



Proposed Regulation Agency Background Document

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| Agency name | Board of Dentistry, Department of Health Professions |
| Virginia Administrative Code (VAC) citation | 18VAC60-20-10 et seq. |
| Regulation title | Regulations Governing the Practice of Dentistry and Dental Hygiene |
| Action title | Registration and practice of expanded practice dental assistants |
| Date this document prepared | 6/12/09 |

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

In a short paragraph, please summarize all substantive provisions of new regulations or changes to existing regulations that are being proposed in this regulatory action.

The Board has amended its regulations to specify requirements for the registration and the scope of practice of a dental assistant II in accordance with Chapters 84 and 264 of the 2008 Acts of the Assembly. Regulations establish definitions for supervision, fees for registration and renewal, qualifications (including education, clinical training, examination and national certification), continuing competency requirements and duties that may be delegated to a dental assistant II.

Acronyms and Definitions

American Dental Association (ADA)
Certified Dental Assistant (CDA)
Dental Assisting National Board (DANB)
Dental Assistant II (DA II)

Legal basis

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Dentistry the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

...

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...

The specific statutory authority for promulgation of regulations pertaining to dental assistants II is found in:

§ [54.1-2729.01](#). Practice of dental assistants.

A. A person who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist, or dental assistant II, as prescribed in regulations promulgated by the Board may practice as a dental assistant I.

B. A person who (i) has met the educational and training requirements prescribed by the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board may practice as a dental assistant II. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or dental hygienist under the direction of a licensed dentist that are reversible, intraoral procedures specified in regulations promulgated by the Board.

The Dental Practice Act (Chapter 27 of Title 54.1) permits the practice of dental assistants:

§ 54.1-2712. Permissible practices.

The following activities shall be permissible:

1. Dental assistants or dental hygienists aiding or assisting licensed dentists in accordance with regulations promulgated pursuant to § [54.1-2729.01](#); ...

Purpose

In its proposed regulatory action, the Board has specified the qualifications for registration to practice as a dental assistant II as required by Chapters 84 and 264 of the 2008 Acts of the Assembly. Dental assistants will have expanded duties beyond chairside assisting and taking radiographs, which are the typical duties currently delegated to a dental assistant, to include some patient care duties currently performed by a dentist. In conformity with the legislation, a person will be required to hold certification from a national credentialing body, complete an

educational program, receive training as prescribed by the Board and be registered with the Board in order to qualify as a dental assistant II or expanded duty dental assistant.

Dentists have expressed interest in expanded duties for assistants as a means of providing care to a greater number of patients. In some areas of the state, there is a reported shortage of hygienists available for employment in dental offices, so certain aspects of patient care could be delegated to “expanded duty dental assistants,” which would enable the dentist to focus on care that necessitates a higher level of knowledge and skill.

To ensure the services can be safely provided by a dental assistant II, the Board has set in the regulation the evidence of minimal competency that a dental assistant must demonstrate in order to be registered and authorized to perform expanded duties. Qualifications include specified hours of didactic education, clinical training and experience and examination in modules for the performance of specific duties delegated under direct supervision. While the applicant will have to demonstrate clinical knowledge and skills to be registered as a DAII, the dentist will have to be present in the facility, will have to examine the patient both before and after treatment by a DAII and will remain responsible for the care of the patient. Such requirements are necessary to ensure the health and safety of dental patients, while increasing the number of qualified dental personnel and access to care.

Substance

Please briefly identify and explain new substantive provisions (for new regulations), substantive changes to existing sections or both where appropriate. (More detail about all provisions or changes is requested in the “Detail of changes” section.)

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| 10 | Definitions are added for a “dental assistant II,” “direct supervision,” and “indirect supervision.” The definitions of “direction” and “general supervision” are amended. |
| 20 | The annual renewal fee for a DAII is \$50; the inactive registration is set at \$25. Late fees are \$20 for an active registration and \$10 for inactive registration. The reinstatement fee for a lapsed registration is \$125; the fee for reinstatement of a revoked registration is \$300 and for a suspended registration is \$250. |
| 30 | The application fee for a DAII is \$100. Other miscellaneous fees, which are set at the actual cost to the Board, are identical for the DAII as for other regulated professions. |
| 50 | In section 50 on requirements for continuing education, DAII’s are added to the practitioners required to maintain training in basic cardiopulmonary resuscitation. In subsection F, a requirement is added for a DAII to attest to current DANB certification (or other national accrediting body if approved by the ADA) in order to renew registration. |
| 61 | Educational requirements for dental assistants II. Subsection A specifies that a prerequisite for entry into an educational program is current certification as a CDA. Subsection B establishes the hours and subject areas of training and experience, #1 sets 50 hours of didactic coursework in dental anatomy and operative dentistry. #2 sets the hours of laboratory training required for each of the expanded duties. #3 sets the hours of clinical experience applying the techniques learned in the preclinical coursework and laboratory that may be completed at a dental office #4 establishes the competency examinations required for completion of an education program. |

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| | Subsection C requires all treatment of patients by a student to be under the direct and immediate supervision of a dentist, who is responsible for performance of duties. The dentist is required to attest to successful completion and clinical competencies by the student. |
| 70 | The certification requirement for a DAI is added to this section in subsection C. As required by law, a DAI must have a national credential recognized by the ADA, which is currently a Certified Dental Assistant (CDA) conferred by DANB based on passage of an examination on chairside assisting, radiation health and safety and infection control. |
| 72 | Requirements for registration by endorsement, including current national certification, current authorization to perform expanded duties in another state, qualifications substantially equivalent to the education and training is specific duties required in Virginia <u>or</u> documented experience in the restorative and prosthetic expanded duties for at least 24 of the past 48 months preceding application. |
| 105 | The requirements for obtaining an inactive registration and for reactivating back to active status are added in subsection C, which provides that current national certification is required for reactivation. |
| 190 | The duties that may be delegated to a registered DAI are set out in subsection C of section 230. Since those duties are currently listed in section 190 as “non-delegable” and may only be performed by a licensed dentist, this section is amended to allow for delegation to a DAI. |
| 200 | The current ratio is no more than two hygienists per dentists at any one time. With the registration of DAI’s, the ratio has been expanded to allow a total of four dental hygienists <u>or</u> DAI’s in any combination. |
| 210 & 220 | Since the definition of “direction” has been amended to include the level of supervision that a dentist is required to exercise in delegating to a dental hygienist, the provisions of section 210, specifying the duties of a dental hygienist, are amended to differentiate between those that may be under indirect supervision and those that may be under general supervision. Subsection C in 210 is deleted because the amended definition of direction refers to a level of supervision required for the services provided, which is set out in section 220. |
| 230 | Subsection C is added to specify the duties that are delegable to a DAI who has qualified by education, training and examination must be under direction and direct supervision (as defined in section 10). Those duties are: 1. Placing, packing, carving and polishing of amalgam restorations; 2. Placing and shaping composite resin restorations; 3. Taking final impressions and use of a non-epinephrine retraction cord; 4. Final cementation of crowns and bridges after adjustment and fitting by the dentist. |

Issues

Please identify the issues associated with the proposed regulatory action, including:
1) *the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
2) *the primary advantages and disadvantages to the agency or the Commonwealth; and*
3) *other pertinent matters of interest to the regulated community, government officials, and the public.*

If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.

1) The primary advantage of this proposal to the public is more accessibility for dental care by persons who are qualified by education, training and examination to perform certain restorative and prosthetic dental functions. The ability of dental practices to provide services to populations of patients is enhanced with expanded duty dental assistants and with an increase in the ratio of dentists to dental hygienists

and/or dental assistants II from two per dentist to four per dentist. To the extent dental assistants acquire the additional qualifications and credentials for expanded functions as a DAII, the regulation has the potential to improve accessibility and reduce costs. If the dental assistants II are appropriately trained and clinically competent, and if the dentist provides direct supervision as specified in regulation, there should be no disadvantages.

2) There are no disadvantages of these provisions to the agency or the Commonwealth; registration is required by law. More specificity about direction and the levels of supervision should allow Board staff to direct persons with questions about those issues to the regulations.

3) There are no other pertinent matters.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal, which are more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no applicable federal requirements.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

There are no localities particularly affected by the proposed regulation.

Public participation

Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.

In addition to any other comments, the board/agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments may do so by mail, email or fax to Elaine Yeatts at Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, or Elaine.yeatts@dhp.virginia.gov or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. Comments may also be submitted on the Regulatory

Townhall at: www.townhall.virginia.gov In order to be considered comments must be received by the last date of the public comment period.

A public hearing will be held and notice of the public hearing may appear on the Virginia Regulatory Town Hall website (www.townhall.virginia.gov) and the Commonwealth Calendar. Both oral and written comments may be submitted at that time.

Economic impact

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| <p>Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source, and (b) a delineation of one-time versus on-going expenditures.</p> | <p>a) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of regulation; b) The agency will incur some one-time costs (less than \$1,000) for mailings to the Public Participation Guidelines mailing lists and conducting a public hearing. Every effort will be made to incorporate those into anticipated mailings and meetings already scheduled; on-going expenditures will be offset by regulating dental assistants II, including fees for applications and renewals.</p> |
| <p>Projected cost of the <i>new regulations or changes to existing regulations</i> on localities.</p> | <p>There are no costs on localities.</p> |
| <p>Description of the individuals, businesses or other entities likely to be affected by the <i>new regulations or changes to existing regulations</i>.</p> | <p>The individuals affected by the 2008 law requiring regulations for registration of dental assistants II are those persons who will seek to meet the qualifications and to be registered to practice as expanded duty dental assistants or dental assistants II. Traditional dental assistants who currently practice in dental offices as chairside assistants or take dental xrays are not affected.</p> |
| <p>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p> | <p>There is no estimate of the number of dental assistants who will acquire the additional education, training and credential to become a dental assistant II.</p> |
| <p>All projected costs of the <i>new regulations or changes to existing regulations</i> for affected individuals, businesses, or other entities. Please be specific and do include all costs. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses. Specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the</p> | <p>For persons who chose to become dental assistants II with expanded functions in the practice of dental care, there will be an application fee of \$100 and an annual renewal fee of \$50. Other fees for late renewal, reinstatement of a lapsed registration, inactive registration, etc. are established proportionally. The Dental Assisting National Board (DANB) charges \$300 (\$50 application fee and \$250</p> |

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| <p>proposed regulatory changes or new regulations.</p> | <p>examination fee) to qualify for the credential of Certified Dental Assistant. The examination has three components: 1) general chairside; 2) radiation health and safety; and 3) infection control. There are several pathways to eligibility for the CDA examination; one of which is full-time work experience, so graduation from an ADA-accredited dental assisting or dental hygiene program is not required for the CDA credential.</p> <p>There are no projections as yet about the costs in Virginia of the educational and clinical modules required for registration as a DAII. Costs will vary depending on whether the program is offered by the VCU School of Dentistry, a community college or a proprietary school.</p> |
| <p>Beneficial impact the regulation is designed to produce.</p> | <p>1) Expanded utilization of auxiliary personnel in dental offices may increase access to care; and 2) Compliance with requirements of law.</p> |

Alternatives

There are no alternatives to the promulgation of regulations, which are required by Chapters 84 and 264 of the 2008 Acts of the Assembly.

A Notice of Intended Regulatory Action was published on August 24, 2005 to consider amendments to regulation to expand the duties permissible for dental assistants to include such tasks as supragingival scaling and carving and packing amalgam. The inclusion of supragingival scaling as a delegable duty generated strong opposition, but there was general support for allowing expanded duties. Following publication of the NOIRA, the Board concluded that legislation was necessary to authorize a new category of practitioner – an expanded duty dental assistant. To that end, an Ad Hoc Committee on Dental Assistant Legislation was convened in April of 2006 to assist with development of statutory language for dental assistants. Persons from the Virginia Dental Association, the Virginia Dental Hygienists’ Association, the Virginia Dental Assisting Association, the Commonwealth Dental Hygiene Society, and the Dental Assisting Program at J. Sargeant Reynolds Community College joined three members of the Board on the Committee.

The recommendation of the committee was that legislation should provide for: 1) A dental assistant I is a person who is employed to assist a licensed dentist or dental hygienist by performing such duties as may be prescribed by the Board; and 2) A dental assistant II is a person who is registered with the Board, holds a certification from an ADA-recognized credentialing organization and has met such additional educational and training requirements as prescribed by regulations of the Board. A dental assistant II may perform such duties that are reversible intraoral procedures and under the direction of a licensed dentist as may be prescribed by regulations of the Board.

Subsequently, the Board voted to propose legislation that was inconsistent with the recommendation of the Committee in that it would not require registration of a DAI by the Board and it would not specify that delegated duties must be reversible. When the draft legislation was circulated to interested parties, there was considerable opposition to the proposal as presented. Therefore, legislation for expanded duty dental assistants was not approved for introduction in the 2007 Session of the General Assembly.

In 2007, the Board reconsidered its position on expanded duty assistants and voted to request introduction of legislation that mirrored the recommendations of the Ad Hoc Committee. The legislation was approved by the Administration as a Department bill and carried by Del. Bowling as HB1431 and by Sen. Lucas as SB151 in the 2008 General Assembly.

Following passage of the legislation, the Board approved a Notice of Intended Regulatory Action on June 6, 2008. It then convened an Advisory Forum on Dental Assisting Regulation on September 10, 2008 to receive presentations on the appropriate duties for an expanded duty dental assistant and the necessary qualifications for such a person to perform those duties. Groups who presented to the Board included: the Virginia Dental Assisting Association (VDAA), the Commonwealth Dental Hygienist Society, the Old Dominion Dental Society, the VCU School of Dentistry, the Virginia Dental Hygienist Association, the Virginia Dental Association, and representatives from dental assisting educational programs at Virginia community colleges and high schools.

Since the forum was convened, the Regulatory/Legislative Committee has held four lengthy meetings to discuss the regulatory scheme for registration of DAI's, which included participation by many of the interested parties. On October 29, 2008, the Committee agreed to the basic requirements but deferred educational qualifications until a decision on delegable duties. On December 3, 2008, the Committee discussed the ratio of dentists to dental hygienists and DAI's and the definitions for supervision and direction. On February 25, 2009, the Committee received presentations from J. Sargeant Reynolds Community College, Centura College and VCU School of Dentistry on the amount of didactic coursework, clinical training and experience and examination necessary to perform the duties of a DAI. On April 22, 2009, the Committee agreed to a draft proposal for education and training to be completed in four modules to allow DAI's to perform the duty or duties for which they were qualified. On June 12, 2009, the Board discussed the recommendations and adopted proposed regulations.

In its discussion of the issues surrounding expanded duty assistants, the Board has received and reviewed information on expanded duties for dental assistants in other states, the criteria for certification by DANB and the content and curriculum of the educational programs in dental assisting currently in existence in Virginia. Since most states only allow expanded duty dental assistants to monitor anesthesia and/or take radiographs (both functions may be performed by unregistered, unregulated assistants in Virginia), there were few models for comparison. Virginia's requirements for becoming qualified as an expanded duty dental assistant are in keeping with those states that do allow similar duties.

For example, in Tennessee, training in restorative functions (packing and carving amalgam) requires 96 hours of study, weekly competency examination and a clinical examination

(Virginia's proposed requirement is 40 hours for packing and carving amalgam plus laboratory training in the dentist's office and a written and practical examination). In Tennessee, the certification courses for dental assistants must be taught in schools of dentistry or dental assisting or in a clinical facility approved by the board, and the courses must be taught in their entirety by dentists in good standing.

Regulatory flexibility analysis

There were no alternative methods considered; adoption of regulations was required by statute.

Public comment

The Notice of Intended Regulatory Action for registration of dental assistants II was published on October 13, 2008 with comment closing on November 12, 2008. There were 1174 comments emailed or posted on the Virginia Regulatory Townhall. Less than 100 of those comments were from dentists advocating to the Board for the adoption of regulations that would allow them to train their dental assistants to perform scaling. They believed it would expand access to dental care and fill a void created by a shortage of dental hygienists.

Over a 1,000 commenters (dental hygienists, dentists and patients) objected strenuously to allowing dental assistants to perform scaling. They cited a lowering of the standard of care, compromising patient safety and placing patients at risk for periodontal disease. Some argued that there was no shortage of dental hygienists and that this was an economic issue, not one of access.

Other commenters recommended regulatory language for registration of dental assistants II including the following requirements:

- 1) That direct supervision should mean that the dentist intraorally examines the patient before and after treatment by a dental assistant II;
- 2) That there be a continuing education requirement for renewal of registration (12 hours is required to maintain certification by the Dental Assisting National Board (DANB));
- 3) That there be a requirement for current certification by DANB;
- 4) That the duties for a dental assistant II include: placing and carving amalgam or composites; packing and removing a retraction cord for final impression; making adjusting, cementing and removing temporary crowns; and coronal polishing.

Some questions whether the ratio of dental hygienists to dentists (2:1) would be expanded to 4:1 for dental assistants. Others noted the need for better utilization of and more independence for dental hygienists.

Board response:

The Code § 54.1-2729.01 authorizes a dental assistant II to perform duties under the direction of a licensed dentist that are "reversible, intraoral procedures." In consideration of the duties of a dental assistant II, the Board concluded that dental scaling is not a "reversible" procedure and

could not be included. Therefore, that duty was not included in the draft regulations proposed by the Regulatory/Legislative Committee or in the proposed package adopted by the Board.

The Board did adopt other recommendations from commenters. The ratio of dentists to dental hygienists and dental assistants II was set at 4:1 in any combination of hygienists or assistants. In addition, the dentist may employ any number of traditional dental assistants to assist him or her chairside and, if qualified, to take xrays.

Family impact

There is no potential impact on the institution of the family.

Detail of changes

The title of Chapter 20 is amended to reflect the regulation of dental practice, which now included dental assistants II as well as dentists and dental hygienists. In addition to those listed below, sections of the regulation that are applicable to dental assistants II as well as dentists and dental hygienists have been amended accordingly.

| Current section number | Proposed new section number, if applicable | Current requirement | Proposed change and rationale |
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| 10 | n/a | Sets out definitions for words and terms used in the regulation | A definition of a dental assistant II is provided, consistent with the law, to distinguish that level of practitioner from a traditional dental assistant. The law requires that a dental assistant II work under the “direction” of a dentist; the law also requires a dental hygienist to work under “direction” (or general supervision under certain conditions), but the level of supervision necessary to ensure patient safety may be different. Therefore, the Board has adopted a definition of direction that refers to a level of supervision. The three levels of supervision are also defined and then used accordingly in the regulation of dental hygienists and dental assistants. |
| 15 | n/a | Sets requirements for patient records | Adds the name of the dental assistant II to the requirement that the practitioner who provided the service be identified in the record. <i>Since the DAII is a regulant of the Board, he or she is accountable for their practice and should be so identified with the services provided to patients.</i> |
| 16 | n/a | Requires regulants to maintain current addresses. | DAII’s are added to the requirement to maintain a current address of record with the Board. A new subsection B is added to require a copy of |

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| | | | the DAI registration to be posted where it can be clearly visible and accessible for reading. <i>Since DAI's will be qualified to perform only those duties for which they have been appropriately educated and trained, it is necessary for the patient to know which services may be provided by the DAI. That will be so indicated on the registration itself.</i> |
| 20 | n/a | Sets fees for renewal and reinstatement | The annual renewal fee for a DAI is \$50; the inactive registration is set at \$25. Late fees are \$20 for an active registration and \$10 for inactive registration. The reinstatement fee for a lapsed registration is \$125; the fee for reinstatement of a revoked registration is \$300 and for a suspended registration is \$250. <i>Fees are set proportionally to those for dentists (\$285 for renewal) and dental hygienists (\$75 for renewal) since a DAI is a registered profession and is under direct supervision of a dentist.</i> |
| 30 | n/a | Sets application and other fees | The application fee for a DAI is \$100. Other miscellaneous fees, which are set at the actual cost to the Board, are identical for the DAI as for other regulated professions. <i>The application fee is proportional to other professions and is based on the renewal fee, plus the cost of reviewing and approving the application, issuance of a registration, etc.</i> |
| 50 | n/a | Sets out requirements for continuing education | In subsection A, DAI's are added to the practitioners required to maintain training in basic cardiopulmonary resuscitation. In subsection F, a requirement is added for a DAI to attest to current DANB certification (or other national accrediting body if approved by the ADA) in order to renew registration. <i>The law (§54.1-2729.01) requires a person who practices as a dental assistant II to "hold a certification from a credentialing organization recognized by the American Dental Association." Currently, the only such organization for dental assistants is DANB. Since DANB requires 12 hours of continuing education annually to maintain certification, the Board set current DANB certification as the only evidence of continuing competency to be required for renewal or reinstatement of registration. The Board felt that any additional requirement for continuing education would be excessive.</i> |
| 60 | n/a | Sets out educational requirements for dentists | Title is amended, since there is a new section on education for DAI's. |

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| | | and dental hygienists | |
| n/a | 61 | n/a | <p>A new section 61 sets out the educational requirements for dental assistants II.</p> <p>Subsection A specifies that a prerequisite for entry into an educational program is current certification as a CDA.</p> <p><i>Certification is required for registration, so before a person incurs the time and costs for a DAI educational program, it would be important to be assured that they could pass the DANB certifying examination required for the CDA credential. Additionally, DANB requires at least two years of practice as a dental assistant or graduation from an accredited dental assisting program, so there is some assurance that the student has the basic background knowledge and skills necessary to learn the expanded duties in a DAI program.</i></p> <p>Subsection B establishes the hours and subject areas of training and experience, beginning with 50 hours of didactic coursework in dental anatomy and operative dentistry.</p> <p><i>All the educators agreed that foundational knowledge of a dental assistant was inadequate to perform the expanded duties that could be delegated to a DAI. The minimal number of hours in tooth morphology, dental anatomy and operative dentistry was set at 50, though the optimal number would be much higher. To make the didactic portion of the educational program more accessible and less burdensome to obtain, the Board agreed that all of the 50 hours could be completed on-line.</i></p> <p>Laboratory training required for each of the expanded duties is set forth in #2 of subsection B. <i>Again, the Board set the minimal hours considered necessary for safe practice and allowed 20% of those hours to be completed in the office of a supervising dentist. For consistency in training and observation of the clinical skills of the student, the Board has required that the remaining laboratory training must be completed at the site of the educational program.</i></p> <p>Clinical experience applying the techniques learned in the preclinical coursework and laboratory may be completed at a dental office, as set out in #3 of subsection B. <i>The supervising dentist in each office would be required to sign off on the clinical skill of the assistant to safely and competently perform the</i></p> |

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| | | | <p><i>restorative or prosthetic tasks in one or more of the modules.</i></p> <p>In #4 of subsection B, the rules establish the competency examinations required for completion of an education program. Those requirements include: 1) a written examination on the material covered in the didactic coursework; 2) a practical examination at the conclusion of each module of laboratory training; and 3) a comprehensive written examination at the conclusion of the educational program. <i>While the written examination will test the knowledge base gained through didactic courses and practical experience, the practical examination will be a test of skill and ability to perform tasks on a patient. Both types of examinations are necessary for safe practice.</i></p> <p>Subsection C requires all treatment of patients by a student to be under the direct and immediate supervision of a dentist, who is responsible for performance of duties. The dentist is required to attest to successful completion and clinical competencies by the student.</p> |
| 70 | n/a | Sets out the examination requirements for licensure | <p>The certification requirement for a DAII is added to this section in subsection C. As required by law, a DAII must have a national credential recognized by the ADA, which is currently a Certified Dental Assistant (CDA) conferred by DANB based on passage of an examination on chairside assisting, radiation health and safety and infection control. <i>The CDA is the basic credential necessary for practice as a DAII; specific education and training in expanded duties are required to be qualified to perform the duties of a DAII.</i></p> |
| n/a | 72 | n/a | <p>Section 62 sets out the requirements for registration by endorsement, including current national certification, current authorization to perform expanded duties in another state, qualifications substantially equivalent to the education and training is specific duties required in Virginia <u>or</u> documented experience in the restorative and prosthetic expanded duties for at least 24 of the past 48 months preceding application. <i>Since there is wide disparity in the expanded functions dental assistants are allowed to perform in other states, some equivalency in training and/or practice is necessary to ensure competency to perform duties allowed by</i></p> |

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| | | | <i>regulation in Virginia.</i> |
| 105 | n/a | Sets out the requirement for an inactive license | The requirements for obtaining an inactive registration and for reactivating back to active status are added in subsection C, which provides that current national certification is required for reactivation. |
| 190 | n/a | Sets out the duties that may not be delegated by the dentist | The duties that may be delegated to a registered DAII are set out in subsection C of section 230. Since those duties are currently listed in section 190 as “non-delegable” and may only be performed by a licensed dentist, this section is amended to allow for delegation to a DAII. |
| 200 | n/a | Sets out the number of dental hygienists that a dentist may utilize at one and the same time. | The current ratio is no more than two hygienists per dentists at any one time. With the registration of DAII’s, the ratio has been expanded to allow a total of four dental hygienists <u>or</u> DAII’s in any combination. <i>The change in the ratio will provide for more flexibility and expand the use of auxiliary personnel in the dental office. It will allow the dentist to have hygienists or DAII’s working under his direct or indirect supervision in one office and dental hygienists seeing patients under general supervision in another office – provided the total of hygienists and DAII’s does not exceed four.</i> |
| 210 & 220 | n/a | Sets out requirements for direction and general supervision by dentists Sets out the duties that may be delegated to a dental hygienist | Since the definition of “direction” has been amended to include the level of supervision that a dentist is required to exercise in delegating to a dental hygienist, the provisions of section 210, specifying the duties of a dental hygienist, are amended to differentiate between those that may be under indirect supervision and those that may be under general supervision. Subsection C in 210 is deleted because the amended definition of direction refers to a level of supervision required for the services provided, which is set out in section 220. <i>The amended regulations clarify that hygiene duties are performed under indirect supervision or general supervision. In accordance with the amended definition of general supervision, the regulations in section 210 and 220 are amended to specify that the dentist may or may not be present in the facility when services are provided under general supervision.</i> |
| 230 | n/a | Sets out the duties that may be delegated to a dental assistant | Subsection C is added to specify the duties that are delegable to a DAII who has qualified by education, training and examination must be under direction and direct supervision (as |

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| | | | <p>defined in section 10). Those duties are:</p> <ol style="list-style-type: none"> 1. Placing, packing, carving and polishing of amalgam restorations; 2. Placing and shaping composite resin restorations; 3. Taking final impressions and use of a non-epinephrine retraction cord; 4. Final cementation of crowns and bridges after adjustment and fitting by the dentist. <p><i>The duties prescribed in subsection C as delegable to a DAII are currently non-delegable and may only be performed by a dentist (Section 190). These conform to the requirement in Code that only those duties that are “intraoral and reversible” may be delegated to a DAII. Dental hygienists will not be able to perform such duties unless they meet the qualifications for such duties and for registration as a DAII.</i></p> |
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