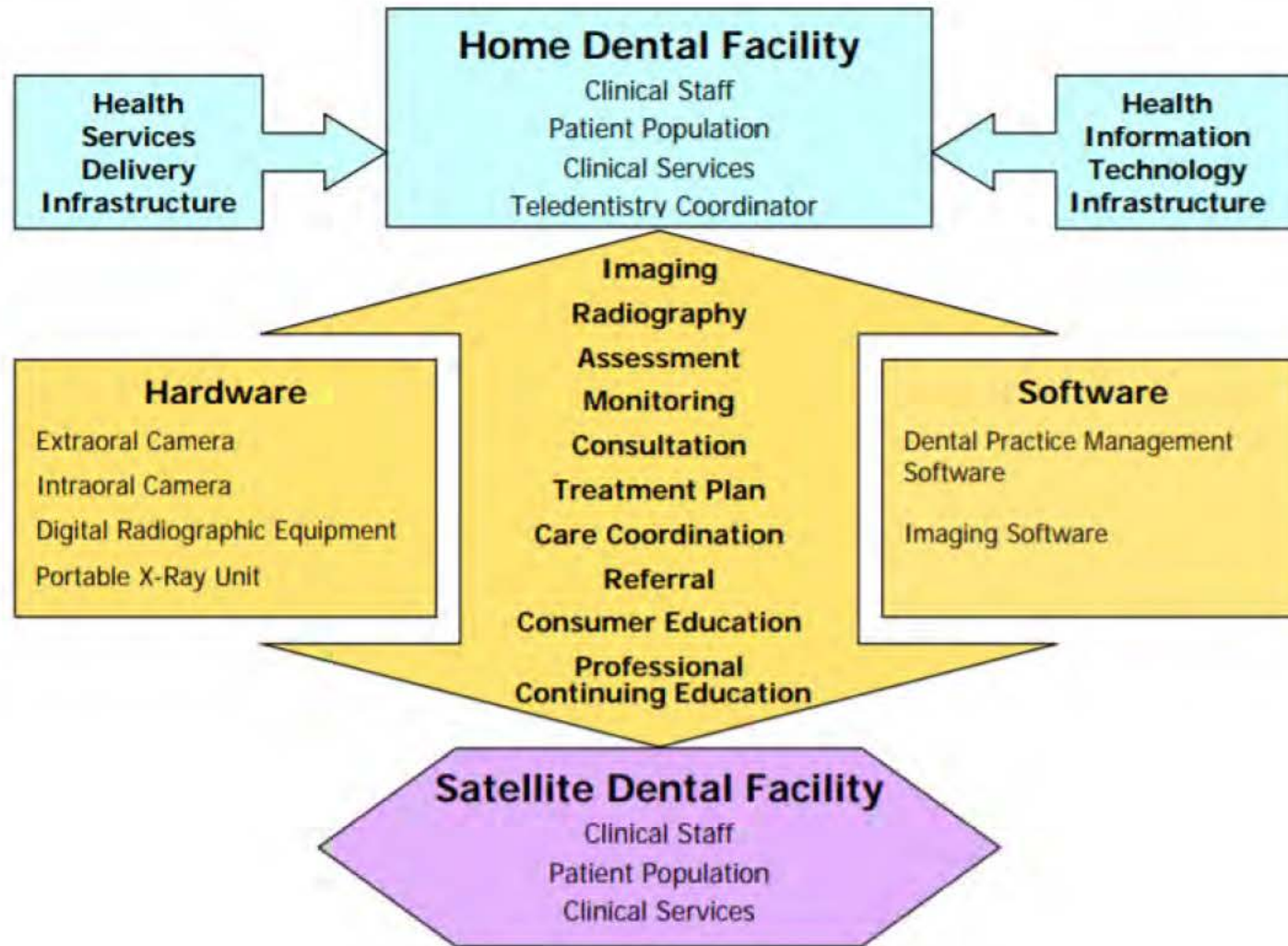
Key Services Provided:

- Health Promotion/Prevention Education
- Dental disease risk assessment
- Preventive procedures
- Interim therapeutic restorations
- Tracking and support for individual needs for follow up services



Access program [Policy Briefs and Reports](#)

Arizona Teledentistry



Virtual Dental Home

Based out of University of the Pacific

- [Virtual Dental Home Model](#) leverages variety of dental hygienists (RDHAP, RDH, RDAEF) to increase access to dental health services and resources in community settings – 10 sites across California: Schools, Head Starts, Pre-schools, Nursing Homes

Key Services Provided:

- Health Promotion/Prevention Education
- Dental disease risk assessment
- Preventive procedures
- Interim therapeutic restorations
- Tracking and support for individual needs for follow up services



Access program [Policy Briefs and Reports](#)

Teledentistry - Senior Living Facility

Case Study

- RDH from a local practice scheduled to provide hygiene services in local senior living facility
- Uses MouthWatch TeleDent system with laptop and intraoral camera
- Performs 50 reimbursable screenings-records patient info, individual exam details, and high-quality intraoral images during visit
 - Sessions can be live videoconferencing with dentist (synchronous) or recorded to the cloud to be reviewed at a later time by the assigned provider (asynchronous)
- Outcomes:
 - 5–10 residents schedule restorative care at affiliated dental practice
 - Practice increases revenue by providing outreach to the community without adding more chairs



Teledentistry Literature and Media

- [D9995 and D9996 - ADA guide to understanding and documenting teledentistry events; 2017 - American Dental Association](#)
- [Diagnostic accuracy of teledentistry in the detection of dental caries: a systematic review; 2016 - Estai](#)
- [Cost savings from a teledentistry model for school dental screening: an Australian health system perspective; 2017 - Estai](#)
- [The efficacy of remote screening for dental caries by mid-level dental providers using a mobile teledentistry model; 2016 - Estai](#)
- [A systematic review of the research evidence for the benefits of teledentistry; 2017 - Estai](#)
- [End-user acceptance of a cloud-based teledentistry system and Android phone app for remote screening for oral diseases; 2017 - Estai](#)
- [Challenges in the uptake of telemedicine in dentistry; 2016 – Estai](#)
- [Case studies of 6 teledentistry programs: strategies to increase access to general and specialty dental services; 2016 – Langelier](#)
- [Accuracy of teledentistry for diagnosing dental pathology using direct examination as a gold standard: results of the Tel-e-Dent Study of older adults living in nursing homes; 2017 - Queyrroux](#)

Teledentistry Resources

- [American Dental Association \(ADA\) Teledentistry Guidance](#)
- [American Tele Dentistry Association \(ATDA\)](#)
- [ASTDD Guidance](#)
- [Mobile-Portable Dental Manual \(ASTDD\)](#)
 - this online manual provides basic information on developing and operating various mobile, portable and hybrid systems
- [National Network for Oral Health Access \(NNOHA\) Telehealth Resources](#)
- [Case Studies of 6 Teledentistry Programs: Strategies to Increase Access to General and Specialty Dental Services](#), Oral Health Workforce Resource Center, University at Albany, State University of NY.

Contact Us



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Questions?



Thanks for Listening!

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**NORTHEAST
TELEHEALTH**
RESOURCE CENTER

2020



Manchester, New Hampshire
June 8-9, 2020

Hosted at: DoubleTree by Hilton, Manchester Downtown
700 Elm Street, Manchester NH

**MAINE BOARD OF DENTAL PRACTICE
DRAFT LANGUAGE FOR SUPERVISION AND TELEDENTISTRY**

October 25, 2019

COLORADO

Direct supervision: means the supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's presence on the premises and availability for prompt consultation and treatment.

Indirect supervision: means the supervision of those tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed, but do require that the tasks be performed with the prior knowledge and consent of the dentist.

Premises means within the same building, dental office, or treatment facility and within close enough proximity to respond in a timely manner to an emergency or the need for assistance.

Telehealth supervision: means indirect supervision by a dentist of a dental hygienist performing a statutorily authorized procedure using telecommunications systems.

Telehealth by store-and-forward transfer: means an asynchronous transmission of medical or dental information to be reviewed by a dentist at a later time at a distant site without the patient present in real time.

OREGON

Direct supervision: means super- vision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

General supervision: means super- vision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Indirect supervision: means super- vision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Teledentistry: is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

*Department of Health
Health Systems Quality Assurance
Office of Health Professions*

Guideline

<i>Title:</i>	Appropriate Use of Teledentistry
<i>References:</i>	Chapter 18.32, 18.130, and 70.02 RCW, RCW 48.43.735, 41.05.700 Chapter 246-817 and 246-16 WAC, and American Dental Association
<i>Contact:</i>	Jennifer Santiago, Program Manager
<i>Phone:</i>	360-236-4893
<i>Email:</i>	Jennifer.santiago@doh.wa.gov
<i>Effective Date:</i>	October 27, 2017
<i>Supercedes:</i>	
<i>Approved By:</i>	<i>“signature on file”</i> John Carbery, D.D.S. Chairperson Dental Quality Assurance Commission

Advances in technology, communication and data management have resulted in new approaches to delivery of oral health care services, including those in which dentist and patient are not in the same physical location, but interact using enabling technology. These new approaches, referred to as teledentistry, are useful tools that, if employed appropriately, can provide important benefits to patients, including increased access to oral health care, access to oral health care professionals that are not available in the patient’s home community, rapid availability of patient records, and a potential reduction in the cost of oral health care delivery. Realizing that these new practice forms will require oversight and regulation, the Dental Quality Assurance Commission (Commission) developed this guideline to describe how teledentistry is to be defined, supervised, regulated and disciplined by the Commission consistent with existing statutes governing the practice of dentistry within the state of Washington. The Commission recognizes that technology changes occur rapidly, so this guideline provides general principles that are technologically neutral rather than focusing on the use of any specific current technologies.

Definitions

“Dentist-Patient Relationship” is the relationship between a dentist and a receiver of oral health care services (patient) based on mutual understanding of their shared responsibility for the patient’s oral health care. The relationship is clearly established when the dentist agrees to undertake diagnosis and/or treatment of the patient and the patient agrees that the dentist will diagnose and/or treat, whether or not there has been or is an in-person encounter between the parties. The parameters of the dentist-patient

relationship for teledentistry should mirror those that would be expected for similar in-person dental encounters.

“Enabling Technology” means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient’s diagnosis or treatment.

“Health care provider” means a licensed dentist, dental hygienist, expanded function dental auxiliary, allopathic physician and surgeon, osteopathic physician and surgeon, advanced registered nurse practitioner, registered nurse, or licensed practical nurse authorized to perform tasks within their specific scope of practice.

“In-person” means interaction(s) between the dentist and the patient that occur in the same physical space, and does not include interactions that occur through the use of enabling technology.

“Practice of dentistry” has the same meaning as RCW 18.32.020. Teledentistry is included within the practice of dentistry and is not a separate discipline.

“Teledentistry” is the practice of dentistry using enabling technology between a dentist in one location and a patient in another location with or without an intervening practitioner. It is a tool in dentistry practice, not a separate form of dentistry.

Guidelines for Appropriate use of Teledentistry

- A. Licensure: A dentist using teledentistry to practice dentistry on patients in Washington must be licensed to practice dentistry in Washington.
 - 1. This includes dentists who treat or prescribe to Washington patients through online service sites.
 - 2. A dentist may delegate allowable tasks to Washington licensed dental hygienists, and licensed expanded function dental auxiliaries through teledentistry. Delegation of tasks through teledentistry must be under the general supervision provided in WAC 246-817-525 and 550. Teledentistry does not meet the definition of close supervision as the dentist is not physically present.

- B. Standard of Care: Dentists using teledentistry will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law. Failure to conform to the standard of care, whether rendered in person or via teledentistry, may subject the practitioner to potential discipline by the Commission. Some elements of the standard of care as applied to teledentistry include:
 - 1. Dentist-Patient Relationship: When practicing teledentistry, a dentist must establish a practitioner-patient relationship with the patient. The absence of in-person contact does not eliminate this requirement. Patient completion of a questionnaire does not, by itself, establish a practitioner-patient relationship, and therefore treatment, including prescriptions, based solely on a questionnaire does not constitute an acceptable standard of care.
 - a. The dentist must provide proof of identity, jurisdiction, and licensure status to the patient.

- b. The dentist must make appropriate effort to confirm the patient's identity. If patient is a minor, the dentist must make appropriate effort to confirm the parent or legal guardian is present when required.
 - c. The dentist must confirm and document the patient is physically located in a jurisdiction in which the dentist is licensed.
 2. Informed Consent: As with oral health care involving in-person contact, a dentist should obtain and document appropriate informed consent for teledentistry encounters. Because of the unique characteristics of teledentistry, it is best practice for the informed consent to include:
 - a. The manner in which the dentist and patient will use particular enabling technologies, the boundaries that will be established and observed, and procedures for responding to electronic communications from patients;
 - b. Issues and potential risks surrounding confidentiality and security of patient information when particular enabling technologies are used (e.g., potential for decreased expectation of confidentiality if certain technologies are used);
 - c. Limitations on the availability and/or appropriateness of specific teledentistry services that may be hindered as a result of the services being offered through teledentistry.
 3. Patient Evaluation: An appropriate history and evaluation of the patient must precede the rendering of any care, including provision of prescriptions. Not all patient situations will be appropriate for teledentistry. Evaluating the adequacy and significance of any examination remains the responsibility of the teledentistry dentist. Since, by definition, teledentistry does not involve in-person contact between dentist and patient, if circumstances require in-person contact, a credentialed health care provider may provide in person observations.
 - a. The credentialed health care provider is authorized to perform tasks within their specific scope of practice.
 - b. The credentialed health care provider is acceptable to the teledentistry dentist and the patient.
 - c. If a credentialed health care provider is unable to perform a specific task, the teledentistry dentist should advise the patient to be seen by a dentist in-person.
 4. Allowable Treatment Parameters: The teledentistry dentist may provide any treatment deemed appropriate for the patient, including prescriptions, if the evaluation performed is adequate to justify the action taken. The dentist is responsible for knowing the limitations of the care he or she can provide, no matter how the care is delivered. Just as in a traditional setting, teledentistry dentists should recognize situations that are beyond their expertise, their ability, or the limits of available technology to adequately evaluate or manage in the existing circumstances, and refer such patients for appropriate care.
 5. Patient Records: Dentists providing teledentistry services must document the encounter appropriately and completely so that the record clearly, concisely and accurately reflects what occurred during the encounter. Such records should be permanent and easily available to or on behalf of the patient and other practitioners in accordance with patient consent, direction and applicable standards. Dentists should maintain security and confidentiality of the patient record in compliance with applicable laws and regulations related to the maintenance and transmission of such records. Dentists must comply with dental patient record requirements in WAC 246-817-304, 305, and 310.
 6. Prescriptions: Prescribing medications, whether in person or via teledentistry, is at the professional discretion of the dentist. The dentist, in accordance with current standards of practice, must evaluate the indications, appropriateness, and safety considerations for each

teledentistry prescription. Teledentistry prescriptions entail the same professional accountability as prescriptions incident to an in-person contact. Where appropriate clinical procedures and considerations are applied and documented, dentists may exercise their judgment and prescribe medications as part of teledentistry. Especially careful consideration should apply before prescribing controlled substances, and compliance with all laws and regulations pertaining to such prescriptions is expected. Measures to assure informed, accurate and error-free prescribing practices (e.g. integration with e-Prescription services) are encouraged.

MAINE BOARD OF DENTAL PRACTICE
DRAFT LANGUAGE FOR SUPERVISION AND TELEDENTISTRY

November 27, 2019

I. 32 M.R.S. § 18302 – Definition changes

Amend supervision definitions and add a teledentistry definition:

35. “Supervision. “Supervision” means one of the following levels of supervision in descending order of restriction:

- A. “Direct supervision” means the supervision of tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least identify or diagnose the condition to be treated and authorize the treatment procedure prior to implementation.
- B. “General supervision” means the supervision of tasks and procedures that do not require the physical presence of the supervisor in the practice setting while procedures are being performed but require the tasks to be performed with the prior knowledge and consent of the supervisor.

36. Supervisor. “Supervisor” means an individual licensed by the Board and is authorized to provide supervision under the Dental Practice Act.

37. Teledentistry. “Teledentistry” means the use of data transmitted through interactive audio, video or data communications for the purposes of assessment, examination, diagnosis, treatment planning, consultation and directing the delivery of treatment by individuals licensed by the Board in settings permissible under this chapter or specified in rules adopted by the board.

II. 32 M.R.S. § 18371(3) – Delegation authorized –amend as follows:

“A dentist may delegate to an unlicensed person or a licensed person certain activities relating to dental care and treatment that are delegated by custom and usage, as long as those activities are under the supervision or control of the dentist. A dentist who delegates activities as described is legally liable for the activities of that unlicensed person, and the unlicensed person in this relationship is considered the dentist's agent.”

III. 32 M.R.S. § 18371(4) – Delegation not authorized – amend as follows:

“A dentist may not delegate to an unlicensed person certain activities relating to dental care that require a license under this chapter. Additionally, a dentist may not delegate to a licensed person certain activities relating to dental care that is outside of their scope of practice.”

IV. 32 M.R.S. § 18344 – Revise expanded function dental assistant scope as follows:

1. Scope of practice; ~~direct supervision~~. An expanded function dental assistant may perform under the ~~direct-general~~ supervision of a dentist all of the activities that may be delegated by a dentist to an unlicensed person pursuant to section 18371, subsection 3, ~~paragraph C~~. An expanded function dental assistant may also perform the following activities authorized under the ~~direct-general~~ supervision of a dentist:

A. Apply cavity liners and bases as long as the dentist:

(1) Has ordered the cavity liner or base; and

(2) Has checked the cavity liner or base prior to the placement of the restoration; ~~and~~

~~(3) Has checked the final restoration prior to patient dismissal;~~

B. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement; [

C. Apply supragingival desensitizing agents to an exposed root surface or dentinal surface of teeth;

D. Apply topical fluorides recognized for the prevention of dental caries;

E. ~~Cement provisional or temporary crowns and bridges and remove excess cement;~~ (delegated duty)

F. ~~Perform pulp vitality tests;~~ (delegated duty)

G. Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material;

H. [2017, c. 388, §17 (RP).]

I. Place and remove gingival retraction cord;

J.

K. Size, place and cement or bond orthodontic bands and brackets with final inspection by the dentist;

L. ~~Supragingival polishing using a slow-speed rotary instrument and rubber cup. A dentist or a dental hygienist must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing. Dentists may permit an expanded function dental assistant to use only a slow speed rotary instrument and rubber cup. Dentists may allow an expanded function dental assistant to use high-speed, power driven handpieces or instruments to contour or finish newly placed composite materials;~~ and

M. ~~Obtain impressions for athletic mouth guards, provisional or temporary crowns and bridges.~~ (delegated duty)

HH. Contour or finish restorative materials using high-speed, power-driven handpieces or instruments.

V. 32 M.R.S. § 18374 – dental therapy scope – strike list and amend as follows

1. Scope of practice. A dental ~~hygiene~~ therapist may perform the following procedures in limited practice settings, if authorized by a written practice agreement with a dentist licensed in this State pursuant to subsection 3.

A. To the extent permitted in a written practice agreement, a dental ~~hygiene~~ therapist may provide the care and services listed in this paragraph only under the direct supervision of the supervising dentist:

- (1) Perform oral health assessments, pulpal disease assessments for primary and young teeth, simple cavity preparations and restorations and simple extractions;
- (2) Prepare and place stainless steel crowns and aesthetic anterior crowns for primary incisors and prepare, place and remove space maintainers;
- ~~(3) Provide referrals; (already part of RDH scope/practice)~~
- (4) Administer local anesthesia and nitrous oxide analgesia;
- ~~(5) Perform preventive services; (already part of RDH scope/practice)~~
- (6) Conduct urgent management of dental trauma, perform suturing, extract primary teeth and perform nonsurgical extractions of periodontally diseased permanent teeth if authorized in advance by the supervising dentist;
- ~~(7) Provide, dispense and administer anti-inflammatories, nonprescription analgesics, antimicrobials, antibiotics and anticaries materials; (already part of RDH scope/practice)~~
- ~~(8) Administer radiographs; and (already part of RDH scope/practice)~~
- ~~(9) Perform other related services and functions authorized by the supervising dentist and for which the dental hygiene therapist is trained. (duties identified as either general supervision or delegated duties pursuant to 32 M.R.S. § 18371(3))~~

B. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services ~~listed identified~~ in section 18374 and section 18371(3), ~~subsections 1 and 2~~ under the general supervision of the supervising dentist.

VI. 32 M.R.S. § 18374 – RDH scope – strike list and amend as follows:

1. Scope of practice; direct supervision. A dental hygienist and faculty dental hygienist may perform the following procedures under the direct supervision of a dentist:

A. Administer local anesthesia or nitrous oxide analgesia, as long as the dental hygienist or faculty dental hygienist has authority to administer the relevant medication pursuant to section 18345, subsection 2, paragraph D or E;

~~B. Irrigate and dry root canals; (delegated duty)~~

~~C. Record readings with a digital caries detector and report them to the dentist for interpretation and evaluation; (delegated duty)~~

~~D. Remove socket dressings; (delegated duty)~~

~~E. Take cytological smears as requested by the dentist; and (delegated duty)~~

~~F. Obtain impressions for nightguards and occlusal splints. (delegated duty)~~

2. Scope of practice; general supervision. A dental hygienist and faculty dental hygienist may perform under the general supervision of a dentist all of the activities that may be delegated to an unlicensed person pursuant to section 18371, subsection 3, except the activities in section 18371, subsection 3, paragraph C, subparagraphs (6), (17) and (19). A dental hygienist and faculty dental hygienist may also perform the following procedures under the general supervision of a dentist:

~~A. Provide, dispense and administer anti-inflammatories, nonprescription analgesics, antimicrobials, antibiotics and anticaries materials. Prescribe, dispense or administer anticavity toothpastes or topical gels with 1.1% or less sodium fluoride and oral rinses with 0.05%, 0.2%, 0.44% or 0.5% sodium fluoride, as well as chlorhexidine gluconate oral rinse; (language from dental therapy scope)~~

~~C. Apply desensitizing agents to teeth; (delegated duty)~~

~~D. Apply fluoride to control caries; (duplicative to Section A.)~~

F. Apply sealants;

J. Expose and process radiographs;

~~O. Interview patients and record complete medical and dental histories; (delegated duty)~~

~~R. Obtain bacterial sampling when treatment is planned by the dentist; (delegated duty)~~

S. Perform all procedures necessary for a complete prophylaxis, including root planing;

U. Perform complete periodontal and dental restorative charting;

X. Perform oral inspections, recording all conditions that should be called to the attention of the dentist;

~~Y. Perform postoperative irrigation of surgical sites; (delegated duty)~~

~~CC. Place and remove gingival retraction cord without vasoconstrictor; (delegated duty)~~

GG. Place localized delivery of chemotherapeutic agents when treatment is planned by the dentist;

JJ. Place temporary restorations as an emergency procedure, as long as the patient is informed of the temporary nature of the restoration;

~~LL. Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure may not be interpreted as a preparation for restorative material; (delegated duty)~~

TT. Smooth and polish amalgam restorations; and

~~VV. Obtain impressions for study casts, athletic mouth guards, custom trays, bleaching trays, fluoride trays, opposing models, retainers and stents. (delegated duty)~~

VII. 32 M.R.S. § 18374 – RDH Scope (repeal and replace)

Two general options to identifying RDH scope of practice in statute. Either refine statutory language similar to Colorado and California dental hygiene statutes or adopt language from the American Dental Hygiene Association (“ADHA”). This effort would likely need additional review by a stakeholder group to ensure accurate depiction of RDH practice. Both sample language is provided below:

1. Colorado statutory language:

- (a) Removes deposits, accretions, and stains by scaling with hand, ultrasonic, or other devices from all surfaces of the tooth and smooths and polishes natural and restored tooth surfaces, including root planing;
- (b) Removes granulation and degenerated tissue from the gingival wall of a periodontal pocket;
- (c) Provides preventive measures including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease;
- (d) Gathers and assembles information including, but not limited to:
 - 1) Fact-finding and patient history;
 - 2) reparation of study casts for the purpose of fabricating a permanent record of the patient's present condition; as a visual aid for patient education, dental hygiene diagnosis, and dental hygiene treatment planning; and to provide assistance during forensic examination;
 - 3) Extra- and intra-oral inspection;
 - 4) Dental and periodontal charting; and

- 5) Radiographic and X ray survey for the purpose of assessing and diagnosing dental hygiene-related conditions for treatment planning for dental hygiene services as described in this section and identifying dental abnormalities for immediate referral to a dentist;
- (e) Administers a topical anesthetic to a patient in the course of providing dental care;
 - (f) Performs dental hygiene assessment, dental hygiene diagnosis, and dental hygiene treatment planning for dental hygiene services as described in this section and identifies dental abnormalities for immediate referral to a dentist; or
 - (g) Prescribes, administers, and dispenses fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing, other nonsystemic antimicrobial agents, and related emergency drugs and reversal agents in collaboration with a licensed dentist. Dental hygienists shall maintain clear documentation in the patient record of the drug or agent prescribed, administered, or dispensed; the date of the action; and the rationale for prescribing, administering, or dispensing the drug or agent;
 - (h) A dental hygienist may prescribe the following:
 - 1) Fluoride supplements as follows, all using sodium fluoride: Tablets: 0.5 mg, 1.1 mg, or 2.2 mg; lozenges: 2.21 mg; and drops: 1.1 mL;
 - 2) Topical anti-caries treatments as follows, all using sodium fluoride unless otherwise indicated: Toothpastes: 1.1 % or less (or stannous fluoride 0.4%); topical gels: 1.1% or less (or stannous fluoride 0.4%); oral rinses: 0.05%, 0.2%, 0.44%, or 0.5%; oral rinse concentrate used in periodontal disease: 0.63% stannous fluoride; fluoride varnish: 5%; and prophy pastes containing approximately 1.23% sodium fluoride and used for polishing procedures as part of professional dental prophylaxis treatment; and
 - 3) Topical anti-infectives as follows: Chlorhexidine gluconate rinses: 0.12%; chlorhexidine gluconate periodontal chips for subgingival insertion into a periodontal pocket/sulcus; tetracycline impregnated fibers, inserted subgingivally into a periodontal pocket/sulcus; doxycycline hydrochloride periodontal gel, inserted subgingivally into a periodontal pocket/sulcus; and minocycline hydrochloride periodontal powder, inserted subgingivally into a periodontal pocket/sulcus.

2. California statutory language:

A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
 - (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
 - (c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
 - (d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.
- (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist.
 - (2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need

for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

- (a) A registered dental hygienist may provide, without supervision, educational services, oral health training programs, and oral health screenings.
- (b) A registered dental hygienist shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.
- (c) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, a registered dental hygienist may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants. A registered dental hygienist employed as described in this subdivision may submit, or allow to be submitted, any insurance or third-party claims for patient services performed as authorized in this article.

Any procedure performed or service provided by a registered dental hygienist that does not specifically require direct supervision shall require general supervision, so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death.

Unless otherwise specified in this chapter, a registered dental hygienist may perform any procedure or provide any service within the scope of his or her practice in any setting, so long as the procedure is performed or the service is provided under the appropriate level of supervision required by this article.

A registered dental hygienist may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if he or she has the appropriate education and training required to use the material or device.

No person other than a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment planning,

3. ADHA RDH scope of practice language:

Standard 1: Assessment

- Health History
- Clinical Assessment
- RiskAssessment

Standard 2: Dental Hygiene Diagnosis

The ADHA defines dental hygiene diagnosis as the identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The dental hygiene diagnosis requires evidence-based critical analysis and

interpretation of assessments in order to reach conclusions about the patient's dental hygiene treatment needs. The dental hygiene diagnosis provides the basis for the dental hygiene care plan.

Multiple dental hygiene diagnoses may be made for each patient or client. Only after recognizing the dental hygiene diagnosis can the dental hygienist formulate a care plan that focuses on dental hygiene education, patient self-care practices, prevention strategies, and treatment and evaluation protocols to focus on patient or community oral health needs.

- I. Analyze and interpret all assessment data.
- II. Formulate the dental hygiene diagnosis or diagnoses.
- III. Communicate the dental hygiene diagnosis with patients or clients.
- IV. Determine patient needs that can be improved through the delivery of dental hygiene care.
- V. Identify referrals needed within dentistry and other health care disciplines based on dental hygiene diagnoses.

Standard 3: Planning

Planning is the establishment of realistic goals and the selection of dental hygiene interventions that can move the client closer to optimal oral health. The interventions should support overall patient goals and oral health outcomes. Depending upon the work setting and state law, the dental hygiene care plan may be stand-alone or part of collaborative agreement. The plan lays the foundation for documentation and may serve as a guide for Medicaid reimbursement. Dental hygienists make clinical decisions within the context of legal and ethical principles.

The dental hygiene care plan should be a vehicle for care that is safe, evidence-based, clinically sound, high-quality, and equitable. The plan should be personalized according to the individual's unique oral health needs, general health status, values, expectations, and abilities. When formulating the plan, dental hygienists should be sensitive and responsive to the patient's culture, age, gender, language, and learning style. They should demonstrate respect and compassion for individual patient choices and priorities.

- I. Identify all needed dental hygiene interventions including change management, preventive services, treatment, and referrals.
- II. In collaboration with the patient and/or care-giver, prioritize and sequence the interventions allowing for flexibility if necessary and possible.
- III. Identify and coordinate resources needed to facilitate comprehensive quality care (e.g., current technologies, pain management, adequate personnel, appropriate appointment sequencing, and time management).
- IV. Collaborate and work effectively with the dentist and other health care providers and community-based oral health programs to provide high-level, patient-centered care.
- V. Present and document dental hygiene care plan to the patient/caregiver.
- VI. Counsel and educate the patient and/or care-giver about the treatment rationale, risks, benefits, anticipated outcomes, evidence-based treatment alternatives, and prognosis.
- VII. Obtain and document informed consent and/or informed refusal.

Standard 4: Implementation

Implementation is the act of carrying out the dental hygiene plan of care. Care should be delivered in a manner that minimizes risk; optimizes oral health; and recognizes issues related to patient comfort including pain, fear, and/or anxiety. Through the presentation of the dental hygiene care plan, the dental hygienist has the opportunity to create and sustain a therapeutic and ethically sound relationship with the patient.

Depending upon the number of interventions, the dental hygiene care plan may be implemented in one preventive/wellness visit or several therapeutic visits before a continuing or maintenance plan is established. Health promotion and self-care are integral aspects of the care plan that should be customized and implemented according to patient interest and ability.

- I. Review and confirm the dental hygiene care plan with the patient/caregiver.
- II. Modify the plan as necessary and obtain any additional consent.
- III. Implement the plan beginning with the mutually agreed upon first prioritized intervention.
- IV. Monitor patient comfort.
- V. Provide any necessary post-treatment instruction.
- VI. Implement the appropriate self-care intervention; adapt as necessary throughout future interventions.
- VII. Confirm the plan for continuing care or maintenance.
- VIII. Maintain patient privacy and confidentiality.
- IX. Follow-up as necessary with the patient (post-treatment instruction, pain management, self-care).

Standard 5: Evaluation

Evaluation is the measurement of the extent to which the client has achieved the goals specified in the dental hygiene care plan. The dental hygienist uses evidence-based decisions to continue, discontinue, or modify the care plan based on the ongoing reassessments and subsequent diagnoses. The evaluation process includes reviewing and interpreting the results of the dental hygiene care provided and may include outcome measures that are physiologic (improved health), functional, and psychosocial (quality of life, improved patient perception of care). Evaluation occurs throughout the process as well as at the completion of care.

- I. Use measurable assessment criteria to evaluate the tangible outcomes of dental hygiene care (e.g., probing, plaque control, bleeding points, retention of sealants, etc.).
- II. Communicate to the patient, dentist, and other health/dental care providers the outcomes of dental hygiene care.
- III. Evaluate patient satisfaction of the care provided through oral and written questionnaires.
- IV. Collaborate to determine the need for additional diagnostics, treatment, referral, education, and continuing care based on treatment outcomes and self-care behaviors.

Self-assess the effectiveness of the process of providing care, identifying strengths and areas for improvement. Develop a plan to improve areas of weakness.

Standard 6: Documentation (See proposed Board Rule Chapter 12 – duplicative language)

The primary goals of good documentation are to maintain continuity of care, provide a means of communication between/among treating providers, and to minimize the risk of exposure to malpractice claims. Dental hygiene records are considered legal documents and as such should include the complete and accurate recording of all collected data, treatment planned and provided, recommendations (both oral and written), referrals, prescriptions, patient/client comments and related communication, treatment outcomes and patient satisfaction, and other information relevant to patient care and treatment.

- I. Document all components of the dental hygiene process of care (assessment, dental hygiene diagnosis, planning, implementation, and evaluation) including the purpose of the patient's visit in the patient's own words. Documentation should be detailed and comprehensive; e.g., thoroughness of assessment (soft-tissue examination, oral cancer screening, periodontal probing, tooth mobility) and reasons for referrals (and to whom and follow-up). Treatment plans should be consistent with the dental hygiene diagnosis and include no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
- II. Objectively record all information and interactions between the patient and the practice (e.g., telephone calls, emergencies, prescriptions) including patient failure to return for treatment or follow through with recommendations.
- III. Record legible, concise, and accurate information. For example, include dates and signatures, record clinical information so that subsequent providers can understand it, and ensure that all components of the patient record are current and accurately labeled and that common terminology and abbreviations are standard or universal.
- IV. Recognize ethical and legal responsibilities of recordkeeping including guidelines outlined in state regulations and statutes.
- V. Ensure compliance with the federal Health Information Portability and Accountability Act (HIPAA). Electronic communications must meet HIPAA standards in order to protect confidentiality and prevent changing entries at a later date.
- VI. Respect and protect the confidentiality of patient information.