AGENDA
December 11, 2020

Virginia Department of
Health Professions

MEETING OF THE VIRGINIA BOARD OF DENTISTRY
BOARD BUSINESS MEETING

Instructions for Accessing Virtual Board Meeting and Providing Public Comment

- To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.

- **PUBLIC COMMENT:** Comments will be received during the public comment period from those persons who have submitted an email to Sandra.Reen@dhp.virginia.gov **no later than 3:00 PM on Thursday, December 10, 2020** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the Chair. Comments must be restricted to 3-5 minutes each.
    - Public participation connections will be muted following the public comment periods.
    - Please call from a location without background noise.
    - Dial **804-912-0334** to report problems accessing the meeting and/or an interruption during the broadcast.
    - FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at: http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm

JOIN BY PHONE
1-408-418-9388
Meeting number (access code): **132 417 6150**
Meeting password: DHPdmlswts60 (34736579 from phones and video systems)

JOIN THE INTERACTIVE MEETING BY CLICKING THE HYPERLINK BELOW

BOD Business Meeting

Meeting password: DHPdmlswts60

Virginia Department of Health Professions

AGENDA
DECEMBER 11, 2020

MEETING OF THE VIRGINIA BOARD OF DENTISTRY
VIRTUAL BOARD BUSINESS MEETING

Board Counsel Report – Mr. James E. Rutkowski --

Deputy Executive Director's Report – Ms. Jamie C. Sacksteder

- Disciplinary Board Report P140-141

Executive Director's Report – Ms. Sandra K. Reen

- Licenses and Registrations Update P142
- Board Conduct P143-P144
- When Dentists Die – A Guide adopted by the New York State Dental Association P145-P156

Sandra Reen

Subject: FW: New Position Statement on the use of Home Sleep Apnea Tests by Dentists from the AADSM

From: Matthew Glans <mglans@aadsm.org>
Sent: Wednesday, November 4, 2020 4:18 PM
To: denbd@dhp.virginia.gov
Subject: New Position Statement on the use of Home Sleep Apnea Tests by Dentists from the AADSM

Dear Board Members,

Established in 1991, the American Academy of Dental Sleep Medicine (AADSM) is the only non-profit national professional society dedicated exclusively to the practice of dental sleep medicine. The AADSM is the leading national organization representing dentists who treat sleep-disordered breathing, which includes obstructive sleep apnea (OSA) and snoring, with oral appliance therapy (OAT).

The AADSM recently approved a position statement regarding the use of home sleep apnea tests (HSATs) by qualified dentists. The statement recognizes that dentists can order and administer HSATs. Data from HSATs should be interpreted by a licensed medical provider who also makes the initial diagnosis and verifies treatment effectiveness. The AADSM intends for the HSAT position statement to advance a more streamlined and cost-effective model of care for patients.

The AADSM has also put together a chart and color-coded map outlining each state's rules regarding HSATs. This information is intended to help AADSM members understand how to appropriately practice dental sleep medicine within their state's scope of practice for dentistry. We would welcome the opportunity to work with you to refine any of the information presented in the chart and map.

Our goal is to become a resource for your board whenever you deal with matters regarding dental sleep medicine. Here are several references related to HSATs you may find helpful:

- American Academy of Dental Sleep Medicine Position on the Scope of Practice for Dentists Ordering or Administering Home Sleep Apnea Tests
- Home Sleep Apnea Tests, Important Differences by State (State HSAT Map and Chart)
- Identifying the Appropriate Therapeutic Position of an Oral Appliance
- American Dental Association Policy Statement "The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders

State dental boards provide essential guidance and oversight of the practice of dentistry. As more and more dentists become involved in screening, treating, and managing care for patients with sleep-disordered breathing, the AADSM hopes to be a trusted source of information for you.

Please feel free to reach out to me at mglans@aadsm.org with any feedback or questions.

Regards,

Matthew Glans

Matthew Glans
Health Policy and Market Access Manager
American Academy of Dental Sleep Medicine
www.aadsm.org
Phone: (630) 686-9875 | Direct: (630) 686-9883
AADSM Facebook
AADSM Twitter

Renew your AADSM membership for 2021!
Login & click the "Pay Dues Now" button.
Need assistance? Email info@aadsm.org.

Disclaimer

Sandra Reen

Subject: FW: DentalHealthCare

From: denbd@dhp.virginia.gov <denbd@dhp.virginia.gov>
Sent: Friday, October 23, 2020 12:43 PM
To: Sandra Reen <Sandra.Reen@dhp.virginia.gov>
Subject: FW: DentalHealthCare

From: telstner2@aol.com <telstner2@aol.com>
Sent: Monday, October 12, 2020 5:33 PM
To: denbd@dhp.virginia.gov
Subject: DentalHealthCare

Please find attached a letter concerning the Dental Hygienist shortage.
Sincerely:
E. Thomas Elstner, Jr. DMD

-----Original Message-----
From: pam tatum <pctatum1@hotmail.com>
To: telstner2@aol.com <telstner2@aol.com>
Sent: Mon, Oct 12, 2020 2:55 pm

P3

E. Thomas Elstner, Jr., D.M.D.
FAMILY DENTISTRY
3511 MEEKINS DRIVE
FREDERICKSBURG, VA 22407
(540) 785-4491

Dear Fellow COVID Fatigue Sufferers,

We are all working diligently to care for the dental medicine needs of the people of the Commonwealth of Virginia. Unfortunately our residents are not receiving the stellar care they have been accustomed to. I am referring to the lack of support for our citizens from the dental hygiene community. Although at first blush one might point to the average practice delivering less care and subsequently seeing a decrease in collections over time in many cases. However, our licensed Dental Hygienist colleges are for the most part, resolute in refusing to serve our citizens dental needs.

Having been involved in the education of future dental hygienists in both community college and baccalaureate settings, I am disappointed in the general response to the needs of Virginians during this crisis.

Dental Hygienists enjoy a particularly unique vocation that by its very nature demands constant practice. One could liken a dental hygienist to that of a hospital surgical first assist being that both require a high level of practice to maintain efficiency. In short, even part time practice of dental hygiene dulls their skills.

My recent conversation with the director of our area dental hygiene program left me disheartened. To paraphrase: the new dental hygiene graduates want a "gig" job working only occasionally and enjoying leisure time.

How do our residents benefit from this quandary?

I believe that the dental hygiene license should be attached to a minimum time of practice each month or quarter, so as to maintain their skills and care for the citizens of Virginia.

I actually enjoy performing routine continuing care visits yet I am sorrowful that I must devote much of my time to that which is usually performed by Dental Hygienists while neglecting even emergent dental needs of our patients.

Please consider the totally unique needs for constant practice of Dental Hygienist involvement to serve the citizens of this great commonwealth.

Fraternally,

E. Thomas Elsnter. Jr. DMD

CALL TO ORDER:	This meeting of the Virginia Board of Dentistry was called to order at 9:05 AM, on September 10, 2020 at the Commonwealth Conference Center, 9960 Mayland Drive, in Board Room 2, Henrico, Virginia 23233.
PRESIDING:	August A. Petticolas Jr., D.D.S., President
MEMBERS PRESENT:	Sandra J. Catchings, D.D.S., Vice President Nathaniel C. Bryant, D.D.S., Secretary Patricia B. Bonwell, R.D.H., PhD Sultan E. Chaudhry, D.D.S Jamiah Dawson, D.D.S. Perry E. Jones, D.D.S. Margaret F. Lemaster, R.D.H.
MEMBERS ABSENT:	Mike Nguyen, D.D.S.
STAFF PRESENT:	Sandra K. Reen, Executive Director Kathryn E. Brooks, Executive Assistant
COUNSEL PRESENT:	James E. Rutkowski, Assistant Attorney General
OTHERS PRESENT:	Anne Joseph, Adjudication Specialist Stephen Grider, Court Reporter Gerald C. Canaan, Esquire, Respondent's Counsel Jodi Simopoulos, Esquire, Respondent's Counsel
ESTABLISHMENT OF A QUORUM:	With eight members of the Board present, a quorum was established.
EDWARD AUDOBOURN LONGWE, D.D.S. CASE NO.: 187954, 202854, 204201	Dr. Longwe was present with legal counsel in accordance with the Notice of the Board dated November 30, 2016. Dr. Petticolas swore in the witness. Following Mr. Canaan's opening statement, Dr. Petticolas admitted into evidence Applicant's Exhibits 1-6, which are the same as the Commonwealth's exhibits.

Following Ms. Joseph's opening statement; Dr. Petticolas admitted into evidence Commonwealth's exhibits 1-6.

Dr. Longwe testified on his own behalf answering questions from Mr. Canaan and Ms. Simopoulos; Ms. Joseph cross-examined. Dr. Longwe answered additional questions from the Board Members.

Ms. Joseph and Mr. Canaan stipulated to the investigator reports provided in evidence.

Ms. Joseph and Mr. Cannan provided closing statements.

CLOSED MEETING: Dr. Catchings moved that the Board enter into a closed meeting pursuant to §2.2-3711(A) (27) and Section 2.2 3712 (F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Dr. Longwe. Additionally, she moved that Board staff, Ms. Reen, Ms. Brooks, and Board counsel, Mr. Rutkowski attend the closed meeting because their presence In the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

RECONVENE: Dr. Catchings moved to certify that the Board heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. Following a second, a roll call vote was taken. The motion passed

The Board reconvened in open session pursuant to§ 2.2-3712(D) of the Code.

DECISION: Dr. Catchings moved to accept the Findings of Facts and Conclusions of Law as presented by the Commonwealth, amended by the Board and read by Mr. Rutowski. The motion was seconded and passed.

Mr. Rutkowski reported that Dr. Longwe's reinstatement application was granted contingent on successful completion of an approved 24 hour CODA accredited program in the subject area of recognition and management of dental emergencies within six months.

Dr. Catchings moved the adoption of the decision as read by Mr. Rutkowski. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 1:57 PM

Augustus A. Petticolas Jr., D.D.S., President

Date

Sandra K. Reen, Executive Director

Date

CALL TO ORDER:	This meeting of the Virginia Board of Dentistry was called to order at 2:23 PM, on September 10, 2020 at the Commonwealth Conference Center, 9960 Mayland Drive, in Board Room 2, Henrico, Virginia 23233.
PRESIDING:	August A. Petticolas Jr., D.D.S., President
MEMBERS PRESENT:	Sandra J. Catchings, D.D.S., Vice President Nathaniel C. Bryant, D.D.S., Secretary Patricia B. Bonwell, R.D.H., PhD Sultan E. Chaudhry, D.D.S Jamiah Dawson, D.D.S. Perry E. Jones, D.D.S. Margaret F. Lemaster, R.D.H.
MEMBERS ABSENT:	Mike Nguyen, D.D.S.
STAFF PRESENT:	Sandra K. Reen, Executive Director Kathryn E. Brooks, Executive Assistant
COUNSEL PRESENT:	James E. Rutkowski, Assistant Attorney General
OTHERS PRESENT:	Shevaun Roukous, Adjudication Specialist James Schliessmann, Office of the Attorney General Stephen Grider, Court Reporter Rodney S. Dillman, Esquire, Respondent's Counsel
ESTABLISHMENT OF A QUORUM:	With eight members of the Board present, a quorum was established.
ARNOLD J. BERGER, D.M.D. **CASE NO.: 204540**	Dr. Berger was present with legal counsel in accordance with the Notice of the Board dated February 20, 2020. Dr. Petticolas swore in the witness. Following Mr. Schliessmann's opening statement, Dr. Petticolas admitted into evidence Commonwealth's Exhibits 1-4. Mr. Dillman provided his opening statement.

Testifying on behalf of the Commonwealth was Sarah Rogers and Gretchen Miller, DHP Investigators. Mr. Dillman cross-examined both witnesses.

Dr. Berger testified on his own behalf, answering questions from Mr. Dillman and from Board Members.

Mr. Schliessmann and Mr. Dillman provided closing statements.

CLOSED MEETING: Dr. Catchings moved that the Board enter into a closed meeting pursuant to §2.2-3711(A) (27) and Section 2.2 3712 (F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Dr. Berger. Additionally, she moved that Board staff, Ms. Reen, Ms. Brooks, and Board counsel, Mr. Rutkowski attend the closed meeting because their presence In the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

RECONVENE: Dr. Catchings moved to certify that the Board heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. Following a second, a roll call vote was taken. The motion passed

The Board reconvened in open session pursuant to§ 2.2-3712(D) of the Code.

DECISION: Dr. Catchings moved to accept the Findings of Facts and Conclusions of Law as presented by the Commonwealth, amended by the Board and read by Mr. Rutowski. The motion was seconded and passed.

Mr. Rutkowski reported that Dr. Berger's reinstatement application was granted contingent upon full compliance with the Department of Health Profession's Health Practitioner's Monitoring Program and the Federal Court Order.

Dr. Catchings moved the adoption of the decision as read by Mr. Rutkowski. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 4:57 PM.

Augustus A. Petticolas Jr., D.D.S., President

Date

Sandra K. Reen, Executive Director

Date

CALL TO ORDER: This meeting of the Virginia Board of Dentistry was called to order at 9:04 AM, on September 11, 2020 at the Perimeter Center, 9960 Mayland Drive, in Board Room 2, Henrico, Virginia 23233.

PRESIDING: Augustus A. Petticolas Jr., D.D.S., President

MEMBERS PRESENT: Sandra J. Catchings, D.D.S., Vice President
Nathaniel C. Bryant, D.D.S., Secretary
Patricia B. Bonwell, R.D.H., PhD
Sultan E. Chaudhry, D.D.S
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Margaret F. Lemaster, R.D.H.

MEMBER ABSENT: Mike Nguyen, D.D.S.

STAFF PRESENT: Sandra K. Reen, Executive Director
David E. Brown, DC, DHP Director
Elaine J. Yeatts, Senior Policy Analyst
Jamie C. Sacksteder, Deputy Executive Director
Kathryn E. Brooks, Executive Assistant

COUNSEL PRESENT: Erin Barrett, Assistant Attorney General

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

Ms. Reen read the emergency evacuation procedures.

PUBLIC COMMENT: Dr. Petticolas explained the parameters for public comment and opened the public comment period.

Alexander T. Vaughan, DDS (Virginia Total Sleep) referred to his written comment and addressed the field of orofacial pain as a newly recognized dental specialty which treats chronic orofacial, head and neck pain. Dr. Vaughan also offered to provide guidance from Virginia members of the American Board of Orofacial Pain on matters such as BOTOX and dermal fillers.

APPROVAL OF MINUTES:

Dr. Petticolas asked if there were any corrections to the draft minutes of the Board's March Business Meeting, Telephonic Board Business Meeting, Emergency Virtual Board Meeting, and the June and July Telephone Conference Calls. Hearing none, Dr. Jones moved to approve these minutes as presented; the motion was seconded and passed.

LIAISON AND COMMITTEE REPORTS:

Dr. Petticolas acknowledged the written reports submitted by Dr. James Watkins on the activities of the Southern Regional Testing Agency.

Dr. Bryant reported on the American Board of Dental Examiners, stating that test results for the dental typodont exams were almost exactly the same as the test results on live patients exams. He added that the typodont exam allows testing on multiple teeth rather than the one tooth addressed in live patient exams. He said ADEX is still working on a scaling typodont for Dental Hygiene exams.

DIRECTORS REPORTS:

Dr. Brown welcomed the new board members and recognized the members who were re-appointed. He explained the role of the Board, emphasizing protection of the public. Dr. Brown gave updates on: workflow during the pandemic, noting that 75% of employees are teleworking; and on medical marijuana and his expectation for more legislation on this topic in the upcoming General Assembly session. Dr. Brown then explained that the Board's legislative proposal to add A1c testing in the definition of dentistry was not advanced by the Department of Health Professions because more critical issues were given priority. He added that it may be more appropriate for the Virginia Dental Association to address A1c testing with the General Assembly.

LEGISLATION AND REGULATION:

Ms. Yeatts reviewed her Status Report on Regulatory Actions, stating that two Public Hearings are scheduled for October 9, 2020 on the remote supervision and sedation regulations. She reported that the regulation changing the renewal schedule to birth months went into effect on August 19, 2020 and will be implemented in the 2021 renewals. Dr. Chaudhry recommended issuing a Frequently Asked Questions (FAQs) reference sheet on the transition including information regarding the annual continuing education requirements during the transition period to birth months. This recommendation was agreed to by consensus.

Ms. Yeatts reviewed the proposed final regulation on E-Prescribing addressing the one time, up to one year waiver the Board is authorized to grant. She said this action is needed to replace the emergency regulation. Dr. Catchings moved to adopt the proposed amendments. The motion was seconded and passed.

Ms. Yeatts then addressed adoption of final regulations regarding the education and training requirements for Dental Assistants II (DAII). She explained that Ms. Kitner's Petition for Rulemaking beginning on page 1 of the agenda package was addressed as public comment on this action because the request was to amend the education requirements for DAIIs to allow licensed dental hygienists to qualify without being a Certified Dental Assistant (CDA). Dr. Bonwell moved to accept the regulations as proposed with an amendment to include the pathway for licensed dental hygienists. The motion was seconded. During discussion, Dr. Bryant questioned the regulation which allows pulp capping by a DAII, stating that pulp capping should be removed from the scope of practice of DAIIs. He then made a subsidiary motion to remove this procedure. Following further discussion, Dr. Bryant revised his motion to assigning this topic to the Regulatory-Legislative Committee for further review and for public comment. This motion was seconded, discussed and passed. Dr. Catchings moved to return to the main motion made by Dr. Bonwell. This motion was seconded and passed. Dr. Bonwell's motion was passed without further discussion.

Ms. Yeatts then addressed adoption of a Notice of Intended Regulatory Action (NOIRA) to obtain comment on developing the regulations for the training program digital scan technicians must complete in order to practice under the supervision of a dentist licensed in Virginia. She explained that this action is required by legislation passed by the 2020 General Assembly. Dr. Bryant moved to adopt a Notice of Intended Regulatory Action and to send the development of regulations regarding digital scan technicians to the Regulatory-Legislative Committee. The motion was seconded and passed.

BOARD DISCUSSION/ ACTION: Dr. Dawson reported that the Nominating Committee nominates the current officers for second terms. Dr. Petticolas asked if there were any other nominations. Hearing none, the Board elected Dr. Petticolas as president, Dr. Catchings as Vice-President and Dr. Bryant as Secretary.

Ms. Reen presented the 2020 Virginia Dental Hygienist Workforce report prepared by the Healthcare Workforce Data Center and asked the Board to adopt the report for publication. Dr. Bonwell made a motion to adopt. The motion was seconded and passed.

Ms. Reen presented the draft 2021 Board Calendar for adoption. Dr. Catchings moved to adopt the calendar. The motion was seconded and passed.

DEPUTY EXECUTIVE DIRECTOR'S REPORT: Ms. Sacksteder reviewed the Disciplinary Board Report on case activity from July 1, 2019 through June 30, 2020, giving an overview of the actions taken and a breakdown of the cases closed with violations. Draft guidance documents addressing sedation inspections and sedation permits were assigned to the Regulatory-Legislative Committee for review.

EXECUTIVE DIRECTOR'S REPORT: Ms. Reen discussed an Agency Member - Membership Renewal billing statement she received from the American Association of Dental Boards (AADB). She said she was advised by AADB staff that she could not renew her individual membership until the Agency Membership was paid. She asked the Board for guidance on becoming an agency member, maintaining individual memberships, if possible, or attending meetings as non-members. Dr. Bryant made a motion to send up to two non-voting representatives, to include a Board member and either the Executive Director or the Deputy Executive Director, to the semi-annual conferences without paying membership dues to the AADB. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 11:24 AM.

Augustus A. Petticolas Jr., D.D.S., President

Date

Sandra K. Reen, Executive Director

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION – TELEPHONE CONFERENCE CALL

CALL TO ORDER: The meeting of the Board of Dentistry was called to order at 5:19 p.m., on September 28, 2020, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Board Room 4, 9960 Mayland Drive, Henrico, VA 23233.

PRESIDING: Augustus A. Petticolas, Jr., D.D.S., President

MEMBERS PRESENT:
Nathaniel C. Bryant, D.D.S.
Patricia B. Bonwell, R.D.H., PhD
Sandra J. Catchings, D.D.S.
Sultan E. Chaudhry, D.D.S.
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Margaret F. Lemaster, R.D.H.
Mike Nguyen, D.D.S.

QUORUM: With nine members present, a quorum was established.

STAFF PRESENT:
Sandra K. Reen, Executive Director
Jamie C. Sacksteder, Deputy Executive Director
Donna M. Lee, Discipline Case Manager

OTHERS PRESENT:
Sean Murphy, Assistant Attorney General
Erin Weaver, Assistant Attorney General

Chester J. Sokolowski, D.D.S.
Case No.: 198939

The Board received information from Mr. Murphy regarding a Consent Order signed by Dr. Sokolowski as a settlement proposal for the resolution of his case in lieu of proceeding with the scheduled Formal Hearing.

Closed Meeting:

Dr. Bryant moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Case No. 198939. Additionally, Dr. Bryant moved that Ms. Reen, Ms. Sacksteder, and Ms. Lee attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Dr. Bryant moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION:

Dr. Catchings moved that the Board reject the Consent Order that was signed by Dr. Sokolowski. Following a second, a roll call vote was taken. The motion passed.

Dr. Catchings moved that the Board offer Dr. Sokolowski a consent order for the revocation of his license to practice dentistry in the Commonwealth of Virginia in lieu of proceeding with the Formal Hearing. Following a second, a roll call vote was taken. The motion passed.

ADJOURNMENT:

With all business concluded, the Board adjourned at 5:54 p.m.

_____
Augustus A. Petticolas, Jr., D.D.S., Chair

_____
Sandra K. Reen, Executive Director

_____
Date

_____
Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION – TELEPHONE CONFERENCE CALL

CALL TO ORDER: The meeting of the Board of Dentistry was called to order at 5:20 p.m., on October 8, 2020, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, VA 23233.

PRESIDING: Augustus A. Petticolas, Jr., D.D.S., President

MEMBERS PRESENT: Nathaniel C. Bryant, D.D.S.
Patricia B. Bonwell, R.D.H., PhD
Sandra J. Catchings, D.D.S.
Sultan E. Chaudhry, D.D.S.
Perry E. Jones, D.D.S.
Margaret F. Lemaster, R.D.H.

QUORUM: With seven members present, a quorum was established.

STAFF PRESENT: Sandra K. Reen, Executive Director
Donna M. Lee, Discipline Case Manager

OTHERS PRESENT: James E. Rutkowski, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Erin Weaver, Assistant Attorney General

Chester J. Sokolowski, D.D.S.
Case No.: 198939

The Board received information from Mr. Murphy regarding a Consent Order signed by Dr. Sokolowski as a settlement proposal for the resolution of his case in lieu of proceeding with the scheduled Formal Hearing.

Closed Meeting:

Dr. Catchings moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Case No. 198939. Additionally, Dr. Catchings moved that Ms. Reen, Ms. Lee, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Dr. Catchings moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION:

Dr. Catchings moved that the Board accept the Consent Order that was signed by Dr. Sokolowski in lieu of proceeding with the Formal Hearing. Following a second, a roll call vote was taken. The motion passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 5:27 p.m.

_____
Augustus A. Petticolas, Jr., D.D.S., Chair

_____
Date

_____
Sandra K. Reen, Executive Director

_____
Date

TIME & PLACE: This emergency virtual meeting of the Virginia Board of Dentistry was called to order at 1:44 PM, on October 23, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

CALL TO ORDER: Dr. Petticolas called this emergency meeting to order. He explained the purpose of this meeting is to address the call for action on the Clinical Examinations the Board will accept for dental and dental hygiene students taking exams in 2021.

MEMBERS PRESENT BY TELEPHONE:
Augustus A. Petticolas, Jr., D.D.S., President
Sandra Catchings, D.D.S., Vice President
Nathaniel C. Bryant, D.D.S., Secretary
Patricia B. Bonwell, R.D.H., PhD
Sultan E. Chaudhry, D.D.S.
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Margaret F. Lemaster, R.D.H
J. Michael Martinez de Adino, J.D.

MEMBERS ABSENT Mike Nguyen, DDS

STAFF PRESENT AT THE PERIMETER CENTER:
Sandra K. Reen, Executive Director
Jamie C. Sacksteder, Deputy Executive Director
Kathryn E. Brooks, Executive Assistant

STAFF PRESENT BY TELEPHONE:
Elaine J. Yeatts, Senior Policy Analyst
James E. Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With 9 members of the Board participating, a quorum was established.

PUBLIC COMMENT: Dr. Petticolas explained the parameters for public comment then opened the public comment period by calling on the registered commenters as follows:

Richard Archer (Senior Associate Dean for Clinical Education, VCU School of Dentistry) expressed his support for waiving the live patient portion of the dental clinical exam again in 2021. He said that the 2020 non-

patient exam had a similar pass/fail rate when compared to the live patient exam results in previous years. He reported concerns on the loss of instruction days due to COVID and the ethical and liability issues of live patient exams. He then asked the Board to consider utilizing the ADEX exam which he sees as the superior simulated format. He concluded his remarks, by asking the Board to also accept the ADEX dental hygiene simulation clinical exam which tests skills on a typodont for 2021.

Ann Bruhn (Chair/Associate Professor, Dental Hygiene at ODU) addressed her support for allowing dental hygientists to take the Computer Simulated Clinical Examination in place of the live patient clinical examination. She stated that current students lost 12 weeks of clinical care due to COVID and they are currently working to make up the patient care hours that are required to graduate.

Dr. Petticolas acknowledged the commenters then closed the public comment period and called to order the Full Board Meeting.

BOARD DISCUSSION/ ACTION:

Dr. Petticolas advised the Board that this meeting is to consider requests from the VCU School of Dentistry for 3 actions on the 2021 clinical examinations the Board will accept. The 3 proposed actions are to:
1) Continue to accept the total manikin dental examination for 2021
2) utilize the ADEX exam as the accepted clinical board examination
3) accept the ADEX simulation clinical exam for dental hygiene for 2021

Dr. Petticolas opened the floor for discussion on continuing to accept the dental manikin simulation restorative exams taken in 2021. Each Board member stated support for taking this action. In addition, accepting the perio manikin exam was proposed and agreed to in discussion. After discussion, Dr. Petticolas asked for a motion to accept perio and restorative manikin sections in 2021 dental examinations. Dr. Catchings so moved. The motion was seconded and a roll call vote was taken and the motion passed with a unanimous vote.

Dr. Petticolas - Yes
Dr. Catchings - Yes
Dr. Bryant - Yes
Dr. Bonwell – Yes

Dr. Chaudhry- Yes
Dr. Dawson - Yes
Dr. Jones – Yes
Ms. Lemaster- Yes
Mr. Martinez-Yes

Dr. Petticolas then called for discussion on Dr. Archer's recommendation that the Board only utilize the ADEX dental clinical examination. Most of the Board members expressed concern about addressing this because of the pandemic and because it would create issues with portability. Following discussion, Dr. Petticolas asked staff to do a comparative study regarding all currently accepted clinical exams and present the information to the Board. Dr. Petticolas asked for a motion to continue to accept all the current clinical examinations and defer action until staff can do a comparative study regarding these examinations. Dr. Catchings moved that the Board not accept only the ADEX exam in 2021. A roll call vote was taken. The motion passed by unanimous vote.

Dr. Petticolas - Yes
Dr. Catchings - Yes
Dr. Bryant - Yes
Dr. Bonwell – Yes
Dr. Chaudhry- Yes
Dr. Dawson - Yes
Dr. Jones – Yes
Ms. Lemaster- Yes
Mr. Martinez-Yes

Dr. Petticolas opened the floor for discussion on consideration of the Board to accept the dental hygiene typodont as the clinical examination for 2021 dental hygiene exam. Dr. Bryant gave a brief overview of the meeting he attended for ADEX, he stated the typodont became available after the Board's vote on May 29, 2020 regarding the dental hygiene exam. He further added that many find that this is an adequate substitute to the live patient clinical examination. Dr. Bonwell also showed support state that she has received positive feedback from other dental hygienists and the Board should include the dental hygiene typodont to show scaling skills. Dr. Catchings and Dr. Dawson both felt that we should keep the same requirements as the 2020 examination by accepting the OSCE and not requiring the dental hygiene typodont. The reason given was because there was not adequate information and feedback regarding the typodont. Dr. Petticolas asked for a motion to accept the dental hygiene typodont as the clinical examination for 2021 dental hygiene exam. Dr. Jones made the motion and it was seconded by Mr.

Martinez. Each board member spoke to the motion. Following discussion of the motion, a roll call vote was taken. The motion passed.

Dr. Petticolas - Yes
Dr. Catchings - No
Dr. Bryant - Yes
Dr. Bonwell – Yes
Dr. Chaudhry- Yes
Dr. Dawson - No
Dr. Jones – Yes
Ms. Lemaster- Yes
Mr. Martinez-Yes

ADJOURNMENT: With all business concluded, Dr. Petticolas adjourned the meeting at 2:40 PM.

Augustus A. Petticolas Jr., D.D.S., President

Date

Sandra K. Reen, Executive Director

Date

VIRGINIA BOARD OF DENTISTRY
PUBLIC HEARING ON
PROPOSED AMENDMENTS TO REGULATIONS RELATING TO REMOTHE SUPERVISION OF DENTAL HYGIENISTS EMPLOYED BY THE DEPARTMENT OF HEALTH OR BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
NOVEMBER 13, 2020

Time & Place: This public hearing was called to order at 11:03 AM, on November 13, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

Call to Order: Ms. Reen called the telephonic public hearing to order and explained the purpose of this hearing is to receive comments on the proposed amendments to regulations relating to remote supervision of dental hygienists employed by the Department of Health or by the Department of Behavioral Health and Developmental Services.

Staff at the Perimeter Center: Sandra K. Reen, Executive Director
Tracey Arrington-Edmonds, Licensing Manager

Staff Present by Telephone: Jamie C. Sacksteder, Deputy Executive Director
Elaine J. Yeatts, Senior Policy Analyst

Public Comment: Ms. Reen called on the registered commenter as follows:

Ms. Tracey Martin, President of the Virginia Dental Hygienists' Association spoke on behalf of the members of the Association who are in favor of the proposed regulations. She said these changes will allow practice at the top of scope for hygienists and will increase access to care for at risk populations served by the agencies.

Ms. Reen provided information on submitting written comments and announced that the comment period on this regulatory proposal expires today, November 13, 2020. She then adjourned the hearing at 11:07 AM.

Sandra K Reen

Sandra K. Reen, Executive Director

November 23, 2020

Date

VIRGINIA BOARD OF DENTISTRY
PUBLIC HEARING ON
PROPOSED AMENDMENTS TO REGULATIONS RELATING TO PROVISION OF SEDATION AND ANESTHESIA
NOVEMBER 13, 2020

TIME & PLACE: This public hearing was called to order at 9:34 AM, on November 13, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

CALL TO ORDER: Ms. Reen called the telephonic public hearing to order and explained the purpose of this hearing is to receive comments on the proposed amendments to regulations relating to the provision of sedation and anesthesia.

STAFF PRESENT AT THE PERIMETER CENTER: Sandra K. Reen, Executive Director
Tracey Arrington-Edmonds, Licensing Manager

STAFF PRESENT BY TELEPHONE: Jamie C. Sacksteder, Deputy Executive Director
Elaine J. Yeatts, Senior Policy Analyst

PUBLIC COMMENT: Dr. Chris R. Richardson addressed the proposed three person sedation treatment team. He said the history of safety in administering conscious sedation is nearly 100% and his practice has had zero incidents using a two-person team. He does not support requiring a three person team for moderate sedation, saying that there is no literature which supports requiring a third person and no state which requires three staff members to be present in the treatment room. He said it is important to recognize that the patient is conscious during moderate sedation and a third person will raise the cost to patients. He asked the Board to not increase the burdens for providing moderate sedation.

Dr. Stephanie Voth said requiring a three person treatment team is not well supported and it would increase costs and limit access. She works with a nurse anesthetist on certain cases when medically necessary. She feels this proposed regulation needs to be reconsidered.

Ms. Michelle Satterlund said she is speaking on behalf of the Virginia Association of Nurse Anesthetists (VANA). She said written comments have been sent to the Board. She said the concern is that the Board allows unpermitted dentists to work with anesthesiologists but not nurse anesthetists. She added that this is a confusing double standard creating a restraint on trade. She said this is not consistent with what the Federal Trade Commission has encouraged boards to do. VANA is very concerned about these regulations and asks the Board to reconsider the double standard which reduces access to care, especially in rural communities where nurse anesthetists are the major providers of anesthesia. She said there is no indication that there is a difference in the quality of care and asked that dentists without a permit be allowed to practice with nurse anesthetists.

Ms. Yeatts asked Ms. Satterlund to clarify if she is asking that nurse anesthetists be allowed to provide sedation for dental hygienists treating patients. Ms. Satterlund responded that there is a remote dentist and CRNA's would provide sedation so patients could be treated. Ms. Yeatts expressed concern about the explanation and Ms. Satterlund responded that it was just an example which has a telehealth component.

Dr. Thomas Glazier said that the American Dental Association's specialty recognizing body has recognized the American Society of Dentist Anesthesiologists as the tenth dental specialty. He said several national organizations collaborated to develop anesthesia guidelines for management of sedation in a dental office. He said the guidelines address a two person team as the standard of care for moderate sedation. He asked the Board to make a decision based on evidence and not feelings. He reported there is no literature to support a three person team for moderate sedation. He also noted that a three person team would increase the risk for COVID-19 and the costs to patients. He is not aware of any state in the USA that requires a 3 person team for moderate sedation.

Dr. Yousuf Al-Aboosi stated his appreciation for the Board's interest in increasing patient safety then went on to say there is no evidence that supports requiring a three person team for medically healthy patients receiving moderate sedation. He explained the monitoring equipment has alarms so dentists and staff will know when intervention is needed to manage the patient. He added that a three person team raises the risks of exposure to COVID-19, could be disruptive to nervous patients and will increase overhead.

Ms. Reen provided information on submitting written comments and announced that the comment period on this regulatory proposal expires today, November 13, 2020. She then adjourned the hearing at 10:08 AM.

Sandra K. Reen, Executive Director

November 23, 2020
Date

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**
As of November 30, 2020

Dentistry

Chapter		Action / Stage Information
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Training and supervision of digital scan technicians [Action 5600] NOIRA - *At Governor's Office 67 days*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Amendment to restriction on advertising dental specialties [Action 4920] Proposed - *At Governor's Office for 442*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of sedation and anesthesia [Action 5056] Proposed - *Register Date: 9/14/20* *Comment closed: 11/14/20* *Board to consider final regulations: 12/11/20*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Waiver for e-prescribing [Action 5382] Proposed - *At Secretary's Office for 12 days*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Technical correction [Action 5198] Fast-Track - *At Governor's Office for 379 days*
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	Protocols for remote supervision of VDH and DBHDS dental hygienists [Action 5323] Proposed - *Register Date: 9/14/20* *Comment closed: 11/14/20* *Board to consider final regulations: 12/11/20*
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Training in infection control [Action 5505] NOIRA - *At Governor's Office for 32 days*
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Education and training for dental assistants II [Action 4916] Final - *At Secretary's Office for 54 days*

Agenda Item: Petition for rulemaking

Included in your agenda package are:

A copy of a petition from Lily Nejadian

Copy of comments on the petition

Copies of applicable sections of the Code of Virginia

Board action:

1) Accept the petitioner's request and initiate rulemaking, or
2) Deny the petitioner's request for stated reasons

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VIRGINIA REGULATORY TOWN HALL

Secretariat **Health and Human Resources**

Agency **Department of Health Professions**

Board **Board of Dentistry**

Edit Petition

Petition 329

Petition Information	
Petition Title	Scope of practice for dentistry to include administration of Botox and dermal filler injectables
Date Filed	7/31/2020 **[Transmittal Sheet]**
Petitioner	Lily Nejadian
Petitioner's Request	The petitioner is requesting amendments to specify that dentists with appropriate training/certification can purchase and administer Botox and dermal filler injectables.
Agency's Plan	The petition will be published on August 31, 2020 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at **www.townhall.virginia.gov** to receive public comment ending September 30, 2020. The request to amend regulations and any comments for or against the petition will be considered by the Board at the first scheduled meeting after close of comment, which will be December 11, 2020.
Comment Period	Ended 9/30/2020 **141 comments**
Agency Decision	Pending

Contact Information	
Name / Title:	Sandra Reen / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	**sandra.reen@dhp.virginia.gov**
Telephone:	(804)367-4437 FAX: (804)527-4428 TDD: ()-

COMMONWEALTH OF VIRGINIA
Board of Dentistry

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4538 (Tel)
(804) 527-4428 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)
Nejadian, Lily, T

Street Address
4529 Gaston Street

Area Code and Telephone Number
571.441.1934

City
Chantilly

State
VA

Zip Code
20151

Email Address (optional)

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

There is currently no mention of a provision laying out the authority of general dentists and dental specialists beyond oral and maxillofacial surgeons to perform Botox injections and/or dermal and lip fillers. Per 18VAC60-21-350, oral and maxillofacial surgeons with the appropriate training and experience may perform "rhytidectomy and other treatment of facial skin wrinkles and sagging." Per 18VAC60-21-360, no certification is necessary for the performance of "facial augmentation procedures."

As directed in 18VAC60-21-50, looking to § 54.1-2700 indicates that Botox and dermal/lip fillers would fall under the scope of dentistry practice. To remove the speculative aspect of non-surgical dental authority to purchase and more importantly administer such injectables, a clarifying part should be added addressing these issues. The only mention of these procedures falls under Part VIII, indicated above. Subsequent sections in such an addition would address questions including certifications necessary, affirmation of dentists to purchase injectables, limits on delegation, and approved medical and cosmetic uses.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Given the growing popularity of Botox and dermal filler injectables, the role that dentists have in the trend should be established. The vast majority of practitioners currently performing these Botox, dermal, and lip injections are far less specialized in the maxillofacial region than dentists are. While dermatologists and plastic surgeons were the first to be trained in these procedures, it is now commonplace for general physicians of all specialties, nurse practitioners, registered nurses, and physician assistants to administer. In fact, some mid-level practitioners have opened their own clinics, with overseeing physicians who aren't required to be on-site. Dentists undergo rigorous training in the facial area and with the appropriate training are more qualified to perform these non-surgical facial augmentation procedures than the majority of the current practicing base.

Medical uses of injectables have long been accepted by the FDA, and several states have firmly acknowledged their relevance in the dental field. Botox Type A can be used to treat temporomandibular joint disorders, bruxism, mandibular spasms and more. Dermal/lip fillers can be used to modify high lip lines, correct asymmetry, and enhance the effects of both cosmetic and medical dentistry across all dental specialties. Dentists work almost exclusively above the clavicle, and also have the added experience of injections with dental anesthetics.

With highly specialized training in the facial area, experience with oral injections, and a host of relevant potential treatments - both medical and cosmetic - from these non-surgical procedures, there is no reason why dentists in Virginia with proper training shouldn't be authorized to do so. The Regulations Governing the Practice of Dentistry should address the subject and necessary training/certifications, eligibility to purchase and administer, and limitations found clinically necessary in order to assist dentists in the state in navigating this accelerating trend and taking their professional place within it.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Given the lack of federal regulation on practitioner limitations for such non-surgical procedures, legal authority under § 54.1-2400 affirms that the board is the most appropriate body for reviewing and adopting these regulations that deal with the scope of dentistry in Virginia.

Signature:
Lily Nejadian

Date: 7/31/20

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Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]

141 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Jason W Dulac, DDS

9/1/20 11:55 am

i support this amenement

I support this change to expand the scope of general dentistry to cover botox with the completion of a CE course.

other states (like south dakota) general dentists can place botox

thanks for your consideration of this issue

CommentID: **84255**

Commenter: Christine Ressler,DDS

9/1/20 1:29 pm

Botox/filler

I am in favor of allowing trained dentists to administer Botox and fillers. I have done botox for patients to help alleviate the pain of bruxism with great success. Allowing dentists to help patients with their overall esthetic is beneficial to patients and providers. Properly placed botox can help with overly gummy smiles, asymetrical smiles, etc. Dentists are trained in all the facial nerves and muscles...who better to administer botox! As far as filler, full lips can help create a gorgeous smile from a plain one.

CommentID: **84267**

Commenter: James Oliver, Evolve Dental Care

9/1/20 4:09 pm

I support

I support the consideration of opening the scope of practice to include Botox and dermal filler's for those professionals that have taken the required additional training.

We are specialists' of the head and neck and spent four years plus studying it. It can be of great use during smile makeovers / cosmetic procedures. Why we should not be able to administer these (Botox especially) with some additional training to bring us up-to-date.

CommentID: **84306**

Commenter: Timothy A Smith DDS 9/1/20 4:10 pm

I support dentists administering botox/fillers

I am in support of dentists being able to provide botox and fillers in the state of Virginia. Many states already allow this. These therapies can provide adjunct clinical benefits relevant to dentistry both therapeutically and cosmetically. Dentists are well versed in facial anatomy and we are already comfortable doing injections in the mouth. With proper training, dentists would probably be more competent and conscientious than many providers who are presently allowed to do these procedures.

CommentID: 84309

Commenter: Dag Zapatero, DDS, MAGD/ Starfish Dental 9/1/20 4:12 pm

I support the esthetic use of BTX in dentistry after hands-on training is completed.

I have been using BTX for therapeutically on masseter and temporalis muscles in TMD for about 10 years after completing courses from the Academy of Facial Esthetics. I have not experienced any complication and feel that dentistry is uniquely qualified to utilized BTX for esthetic procedures. I support the petitioner's application after completion of hands-on training.

CommentID: 84310

Commenter: Dr. Ann N. Hebda Complete Health Dentistry 9/1/20 4:13 pm

I support general dentists administering Botox/Filler

General dentists should be permitted to administer Botox and Filler with appropriate training. Dentists actually are the most qualified medical profession to administer Botox/Filler because of our extensive knowledge of facial anatomy, muscles, and nerves. We also routinely administered intraoral injections. There are many states that currently allow general dentists to administer Botox/filler. It is time for Virginia to become one of these states.

CommentID: 84311

Commenter: Dr. Kathleen Mullaney 9/1/20 4:17 pm

I support dentists in Virginia being able to provide botox and fillers after training.

I support Dentists in Virginia being able to provide botox and fillers services to patients after training.

CommentID: 84315

Commenter: Amanda Vedros, DDS 9/1/20 4:22 pm

I support this amendment.

I support this amendment for dentists to be able to administer Botox and fillers after training and certification.

CommentID: 84318

Commenter: william d lessne dds plc 9/1/20 4:46 pm

botox/dermal filler usage in dentistry

I wholeheartedly endorse the use of botox/dermal fillers by dentists in Virginia. There is a litany of professional literature about the benefit of such therapies to the dental patient. Also, the dentist is very well versed in head and neck anatomy and does injections as a matter of routine on a daily basis.

CommentID: **84320**

Commenter: Dr J Kaler DMD 9/1/20 4:59 pm

I support Botox/filler with general dentist License in VA

If other states allow general dentist with additional training then why not in Virginia.This amendment will help general dental practices recover from pandemic faster.

CommentID: **84321**

Commenter: Thomas B Padgett D.M.D. Richmond Oral and Cosmetic Surgeons 9/1/20 5:15 pm

Allowing Dentists to provide Botox/Filler

First everyone needs to understand allowing this change would have to be through a Legislative change. In the late 90's the scope of Dentistry was changed to allow Oral Surgeons to perform Cosmetic procedures. This was very difficult with considerable push-back from the Plastic Surgeons. We finally got them to agree as long as there were periodic cosmetic reviews done by an independent source and we had to have a separate Cosmetic License and a separate Oral Surgery License. Unless I am missing something, the only way to allow Dentists to give Botox and Fillers is to Legislatively reopen the Scope of Dentistry and change it. When you do this, then everything in the previous ruling can be challenged which could affect all Dentists and Specialists and not necessarily in a good way. Virginia is different from other states on this, so it is not just an easy fix.

CommentID: **84323**

Commenter: Barrett W. R. Peters, DDS, MSD 9/1/20 5:16 pm

Support Botox/Dermal Fillers for Virginia Dentists

I support Virginia Dentists being able to provide Botox/Dermal fillers with the proper CE/education. I believe with proper training this service should not be limited to only the oral cavity, but should include medical, dental and cosmetic applications from the neck up.

CommentID: **84324**

Commenter: Lori Musick DDS 9/1/20 5:53 pm

Support for this amendment

I believe that with proper approved training Dentists should be able to perform Botox and filler treatment.

CommentID: 84328

Commenter: Charles & Katherine Fischer, DDS,PC

9/1/20 6:02 pm

Botox/FIller amendment

I support dentists being allowed to administer Botox/fillers after training

CommentID: 84329

Commenter: James Vick

9/1/20 6:32 pm

Botox is not just cosmetic

Botox has many uses besides cosmetics. Myofascial pain therapy, reducing symptoms from obsessive bruxism when counseling is not enough. It is a non-opioid tool in our toolbox against orofacial pain. The board should consider what certificate they will accept and make a recommendation for a standard.

CommentID: 84330

Commenter: Daniel Stockburger, DDS

9/1/20 6:43 pm

Support for general dentists to perform Botox and other injectable treatments

Dentists are trained extensively in head and neck anatomy and physiology and should be allowed to do Botox and other injectible treatments with proper training.

CommentID: 84331

Commenter: Uppasna Chand, DDS

9/1/20 6:55 pm

I support general dentists doing Botox/fillers

We have an immediate need in our community to provide Botox for patients who are dealing with stress and taking it out on their muscles. We can help them as we give injections all day long. Please allow us to provide for our patients what we know how to do.

CommentID: 84333

Commenter: Dr. Austin Westover

9/1/20 8:52 pm

I support Dentists administering Botox

Botox and dermal fillers have significant benefits related to dentistry including treating orofacial pain, reshaping smiles, preventing fungal infections of the lips, and treating clenching and grinding. Dentists are some of the best trained doctors of the face, and deal more with the neurology and musculature of the face than almost any medical profession. In my town, nurse practioners working for OB/GYNs are currently administering it. Dentists have significantly more experience with facial injections, including managing complications, than almost any other medical practioner.

CommentID: 84335

Commenter: Anonymous 9/1/20 9:07 pm

I support general dentists to administer Botox and dermal fillers in Virginia.

I support general dentists in Virginia to administer Botox and dermal fillers.

CommentID: 84336

Commenter: Anonymous 9/1/20 9:55 pm

Support of Bill.

If a nurse could do Botox, I am sure a dentist could do it too. In most states dentists are allowed to do Botox.

CommentID: 84338

Commenter: Michelle Arria DDS 9/1/20 9:56 pm

I Support Botox Administration by General Dentists in Virginia

Dentists are more than qualified to perform Botox since they are familiar with facial anatomy. Botox administration by dentists is allowed in many states, dentists in Virginia need to be allowed too to administer with proper training certification.

CommentID: 84339

Commenter: Anonymous 9/1/20 10:16 pm

I support allowing dentists to provide box and dermal fillers

ssia

CommentID: 84340

Commenter: Thu-Nga Ortega, DDS, MAGD 9/1/20 10:48 pm

I support dentists in being able to administer Botox and Fillers in their practice

I support dentists to administer Botox and Fillers in their practices.

CommentID: 84344

Commenter: Mollie Gioffre 9/1/20 10:51 pm

I support this amendment

Dentists are experts with regard to head and neck anatomy. This makes us excellent candidates to undergo training and administer Botox and injectables. Botox has therapeutic indications related to TMJ disorder that would be beneficial to our patients. Additionally, patients seeking cosmetic benefits from these procedures would be well served by dentists due to our extensive

knowledge of facial anatomy.

CommentID: 84345

Commenter: JPF 9/2/20 7:30 am

I support the administration of botox/injectables by dentists

Currently, in my community people can receive botox from medical professionals that practice OBGYN services, emergency medicine, and other non-traditional botox specialties. Dentists are more than qualified to add this service.

CommentID: 84349

Commenter: Stephanie Voth 9/2/20 8:03 am

Botox/Fillers

I support Dentists in Virginia being able to provide botox and fillers services to patients after training. Thank you.

CommentID: 84352

Commenter: Denver Lyons 9/2/20 8:49 am

Support for this amendment

I support dentists being able to administer botox and fillers as cosmetic and/ or therapeutic indications for their patients. Thank you

CommentID: 84353

Commenter: Shweta Ujaoney DDS 9/2/20 9:17 am

Support Botox/Fillers to be within the scope of General Dentistry post accredited Training

I support the notion. General Dentist can easily serve a large population group that does not have straight access to these services. Dentist are well suited to provide this cosmetic service through their experience and expertise as oral health specialist after proper accredited training in Botox/Fillers

CommentID: 84354

Commenter: Krysten Herrero DMD 9/2/20 10:42 am

Support for this amendment

I support dentists being able to administer botox and fillers as cosmetic and/ or therapeutic indications for their patients. Thank you!

CommentID: 84359

Commenter: Erik Roper DDS 9/2/20 10:43 am

Support for this amendment

I support dentists being able to administer botox and fillers as cosmetic and/ or therapeutic indications for their patients. Thank you!

CommentID: 84360

Commenter: MaryBeth Wicker, DDS 9/2/20 11:05 am

Support for amendment

I support dentists being able to administer botox and dermal fillers for therapeutic and cosmetic indications with the proper training.

MaryBeth Wicker, DDS

CommentID: 84361

Commenter: South Capitol Smile Center 9/2/20 11:37 am

In support

Dentists inject into the head more most other medical specialties and have more head and neck anatomy classes/training than most. Who knows facial muscles better, knows structures better, the insertion and origin of muscles and where effects will occur? Dentists. Not allowing dentists to do Botox and fillers facially for cosmetic and clinical necessity is undermining our profession, while we stand by and watch (in some jurisdictions) assistants with 6 month certificates and GED's place materials via injection. Most my classmates and I have at least 8 years of education past high school just to become a dentist. With continuing education protocols, I estimate that I have 14 years+ of training post high school, and I am sure this is not uncommon with my peers. Our profession needs to stop being minimized by being relegated to "tooth doctors"- and allowing dentists to do Botox is merely a stepping stone.

CommentID: 84367

Commenter: SPRINGFIELD DENTAL CARE 9/2/20 1:39 pm

Support

dentists are the best providers in performing facial injection and we practice on daily basis. Patients trust that we can relief their pain and provide the beautiful smile they hope for. Facial esthetics is what the patients seek and dentists are the best people to seek help. Me and my staff totally support

CommentID: 84381

Commenter: Paul A. Henny 9/2/20 2:13 pm

TMD Treatment

I have been treating TMD patients for 25 years, and botox in certain instances would be a very helpful adjunctive therapy in some cases.

CommentID: 84386

Commenter: Jason T. Lipscomb DDS PC

9/2/20 2:44 pm

Support the amendment

To whom it may concern,

I support the amendment to allow general dentists to administer botox.

We have been in contact with several operations that supply botox and filler education to dentists all over the country, and they will be more than willing to adapt their curriculum to the needs of the Virginia board if they see fit. They will provide the necessary safety and hands on training to make the application of botox in the general dental office a safe and practical procedure.

As a general dentist, I have taken hundreds of hours of dental CE that have prepared me to perform invasive procedures such as dental implants, oral surgery, and tissue grafting. The education that we have received also makes us acutely aware and knowledgable of the facial musculature, nerve innovation, and blood supply. The general dentist is one of the most knowledgable in the realm of facial anatomy, and would be clinically competent to administer botox.

Thank you,

Jason Lipscomb DDS

CommentID: 84389

Commenter: Greg L. LaVecchia DMD

9/2/20 4:26 pm

I support this amendment

Please consider broadening the scope of general dentistry to include the administration of botox. With proper training, there are many beneficial applications of botox administration to increase a general dentists's ability to help patients both cosmetically and those in pain.

Respectfully,

Dr. Greg LaVecchia

CommentID: 84402

Commenter: Rocio Lopez DDS, Virginia Family Dentistry

9/2/20 4:54 pm

BOTOX IS NOT ONLY FOR ESTHETIC TREATMENTS

Botox has been used in dentistry for many years, not only for esthetic procedures but also for treatment related to TMJ disorders, myalgia, and headaches, among others. In prosthetic dentistry, Botox has major value. Losing teeth causes loss of muscle tone, when the dentition is then replaced problematic occurrences arise such as cheek biting, sore and ulcers. This advantage will allow the patient to enjoy their prosthesis more as we all know they are hard to manage and accommodate to. Dentists' scoop of knowledge I believed is more than advance to place Botox. I agree a CE course should be mandatory for all of dentists that would like to complement this technique in their practices.

CommentID: 84407

Commenter: Mohamed Elnahass DDS 9/2/20 5:21 pm

I support the amendment

I support dentists being allowed to administer botox and dermal fillers in the state of Virginia.

CommentID: 84408

Commenter: Binh Nguyen 9/2/20 5:50 pm

I support this petition

I support Dentist performing Botox and Dermal Fillers

CommentID: 84409

Commenter: Dr. S. Thomson 9/2/20 6:51 pm

strongly support

Dentists are experts in the head and neck. I strongly suggest this subject be visited and a decision to allow dentists to perform these procedures be approved. We have the expertise and acumen to bring a highly skilled application of these therapies. Thank you

CommentID: 84410

Commenter: Flora Tajalli, DDS 9/2/20 7:35 pm

I support the amendment to authorize General dentists in VA to administer Botox & dermal fillers

I support the amendment to authorize general dentists in Virginia to administer Botox & dermal fillers.

CommentID: 84411

Commenter: Dr. Rena Vakay 9/3/20 2:22 pm

Botox injections

We give head and neck injections multiple times per day. We are as much an expert in head and neck anatomy as any MD. I support this petition to provide excellent quality care to our aesthetic dental patients. I am a cosmetic dentist Accredited by the AACD and it would enhance my patients outcomes.

CommentID: 84422

Commenter: Christopher E. Bonacci DDS MD 9/4/20 10:19 am

Petition regarding dentists injecting Botox and dermal fillers AGAINST

This is far more complicated than simply expanding the scope of dentistry and therfore I am against the petition. If dentists wish to inject the face with cosmetic and therapeutic medicaments they can become Board Certified Esthetician's, Dematologists, ENT's, Plastic Surgeons or Oral

and Maxillofacial Surgeons. I'm sure all of these specialties will weigh in on the petition. These are procedures that need to done daily in order to achieve levels of excellence. This is not a hobby or fun work or a way to make a few extra bucks. There are serious consequences that will affect patient outcomes and complications. Is the dentist able to manage the litany of complications that result from an adverse outcome? If not, they should not be doing the procedure in the first place. If tissue dies are they prepared to reconstruct lips or eyelids? If not they should not be injecting the materials in the first place. If you cannot manage the complication then the procedure should not be performed in the first place. Malpractice insurance premiums will need to address this as well. I'd like to do brain surgery. We work in the area. There are plenty of people providing these services throughout the commonwealth. There is no unmet need anywhere.

CommentID: **84436**

Commenter: Nooshin Monajemy

9/4/20 10:48 am

I support dentists do facial injections.

I support dentists perform facial injection with Botox and Filler.

CommentID: **84437**

Commenter: Jay Bukzin, DDS

9/4/20 12:47 pm

supportive comment but proceed with caution

I would welcome a cautious review of the scope of dentistry. Please look at Dr Padgett's comments as further scrutiny on granting such procedures like botox & cosmetic filler would be brought on all dentists. I'm thankful for my senior colleagues (Drs Strauss, Niamtu, etc) in achieving legislation in the 90s to grant a specialty license within the specialty of oral & maxillofacial surgery to perform cosmetic procedures. Even with careful application of fillers one must understand the risks & liability. What policy or education needed to provide botox and fillers is something that needs further research. However, if allowing OB/GYN, family care physicians, and emergency room doctors to provide these services hasn't been blocked then it would be hypocritical of myself to state a properly trained dentist couldn't do it.

CommentID: **84446**

Commenter: anonymous

9/4/20 1:54 pm

Definitely require proper training

Botox is used other than for cosmetic reasons: bruxism, myalgia, TMJD, etc. I do however strongly believe we should be required to have proper training, not a weekend course or quick online course. Unfortunately, it has become quite common to take short/limited training courses and become "certified in treatments" that may be best provided by a true specialist, for the benefit of our community.

CommentID: **84447**

Commenter: Anonymous

9/4/20 2:01 pm

Very Much In Favor of Dentist administering Botox and Fillers

If a nurse can inject patients with Botox and Fillers there is no reason a dentist shouldn't. The only people that seem to be concerned are the ones that think it will take business away from them.

Doctors just need the proper training which would most likely be anywhere from 16 to 32 hours of CE.

CommentID: 84448

Commenter: james whitney 9/4/20 2:50 pm

injection of Botox and Dermal Fillers

The injection of Botox and Dermal Fillers can cause serious problems as in blindness and skin necrosis as well as foreign body reactions. A week end course is not sufficient training. Only a Board Certified Facial Cosmetic Surgeon should be able to provide these services. To allow a dentist to do so would be dangerous for him and his patient. These procedures are OUTSIDE the Oral Cavity and no Restorative Dentist should be allowed by the Board of Dentistry to do so. This would also result in a response from the Medical Board.

CommentID: 84450

Commenter: Joe Niamtu, III DMD Niamtu Cosmetic Facial Surgery 9/4/20 4:20 pm

In Support of General Dentists Performing Injectables

Neuromodulators and injectable fillers have been a large part of my practice for decades. I sit on multiple advisory boards for Botox, Allergan and Abbvie. I have been a Diamond level Botox injector for over 12 years and in the top 5% of injectors in the USA. I have taught Botox and filler techniques to every specialty including general dentists for decades, nationally and internationally for over 20 years. I have published numerous scientific papers and textbook chapters on these techniques.

The situation concerning "who is trained to inject" should be based on the core training of the health care provider and bolstered by contemporary course work that outlines the diagnoses, treatment, and complications of available FDA approved products.

In the Commonwealth of Virginia, Nurses are allowed to inject these products as is any person with a medical degree. This would include professions with very little anatomic training and injection experience in the head and neck. If a nurse can legally inject in this state (and I know many competent nurse injectors), then these services should be within the scope of general dentistry. Very few specialties in medicine (and nursing) have the comprehensive head and neck anatomy training as do general dentists and virtually no other specialty provides the volume of injections in the facial area than do general dentists. Many of these situations boil down to the politics of competing specialties and turf wars. In fact, they should be based on education, experience, expanded education and safety.

Oral & Maxillofacial Surgeons in the commonwealth have these privileges and apply for a certificate from the Department of Health Professions to perform these procedures. These procedures are part of the core training in OMS residency programs, are part of our boards and are covered under our malpractice insurance. Cosmetic injectables are also taught in some dental schools as part of cosmetic dentistry and many states have allowed their administration by general dentists for years.

Every practitioner has the obligation to offer his or her patients the latest advances in their specialty and as long as they have the inherent training and experience that is equal to or surpasses those already credentialed, this should be viewed as progress, not competition.

Filler injection is not without possible complications, some which can be tragic, but in their day to day duties, general dentists use, handle, operate and inject with procedures that can have serious

side effects. They are well educated on safe treatment and avoiding complications. As more and more aesthetic injectables enter the marketplace, ongoing continuing education is imperative for any an all specialties providing these services.

Joe Niamtu, III DMD

Cosmetic Facial Surgery

Richmond, Virginia

CommentID: 84455

Commenter: Cappy Sinclair Dds 9/5/20 1:20 pm

In support

in support

CommentID: 84460

Commenter: Dr Gretchen Drees 9/5/20 3:06 pm

I support this petition

I support this petition.

CommentID: 84461

Commenter: D. Michael Clark 9/6/20 1:12 pm

I support the use of Botox by general dentists

I support and wish to use Botox in my general practice for conditions diagnosed in my practice that Botox Treatment would be an option.

CommentID: 84463

Commenter: Paul Hartmann 9/8/20 8:23 am

Be careful what you wish for

Although I support the ability of well trained practitioners to perform these procedures, I was President of VSOMS during the efforts to change the Definition of Dentistry to include cosmetic procedures. Although we were successful, this was done with trepidation due the risks of loosing more than we gained in the process. It requires more than a regulatory change. It is a legistlative change which would again need to open the Definition of Dentistry in order to make. Hopefully we will be carefully guided in the process.

CommentID: 84474

Commenter: C Crichton DDS 9/8/20 2:04 pm

support

I support the use of botox and fillers in general dentistry.

CommentID: **84502**

Commenter: Karrie Howard DDS 9/8/20 2:19 pm

Dental Botox injections

Dentist should be able to do Botox injections as an important service for our patients. There are areas such as TMJ issues that this would greatly help our patients.

CommentID: **84507**

Commenter: Karrie Howard DDS 9/8/20 2:25 pm

Dentist to administer Botox Injections

Our patients can greatly benefit from this service. There are many of my patients that have TMJ/clenching issues that if I was allowed to do Botox it would really make a difference for them.

CommentID: **84511**

Commenter: Rob Strauss 9/8/20 2:52 pm

Cannot support facial cosmetic injections of Meds

I cannot support the extraoral administration of neuromodulators and fillers for cosmetic purposes by non-Board Certified and credentialled OMS providers. I say that based on the following:

1. It is incumbent on any practitioner to perform procedures for which they have not only been trained to perform, but also to manage the complications that invariably present. I have personally seen tragic results from the use of these agents. As the professor who teaches cosmetic surgery (and management of complications) to the dental students at VCU, I can say that this is NOT taught to any level of competency (only to familiarity). Non-surgeons do not have any experience managing deep fascial space infections, eyelid lagophthalmos, avascular necrosis, etc (all of which can and do occur from these agents even when performed properly). I myself will only perform cosmetic procedures that I am confident I can handle the complications of (which is not all of them). I must add that these experiences certainly cannot be taught in weekend courses!

2. As a member of the committee appointed by the Board of Dentistry some years ago to negotiate with the Board of Medicine the ability of Board Certified and properly experienced OMSs to perform cosmetic procedures, it was their greatest concern that dentists with no formal surgical or medical training would perform these procedures and be unable to manage the inevitable complications. It was agreed by both Boards at that time that only Board Certified OMSs (and further, only those who were trained in residency to perform these procedures and manage their complications) would be credentialled and then only after they registered with the Board. Changing the rules and regulations at this point is in direct contradiction to the agreement reached by the BOD and the BOM.

3. It has been pointed out that Botox can also be used intraorally for a variety of conditions. To my knowledge this has never been prohibited for any dentist to perform. I support that entirely as every dentist has training and experience in intraoral procedure and their complications. My concern is extraoral use on the face where there is no training in dental schools and where the complications can be devastating and required surgical intervention.

4. It has also been pointed out that some non-physicians such as nurses are able to give these injections. Nurses are not independent practitioners. They can only give these injections under the auspices of a licensed physician or OMS with appropriate credentials. Nurse practitioners are

independent but work under care agreements with physicians who accept the responsibility for managing their complications.

CommentID: 84520

Commenter: RICHARD COTTRELL DDS 9/8/20 4:21 pm

support

strongly support

CommentID: 84532

Commenter: Dr. Philip Gentry, DDS, FAGD 9/8/20 8:09 pm

I support dentists being allowed to give Botox and filler injections.

I support dentists with proper training being allowed to give botox and filler injections. Our dental friends and colleagues in other states have been doing this for many years. It's about time Virginia catches up! Thank you,

CommentID: 84542

Commenter: Dr. Jeanette Coutin, DDS 9/8/20 8:14 pm

Strongly support allowing dentists to give Botox and filler injections.

I strongly support allowing general dentists with proper training to give Botox and filler injections. Thank you, Dr. Coutin

CommentID: 84543

Commenter: Anonymous 9/8/20 9:16 pm

Support Botox Injections by DDS

I support the use of botox by properly trained DDS/DMD. Dentists are highly trained in the anatomic regions of the head and neck, far more than the majority of nurses are, and with proper training would be able to treat the areas of the face properly. A great number of states already have dentists performing botox procedures and have been for some time now. Regardless if an NP/PA can administer the botox under the license of the attending doctor, they are still far less trained than dentists yet are allowed to administer it. As for complications arising, there are many complications that can arise for a dentist that are not always taken care of in their offices. It is not uncommon for a general dentist to seek specialist's help on a variety of complications.

CommentID: 84545

Commenter: David Voth, DDS, MSD 9/9/20 5:48 pm

I support this amendment

I support this amendment

CommentID: 84576

Commenter: Paige Holbert 9/9/20 6:11 pm

I support this amendment.

- I support this amendment.

CommentID: 84578

Commenter: Brandon Wong DMD 9/9/20 6:29 pm

I support this Amendment

I am in support of this amendment for Dentists to be able to administer Botox and Fillers. I believe proper certification should be required prior to doing this, in the same manner as something like sedation. Dentists have extensive knowledge of the facial, head and neck anatomy, as well as daily experience with giving injections. With proper training, I believe this could enhance the practice of dentistry. Many other states authorize general dentists to administer Botox.

CommentID: 84581

Commenter: Colleen Nash, DDS 9/9/20 6:38 pm

I support this amendment

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training.

CommentID: 84582

Commenter: Chad Flanagan 9/9/20 10:27 pm

I support this ammendmant

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training.

CommentID: 84657

Commenter: dr dennis c wong dds 9/10/20 10:27 am

petition for botox and dermal filler for dentistry

I support the new petition for dentistry to include administration of Botox and dermal filler injectables. I think it is way overdue that the Virginia law allowing dentists to administrate Botox and dermal filler with the anatomy knowledge that we are learned and trained to do.

CommentID: 84666

Commenter: John D Buhler DDS 9/10/20 10:33 am

Botox and Fillers I support the ammendment

I support the ammendment

CommentID: 84667

Commenter: Vicki Tibbs DDS 9/10/20 10:34 am

I support this amendment

I support this amendment.

CommentID: 84668

Commenter: Neil Turnage DDS 9/10/20 2:20 pm

In Support of Botox and Dermal Fillers

I am writing in support of amending the scope of practice for dentistry to include the administration of Botox and injectable dermal fillers. Dentists have training in head and neck anatomy that far exceeds the anatomy training that most nurses and aestheticians have, and they qualify to do these procedures under a doctors direction.

Patients are becoming more concerned with their smiles and cosmetics facial esthetics have become part of treatment that they want. Being able to have these services done with a dentist they already trust with their smile will be a great service to patients.

Most state already allow dentists to do these procedures. Like other things we do complications can arise and proper training is needed. As stated in other letters of support the use for TMJD and bruxism treatment is also a great benefit to patients.

CommentID: 84698

Commenter: Mark Diefenderfer DDS 9/11/20 11:26 am

Support of the Amendment

I support allowing dentists to administer Botox and dermal fillers.

CommentID: 84773

Commenter: Jamie Denoncourt, DDS 9/11/20 11:26 am

I support this amendment

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training

CommentID: 84774

Commenter: David Roberts DDS 9/11/20 11:35 am

I support this amendment

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training

CommentID: 84775

Commenter: Alexis Oristian 9/11/20 11:38 am

Support

I support this procedure being done in dental offices.

CommentID: 84776

Commenter: Anonymous 9/11/20 12:29 pm

I support this amendment

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training. Botox injections can not only alleviate TMD pain but allow us to enhance facial esthetics for our patients. As practitioners that focus on the head and neck, we should be able to incorporate this into our scope of treatment.

CommentID: 84778

Commenter: Jen Tran, DDS 9/11/20 12:30 pm

I support this amendment

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training. Botox injections can not only alleviate TMD pain but allow us to enhance facial esthetics for our patients. As practitioners that focus on the head and neck, we should be able to incorporate this into our scope of treatment.

CommentID: 84779

Commenter: Rick Sykes 9/11/20 12:49 pm

Support

I support the use of this treatment

CommentID: 84781

Commenter: Andy Estill, DDS 9/11/20 12:51 pm

I support

I support this amendment

CommentID: 84782

Commenter: Josh Wong, DDS 9/11/20 1:01 pm

I support this amendment

I support the amendment to allow general dentists to treat patients with botox and dermal fillers.

CommentID: 84783

Commenter: Josh Wong, DDS 9/11/20 1:01 pm

I support this amendment

I support the amendment to allow general dentists to treat patients with botox and dermal fillers.

CommentID: **84784**

Commenter: Mike Catoggio 9/11/20 1:06 pm

Support This Amendment

This is long overdue. Dentists should be allowed to offer this treatment with proper training and certification.

CommentID: **84785**

Commenter: Marc Gamache 9/11/20 1:39 pm

Administration of Botox and dermal filler injectibles

I support this ammendment

CommentID: **84788**

Commenter: Allison Purcell 9/11/20 1:49 pm

Support

With proper training and certification. I support the amendment to allow dentists to administer Botox and fillers.

CommentID: **84793**

Commenter: Jamey Crichton 9/11/20 2:05 pm

Botox

i support

CommentID: **84797**

Commenter: Misha Ghazarian 9/11/20 2:51 pm

I support this amendment

I support this amendment

CommentID: **84805**

9/11/20 4:24 pm

Commenter: Keith Eldridge

I support this amendment

I support the amendment to allow dentist to administer Botox and dermal fillers

CommentID: **84815**

Commenter: Deepika Ganesh 9/11/20 4:30 pm

I support this ammendment!

I support this ammendment!!

CommentID: **84816**

Commenter: Taylor Varner 9/11/20 6:51 pm

Support of the amendment

I support the amendment with proper training and CE

CommentID: **84823**

Commenter: Taylor Varner 9/11/20 6:52 pm

Support of the amendment

I support the amendment with proper training and CE

CommentID: **84822**

Commenter: Richard Marcus 9/11/20 7:02 pm

I fully support this amendment

I fully support expanding the ability of trained dentists to administer Botox/filler. As many other comments have said, we are specialists in head and neck anatomy and the uses for this treatment modality are numerous.

CommentID: **84824**

Commenter: Zain Hyder DDS 9/11/20 8:55 pm

I support this amendment

I support dentists administering Botox and fillers with the appropriate training.

CommentID: **84827**

Commenter: Brian P. McAndrew DMD, MD, FACS 9/11/20 11:14 pm

Legislative not Simple Regulatory Change Required

This discussion is interesting having been present back when the definition of dentistry was changed and having watched the practice of cosmetic surgery evolve since that time. As a matter of historical perspective, SB 806 was passed and approved in March 2001. In short this bill amended the Code of Virginian and changed the definition of dentistry. This bill was heavily contested by physician groups and the Medical Society of Virginia.

The passage of this bill was a huge victory for the Virginia Dental Association and dentistry at the time. This bill called for the Code of Virginia be amended (*54.1-2700 and 54.1-2706*) i.e the definitions of dentistry and sanctioning of dentists. It also amended the Code of Virginia by adding *54.1-2709 through 54.1-2709.4*. Theses sections instructed the Board of Dentistry to promulgate regulations establishing criteria for certification for board certified or board eligible oral and maxillofacial surgeons to perform cosmetic procedures. It did not allow for general dentists to perform these procedures. It ***also limits*** oral surgeons if they do not obtain a cosmetic surgery license and certification.

Unfortunately, this petition is misguided in asking the Board of Dentistry to change regulations. The regulations adopted by the Board nearly 2 decades ago were the result of the changes in the law. In order for all dentists to be able perform these procedures, legislation would need to be introduced and passed in the general assembly to amend the Code of Virginia i.e. change.

CommentID: **84829**

Commenter: Craig E. Vigliante DMD, MD

9/12/20 10:34 am

In Full Support of General Dentists Performing Injectables

I respect everyone's opinion on this petition, including my fellow colleague Oral and Maxillofacial Surgeons. I understand that OMFS lead a fight back in 2000/2001 so that single-degree OMFS can perform Cosmetic Facial Surgery in VA as long as they had the knowledge, training, and experience. The leaders in this battle were a group of OMFS in Richmond. One of those leaders, Dr. Joseph Niamtu, commented on this petition. This practice used many of their own resources to correct an injustice. The injustice manifested in the fact that competing head and neck surgical specialties tried to prevent OMFS from performing Cosmetic Facial Surgery. The competing specialties lost the battle, and rightly so. No one spends more time operating in the head and neck as a specialty, than OMFS. How can you tell a surgeon who can put a whole face back together that they cannot inject Botox and Fillers?

A similar theme rings true here.

The reality is that no one injects more needles into someone's face than the dental community of general dentists and dental specialists. If dentists an learn how to do V2 and V3 Blocks, they can certainly safely learn how to perform Botox and Filler Injections (with much smaller needles). In addition--no one spends more time learning about Head and Neck Anatomy in school than the dental community. Nurse injectors have become commonplace in basically all facial plastic surgery practices. Correct me if I am wrong, but I am not aware of any nurse who sit for written and clinical examinations on Head and Neck Anatomy.

In conclusion, I am in agreement with Joseph Niamtu III, DMD and all of the OMFS and others in the dental community who have supported cosmetically trained OMFS performing this important subset of our surgical specialty. General Dentists who want to learn how to safely inject Botox and Fillers should certainly be permitted to do so.

CommentID: **84831**

Commenter: Steven Larkin

9/12/20 4:25 pm

botox and injectables

I support 100% dentist performing injectables.

CommentID: 84833

Commenter: E THOMAS ELSTNER JR DMD 9/12/20 5:11 pm

Botox and Dermal fillers

One of my staff members recently had dermal fillers injected around her orbits. She was treated by what appears to be a non-healthcare individual.

CommentID: 84834

Commenter: Erin Sharkey DDS 9/12/20 6:16 pm

I support this amendment

I support this amendment

CommentID: 84835

Commenter: Edina Gorman 9/13/20 8:58 am

Support

I support dentists being able to administer botox and fillers as cosmetic and therapeutic indications for their patients.

CommentID: 84836

Commenter: Danny Garcha 9/13/20 9:52 am

Support

I am in support of dentists using botox and fillers both cosmetically, and for therapeutic indications for their patients

CommentID: 84838

Commenter: Merissa Mule, DDS 9/13/20 10:20 am

I support this amendment

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training.

CommentID: 84839

9/13/20 11:07 pm

Commenter: Melanie Spears

Suport

I support this petition

CommentID: 84847

Commenter: Jeff Laughlin 9/14/20 8:10 am

Support for injectable amendment

I support this amendment

CommentID: 84849

Commenter: Steven Forte 9/14/20 9:04 am

Support Amendment

I support the amendment to allow general dentists to treat patients with botox and dermal fillers.

CommentID: 84855

Commenter: Long Nguyen DDS 9/14/20 9:12 am

I support this amendment.

I support the amendment to allow dentists in Virginia to administer Botox and fillers with the proper training. As health care providers focused on treatment in the head and neck area, we should be able to incorporate this into our scope of treatment.

CommentID: 84856

Commenter: Kate Doss 9/14/20 10:17 am

I support the amendment for Botox/fillers

I am in support of this amendment allowing dentists to administer Botox and dermal fillers. With proper training and certification, along with dentist's extensive knowledge of facial anatomy, administering injectables should be within the scope of our practice. Thank you for your consideration.

CommentID: 84862

Commenter: Dwight Buelow 9/14/20 12:43 pm

Support Amendment

I support this amendment. Thank you.

CommentID: 84869

9/15/20 8:12 am

Commenter: Sam Grizzard, DDS

I support this amendment

I feel that the procedures outlined in the proposed amendment would be suitably performed by dentists, whose training and familiarity with craniofacial anatomy is extensive, and that our patients would benefit greatly from these modalities as part of our comprehensive treatment approach.

CommentID: 84885

Commenter: Pete Appleby 9/15/20 12:55 pm

I support the amendment to allow dentists to inject Botox/dermal fillers

In other states, dentists having been providing this service safely and effectively for many years. It's time for Virginia to do the same to enhance dental services available to Virginians.

Thank you for your consideration

CommentID: 84895

Commenter: Eugena Waggoner DDS 9/15/20 3:48 pm

I support the amendment to allow dentists to inject Botox/dermal fillers for cosmetic purposes

I believe that with proper training, dentists should be allowed to use botox and dermal fillers for cosmetic reasons. The training that dentists receive in the head and neck region makes them ideal persons to safely administer botox and dermal fillers, after receiving adequate training.

CommentID: 84900

Commenter: ajinder kaur DDS 9/15/20 6:39 pm

I support Botox/dermal fillers for dentists.

Dentists are already trained in head and neck region. With proper training and certification , dentists should be allowed to administer Botox and dermal fillers to patients. Dentists are ideal for these treatments.

CommentID: 84903

Commenter: Thomas M Drummond DMD 9/15/20 8:47 pm

Support the use of Botox/Dermal filler by properly trained dentist

There is overwhelming evidence that the use of Botox by dentists who have received proper training is safe and effective. Dentists are certainly capable of learning how to do this safely. Dentists perform many invasive procedures successfully with the proper training. Implants are a prime example of something recently introduced to the dental community and at first only specialists were placing them. But today with proper training, general dentists are placing implants every day. I see no reason why general dentists are excluded from performing the Botox service for patients. It makes the most logical sense that dentists should be the clinicians of choice to deliver the benefits of botox. We are seeing already seeing the average patient many times a year for recall care and we are the extremely experienced at giving injections. That's a positive thing for patients.

CommentID: **84905**

Commenter: David S Wozniak DDS

9/16/20 9:39 am

Botox/filler

I support this amendment

CommentID: **84918**

Commenter: Rod M. Rogge, DDS, MS

9/16/20 10:27 am

Botox and dermal fillers

Although I don't anticipate including these modalities in my practice, I think it is appropriate for dentists who have successfully completed credentialed training with Botox and dermal fillers to use these compounds

CommentID: **84922**

Commenter: S. Nikki Sparks DDS Virginia Family Dentistry

9/16/20 10:53 am

support use of botox by licensed dentists

I am in favor of Botox use by trained dental professionals for facial esthetics or to provide muscle relaxation therapy. Dentists already have an in depth level of understanding of the facial muscles and head and neck anatomy. We could easily practice within the scope necessary to provide these services to meet or exceed the standard of care. Thank you for your time. S. Nikki Sparks DDS

CommentID: **84923**

Commenter: Shilpi Gupta DDS

9/16/20 1:58 pm

Support

I support the amendment

CommentID: **84931**

Commenter: Christy Cowell

9/16/20 3:52 pm

In support of Botox

I am in support of this amendment allowing dentists to administer Botox and dermal fillers with proper training and certification. Dentists have extensive knowledge of facial anatomy, and so I believe administering injectables should be within the scope of our practice. Thank you for your consideration.

CommentID: **84940**

Commenter: Sarah Mandaleris 9/16/20 5:25 pm

I support this!

I strongly support this proposal because of the extensive knowledge that dentists have about head and neck anatomy and physiology. Some research shows that Botox can be used to treat symptoms of TMJ disorders as well. For these reasons I feel that dentists should absolutely be allowed to preform Botox treatments.

CommentID: 84946

Commenter: Kent Archibald, DDS 9/16/20 5:52 pm

in support of Dentists right to administer Botox and derm fillers

I am in favor of Botox use by trained dental professionals for facial esthetics and as part of TMD therapy. Dentists already have an in-depth level of understanding of the facial muscles and head and neck anatomy and give injections in this region of the body on an hourly basis. We could easily practice within the scope necessary to provide these services to **meet or exceed** the current standard of care, **which currently allows for these injections to be perfomed by LPNs**. Thank you for your time.

CommentID: 84948

Commenter: Norman M Trahos 9/16/20 7:12 pm

Botox/dermal fillers

i support the measure to allow the use of Botox and dermal fillers by those dentists with appropriate training.

CommentID: 84949

Commenter: Mark Bond 9/17/20 10:02 am

I support

I support proposed legislation.

CommentID: 84953

Commenter: Brian J. McAvoy DDS 9/17/20 12:19 pm

Injectables amendment

I support the passage of this amendment allowing General Dentists to administer Botox and other injectables.

CommentID: 84954

Commenter: Chris Ward DDS 9/17/20 3:01 pm

Botox/fillers

I support general dentists being allowed to administer

CommentID: 84959

Commenter: Iqra Waheed

9/18/20 12:27 am

Amendment

I support this amendment of fillers and botox

CommentID: 84979

Commenter: Anonymous

9/19/20 8:04 pm

Agreed

I agree with this ammendment because of research that it can be used to treat TMJ upon completion of required training.

CommentID: 85142

Commenter: Harold F Demsko our

9/20/20 11:08 am

Botox and dermal fillers

Dentists have had more head and neck training in dental school than most medical doctors and nurses who are already allowed to administer Botox and dermal fillers. It only makes sense that dentists be allowed to administer these products also.

CommentID: 85149

Commenter: Jessica Wiatt

9/20/20 5:18 pm

I agree

I agree with this amendment because it can be used to treat TMJ

CommentID: 85160

Commenter: Maria I. Correa

9/20/20 9:38 pm

I support this amendment

I am in support to this amendment allowing dentist to administer Botox and dermal fillers with proper training and certification, similar to something like sedation. Administrating injectables should be within the scope of our practice.

Thank you for your consideration.

CommentID: 85169

Commenter: M. Scott Gore

9/21/20 10:27 am

I support the amendment to allow dentists to inject dermal fillers

I support the amendment

CommentID: 85190

Commenter: Jared A. Hoover 9/21/20 11:44 am

I support

I support legislation allowing general dentists to use Botox and other injectables

CommentID: 85198

Commenter: Russ Mullen 9/21/20 4:27 pm

I support

Dentists are better trained to do these procedures than many of the people who are currently doing them.

CommentID: 85213

Commenter: N Ray Lee 9/21/20 10:22 pm

Botox/fillers

I support injection of Botox in conjunction with dental treatments. I do not support general Dentist injecting Botox and fillers for Cosmetic procedures. This was settled in 2001 by The Va General Assembly with SB 806.

CommentID: 85228

Commenter: Tajma Jordan 9/22/20 12:52 pm

Amendment

I actually think that this is a good idea but i think that the requirements should be strict

CommentID: 85255

Commenter: Jose Gallegos DDS 9/22/20 3:41 pm

I agree with this resolution

- **This is good for the profession. We should be able to do this with proper training.**

CommentID: 85286

Commenter: Elleni Kapoor, DDS 9/22/20 4:15 pm

I support

I support

CommentID: 85308

Commenter: Robert A. Gallegos, DDS 9/22/20 6:00 pm

Botox dermal fillers

I am a licensed dentist practicing in Virginia. I believe dentists should be allowed to offer Botox and dermal filler injectables. We are highly trained professionals in the area of head and neck anatomy who deliver injections on a daily basis. With CE training there is no reason we should not be able to perform these procedures safely.

CommentID: 85336

Commenter: Anonymous 9/22/20 10:15 pm

I support Botox and Dermal Fillers

I believe with proper and thorough training, dentists should be allowed to administer Botox and Dermal Fillers. After all, dentists are allowed to administer IV sedation with the proper training, so why not Botox and Dermal Fillers.

CommentID: 85362

Commenter: Anonymous 9/23/20 9:05 am

I support Botox and Injectables

I support Botox and Injectables to be delivered by trained dentists. I am from Ohio and trained at OSU. My colleagues relay to me how beneficial it is to their patient population. I am asked about once a week about botox. We are specialists of the head and neck and with appropriate training, should be allowed to help our patients we serve.

CommentID: 85390

Commenter: W. Kevin Watterson, Physician 9/25/20 1:40 pm

Support emphatically

Dentistry provides unique training of facial physiology. Interested practitioners are well positioned to effectively administer aesthetic treatments to compliment there aesthetic dental practices.

CommentID: 86253

Commenter: Abdallah Al-Oweidi, DDS 9/27/20 8:26 pm

I support the suggested Amendment (Botox/fillers)

I vote in favor of the suggested amendment. Allowing dentist to purchase and administer Botox/fillers granted that proper training have been obtained.

CommentID: 86699

9/28/20 11:04 am

Commenter: Edwin Torrey DDS MAGD

I support the amendment

I support a change in the rules to allow general dentist to administer Botox to their patients, with documented approved training.

I think it would be beneficial to many patients that exhibit traits of aggressive bruxing. Currently, we offer Bite splints, night guards or sleep apnea appliances to prevent damage to the meniscus and teeth. This large population of patients condition could improved with periodic administration of Botox to the masseter, in conjunction with aforementioned approptiate appliances.

Best Wishes,

CommentID: **86751**

Commenter: Danielle McCormack, DDS, MSD

9/29/20 8:15 pm

Support for this amendment

I support the amendment to allow general dentists to administer botox with proper training and certification. The use of botox is not only for cosmetic procedures but important in the treatment of TMJ disorders, myalgia, bruxism/clenching habits, etc., which is in the scope of dentistry to treat.

Thank you.

CommentID: **86989**

Commenter: Sarah K. Wilson, DDS

9/30/20 9:53 pm

I support the amendment

As practicing dentists, we are already well versed in head and neck anatomy. I support the requirement for appropriate training in administering Botox and fillers, and believe it will help many patients. Thank you for your consideration.

CommentID: **87162**

§ 54.1-2700. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Dentistry" means the evaluation, diagnosis, prevention, and treatment, through surgical, nonsurgical, or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent, and associated structures and their impact on the human body.

§ 54.1-2709.1. Certain certification required.

A. The Board of Dentistry shall promulgate regulations establishing criteria for certification of board certified or board eligible oral or maxillofacial surgeons to perform certain procedures within the definition of dentistry that are unrelated to the oral cavity or contiguous structures, provided such services (i) are not for the prevention and treatment of disorders, diseases, lesions and malpositions of the human teeth, alveolar process, maxilla, mandible, or adjacent tissues, or any necessary related procedures, and are services the training for which is included in the curricula of dental schools or advanced postgraduate education programs accredited by the Commission of Dental Accreditation of the American Dental Association or continuing educational programs recognized by the Board of Dentistry, or (ii) are not provided incident to a head or facial trauma sustained by the patient. The regulations shall include, but need not be limited to, provisions for: (1) promotion of patient safety; (2) identification and categorization of procedures for the purpose of issuing certificates; (3) establishment of an application process for certification to perform such procedures; (4) establishment of minimum education, training, and experience requirements for certification to perform such procedures, including consideration of whether a licensee has been granted practice privileges to perform such procedures from an accredited hospital located in the Commonwealth and consideration of the presentation of a letter attesting to the training of the applicant to perform such procedures from the chairman of an accredited postgraduate residency program; (5) development of protocols for proctoring and criteria for requiring such proctoring; and (6) implementation of a quality assurance review process for such procedures performed by certificate holders.

B. In promulgating the minimum education, training, and experience requirements for oral and maxillofacial surgeons to perform such procedures and the regulations related thereto, the Board of Dentistry shall consult with an advisory committee comprised of three members selected by

the Medical Society of Virginia and three members selected by the Virginia Society of Oral and Maxillofacial Surgeons. All members of the advisory committee shall be licensed by the Board of Dentistry or the Board of Medicine and shall engage in active clinical practice. The committee shall have a duty to act collaboratively and in good faith to recommend the education, training, and experience necessary to promote patient safety in the performance of such procedures. The advisory committee shall prepare a written report of its recommendations and shall submit this report to the Board of Dentistry and shall also submit its recommendations to the Board of Medicine for such comments as may be deemed appropriate, prior to the promulgation of draft regulations. The advisory committee may meet periodically to advise the Board of Dentistry on the regulation of such procedures.

C. In promulgating the regulations required by this section, the Board shall take due consideration of the education, training, and experience requirements adopted by the American Dental Association Council on Dental Education or the Commission on Dental Accreditation. Further, the Board's regulations shall require that complaints arising out of performance of such procedures be enforced solely by the Board of Dentistry and reviewed jointly by a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry. However, upon receipt of reports of such complaints the Board of Dentistry shall promptly notify the Board of Medicine which shall maintain the confidentiality of such complaint consistent with § 54.1-2400.2.

2001, c. 662.

Agenda Item: Board action on Practice by Public Health Dental Hygienists under Remote Supervision

Included in your agenda package are:

Notice in Townhall about the proposed regulations

Summary of comment

Minutes of public hearing

Comment posted on Townhall

Regulations that are identical to emergency regulations for remote supervision of VDH and DBHDS dental hygienists

Board action:

To adopt the amendments to 18VAC60-25-40 as a final action.

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dental Hygiene [18 VAC 60 - 25]

Action: Protocols for remote supervision of VDH and DBHDS dental hygienists

Proposed Stage

Action 5323 / Stage 8854

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	9/9/2020 2:43 pm	Sync Text with RIS
Agency Background Document	12/17/2019	Upload / Replace
Attorney General Certification	1/3/2020	
DPB Economic Impact Analysis	2/17/2020	
Agency Response to EIA	2/25/2020	Upload / Replace
Governor's Review Memo	8/12/2020	
Registrar Transmittal	8/16/2020	

Status	
Changes to Text	The proposed text for this stage is identical to the emergency regulation.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/17/2019 Review Completed: 1/3/2020 Result: Certified
DPB Review	Submitted on 1/3/2020 Economist: Jini Rao Policy Analyst: Jeannine Rose Review Completed: 2/17/2020 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/29/2020
Governor's Review	Review Completed: 8/12/2020 Result: Approved
Virginia Registrar	Submitted on 8/16/2020 The Virginia Register of Regulations Publication Date: 9/14/2020 Volume: 37 Issue: 2
Public Hearings	10/09/2020 1:15 PM canceled

	11/13/2020 11:00 AM
Comment Period	**Ended 11/13/2020** **1 comments**

Contact Information	
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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 12/17/2019
16

Summary of Public Comment on Proposed Regulations
Remote supervision for dental hygienists at VDH and VDBHDS
Board of Dentistry

The Code of Virginia requires that a summary of public comment on proposed regulations be provided to commenters prior to the Board's adoption of final regulations. Those regulations will be considered by the Board at its meeting on December 11, 2020. **No additional comment can be received at that time.**

The following comment was made on 11/13/20 at 11:00 a.m. during the public hearing ro received comment on proposed regulations for remote supervision of dental hygienists employed by the Department of Health or the Department of Behavioral Health and Developmental Services.

Commenter	Comment
Tracey Martin President Va. Dental Hygienists' Association	Spoke in support of the proposed regulation – changes allow dental hygienists to practice at the top of their scope and will increase access to at risk populations served by the agencies

The following comment was received on the Virginia Regulatory Townhall:

Commenter	Comment
Kandie Semmelman	Commented about the didactic and clinical instruction in a dental hygiene program and supported the ability of dental hygienists to work remotely in medically and dentally underserved areas.

VIRGINIA BOARD OF DENTISTRY
PUBLIC HEARING ON
PROPOSED AMENDMENTS TO REGULATIONS RELATING TO REMOTHE SUPERVISION OF DENTAL HYGIENISTS EMPLOYED BY THE DEPARTMENT OF HEALTH OR BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
NOVEMBER 13, 2020

Time & Place: This public hearing was called to order at 11:03 AM, on November 13, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

Call to Order: Ms. Reen called the telephonic public hearing to order and explained the purpose of this hearing is to receive comments on the proposed amendments to regulations relating to remote supervision of dental hygienists employed by the Department of Health or by the Department of Behavioral Health and Developmental Services.

Staff at the Perimeter Center: Sandra K. Reen, Executive Director
Tracey Arrington-Edmonds, Licensing Manager

Staff Present by Telephone: Jamie C. Sacksteder, Deputy Executive Director
Elaine J. Yeatts, Senior Policy Analyst

Public Comment: Ms. Reen called on the registered commenter as follows:

Ms. Tracey Martin, President of the Virginia Dental Hygienists' Association spoke on behalf of the members of the Association who are in favor of the proposed regulations. She said these changes will allow practice at the top of scope for hygienists and will increase access to care for at risk populations served by the agencies.

Ms. Reen provided information on submitting written comments and announced that the comment period on this regulatory proposal expires today, November 13, 2020. She then adjourned the hearing at 11:07 AM.

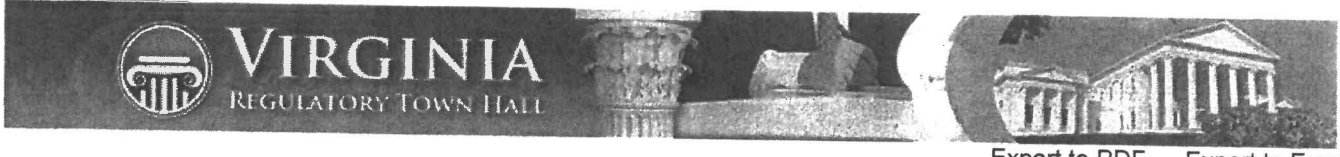
Sandra K Reen

Sandra K. Reen, Executive Director

November 23, 2020

Date

Virginia.gov Agencies | Governor



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Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dental Hygiene [18 VAC 60 - 25]

Action	Protocols for remote supervision of VDH and DBHDS dental hygienists
Stage	Proposed
Comment Period	Ends 11/13/2020

Back to List of Comments

Commenter: Kandie Semmelman

9/26/20 8:14 am

Registered Dental Hygienists should be able to work remotely

The curriculum of a Dental Hygiene program is strenuous and includes many hours of didactic and clinical instruction. The curriculum includes courses in Anatomy and Physiology both Head and Neck and whole body, Microbiology, Chemistry, as core courses as well as the proscribed courses as set standard by a National Board of Dental Hygiene education.
Clinical instruction begins early in the program allowing dental hygiene students to have prolonged experience such that they have proficiency upon graduation. National and state board exams must be successfully passed prior to licensure.

Allowing Registered Dental Hygienists to work remotely especially in medically and dentally underserved areas will give more patients access to care and allow them to have stains and accretions removed from teeth promoting better overall health.

CommentID: 86651

Board Of Dentistry

Protocols for remote supervision of VDH and DBHDS dental hygienists

18VAC60-25-40. Scope of practice.

Part II

Practice of Dental Hygiene

A. Pursuant to § 54.1-2722 of the Code, a licensed dental hygienist may perform services that are educational, diagnostic, therapeutic, or preventive under the direction and indirect ~~or~~, general, or remote supervision of a licensed dentist.

B. The following duties of a dentist shall not be delegated:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue, except as may be permitted by subdivisions C 1 and D 1 of this section;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist who meets the requirements of 18VAC60-25-100 C may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

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

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

6. Administration of deep sedation or general anesthesia and moderate sedation;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam

and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;

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

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

C. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers with any sedation or anesthesia administered.

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

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-25-100.

D. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with § 54.1-2722 D of the Code to be performed under general supervision:

1. Scaling, root planning, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers with or without topical oral anesthetics.

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

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

4. Subgingival irrigation or subgingival and gingival application of topical Schedule VI medicinal agents pursuant to § 54.1-3408 J of the Code.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed as nondelegable in subsection B of this section and those restricted to indirect supervision in subsection C of this section.

E. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

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

F. A dental hygienist employed by the Virginia Department of Health may provide educational and preventative dental care under remote supervision, as defined in § 54.1-2722 ~~D~~ E of the Code, of a dentist employed by the Virginia Department of Health and in accordance with the ~~protocol~~ Protocol adopted by ~~the Commissioner~~ Virginia Department of Health (VDH) for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, ~~September 2012~~ May 2019, which is hereby incorporated by reference.

G. A dental hygienist employed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) may provide educational and preventative dental care under remote supervision, as defined in § 54.1-2722 E of the Code of Virginia, of a dentist employed by DBHDS and in accordance with the Protocol for Virginia Department of Behavioral Health and Developmental Services (DBHDS) Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by DBHDS Dentists, May 2019, which is hereby incorporated by reference.

Documents Incorporated By Reference

~~Protocol adopted by Virginia Department of Health for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, September 2012~~

Protocol adopted by Virginia Department of Health for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, Virginia Department of Health (rev. 5/2019)

Protocol for Virginia Department of Behavioral Health and Developmental Services (DBHDS) Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by DBHDS Dentists, Virginia Department of Behavioral Health and Developmental Services (rev. 5/2019)

Agenda Item: Board action on administration of sedation & anesthesia

Included in your agenda package are:

Copy of announcement on Townhall

Summary of public comment

Minutes of public hearing

Copy of comments on the proposed regulations

Copy of proposed regulations

Board action:

To adopt the proposed regulation as recommended by the Regulation Committee or other action.

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]

Action: Administration of sedation and anesthesia

Proposed Stage

Action 5056 / Stage 8502

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	9/9/2020 2:40 pm	Sync Text with RIS
Agency Background Document	12/26/2018	Upload / Replace
Attorney General Certification	2/25/2019	
DPB Economic Impact Analysis	4/11/2019	
Agency Response to EIA	4/12/2019	Upload / Replace
Governor's Review Memo	8/12/2020	
Registrar Transmittal	8/16/2020	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/26/2018 Review Completed: 2/25/2019 Result: Certified
DPB Review	Submitted on 2/25/2019 Economist: Larry Getzler Policy Analyst: Jerry Gentile Review Completed: 4/11/2019 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 9/22/2019
Governor's Review	Review Completed: 8/12/2020 Result: Approved
Virginia Registrar	Submitted on 8/16/2020 The Virginia Register of Regulations Publication Date: 9/14/2020 Volume: 37 Issue: 2
Public Hearings	10/09/2020 1:00 PM canceled 11/13/2020 9:30 AM

Comment Period	**Ended 11/13/2020** **3 comments**

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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 12/26/2018
16

Summary of Public Comment on Proposed Regulations
Administration of Sedation and Anesthesia
Board of Dentistry

The Code of Virginia requires that a summary of public comment on proposed regulations be provided to commenters prior to the Board's adoption of final regulations. Those regulations will be considered by the Board at its meeting on December 11, 2020. **No additional comment can be received at that time.**

The following comments were made on 11/13/20 at 9:30 a.m. during the public hearing ro received comment on proposed regulations for the administration of sedation and anesthesia.

Commenter	Comment
Dr. Christopher Richardson	Opposed to requiring a 3rd person in the room during moderate sedation. Stated that national guidelines from the American Dental Association only require one person in addition to the dentist. Raised concern over the danger of an additional person during the Covid-19 pandemic. Proposal will raise costs to patients.
Dr. Thomas Glazier	Believes 3-person team is not rooted in evidence. He stated that moderate sedation has a 99% safety record with the current two-person team.
Dr. Stephanie Voth	Dr. Voth agrees with Dr. Richardson's comments. Expressed concern that regulation will make it more difficult for patients to receive moderate sedation.
Dr. Yousuf Al-Aboosi	Agrees with the other iterations. Believes additional person may make a patient more nervous.
Ms. Michele Satterlund, Representing Virginia Association of Nurse Anesthetists	Concerned that certified registered nurse anesthetists (CRNAs) are limited to administering moderate sedation only under the supervision and direction of dentists who hold moderate sedation permits. Believes these permits are unnecessary as CRNAs are licensed to administer moderate sedation just as anesthesiologists.

The following comments were received by email or in the regular mail:

Commenter	Comment
Erik Roper	Recommends the Board to follow the 2-person standard set by national guidelines. Notes record of safety with 2-person teams. Concerned that additional person adds unnecessary danger during the coronavirus pandemic.
Dr. Stephanie Voth, Representing	Same as comments made during public hearing on 11/13

Virginia Family Dentistry	
Yousuf Al-Aboosi	Same as comments made during public hearing on 11/13
Dr. Neil Turnage	Concern for patient safety during coronavirus pandemic. Believes regulations will not make patients safer but will make it more difficult for patients with severe anxiety to receive care.
Dr. Tyler Perkinson	Believes 3-person team will not add to patient safety but will make it harder for patients to access care. Concern for increased exposure to coronavirus. Worried that fewer dentists will be able to perform sedation for patients with extreme anxiety and extensive dental restorative needs who need a general dentist rather than a specialist.
Dr. Shravan Renapurkar, President and Dr. N. Ray Lee, Anesthesia Comm. Chair Virginia Society of Oral & Maxillofacial Surgeons	Recommends more specification for the supervision required for administration of sedation or anesthesia by a CRNA. Interprets current supervision as allowing sedation to occur without the supervising physician physically in the facility. Concern for patient safety during anesthetic emergencies. Dentists without sedation/anesthesia permits may not be trained in anesthesia emergencies and may not have appropriate equipment and drugs. Suggests Board adopt a clear time interval requirement for recording the vital signs to uphold patient safety. Notes the standard of care is 5 minutes. Offers that pediatric patients could be considered for exclusion from the standard of care with proper documentation, but would not apply this deference to all patient cases.
Jean Snyder, President, Virginia Association of Nurse Anesthetists	Believes regulations arbitrarily give preference to anesthesiologists over CRNAs. Notes that Virginia law does not limit CRNA delegation to outpatient surgery centers. Suggests the Board allow CRNAs to administer sedation in dental offices with non-permitted dentists as the Board allows anesthesiologists to do.

VIRGINIA BOARD OF DENTISTRY
PUBLIC HEARING ON
PROPOSED AMENDMENTS TO REGULATIONS RELATING TO PROVISION OF SEDATION AND ANESTHESIA
NOVEMBER 13, 2020

TIME & PLACE: This public hearing was called to order at 9:34 AM, on November 13, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

CALL TO ORDER: Ms. Reen called the telephonic public hearing to order and explained the purpose of this hearing is to receive comments on the proposed amendments to regulations relating to the provision of sedation and anesthesia.

STAFF PRESENT AT THE PERIMETER CENTER: Sandra K. Reen, Executive Director
Tracey Arrington-Edmonds, Licensing Manager

STAFF PRESENT BY TELEPHONE: Jamie C. Sacksteder, Deputy Executive Director
Elaine J. Yeatts, Senior Policy Analyst

PUBLIC COMMENT: Dr. Chris R. Richardson addressed the proposed three person sedation treatment team. He said the history of safety in administering conscious sedation is nearly 100% and his practice has had zero incidents using a two-person team. He does not support requiring a three person team for moderate sedation, saying that there is no literature which supports requiring a third person and no state which requires three staff members to be present in the treatment room. He said it is important to recognize that the patient is conscious during moderate sedation and a third person will raise the cost to patients. He asked the Board to not increase the burdens for providing moderate sedation.

Dr. Stephanie Voth said requiring a three person treatment team is not well supported and it would increase costs and limit access. She works with a nurse anesthetist on certain cases when medically necessary. She feels this proposed regulation needs to be reconsidered.

Ms. Michelle Satterlund said she is speaking on behalf of the Virginia Association of Nurse Anesthetists (VANA). She said written comments have been sent to the Board. She said the concern is that the Board allows unpermitted dentists to work with anesthesiologists but not nurse anesthetists. She added that this is a confusing double standard creating a restraint on trade. She said this is not consistent with what the Federal Trade Commission has encouraged boards to do. VANA is very concerned about these regulations and asks the Board to reconsider the double standard which reduces access to care, especially in rural communities where nurse anesthetists are the major providers of anesthesia. She said there is no indication that there is a difference in the quality of care and asked that dentists without a permit be allowed to practice with nurse anesthetists.

Ms. Yeatts asked Ms. Satterlund to clarify if she is asking that nurse anesthetists be allowed to provide sedation for dental hygienists treating patients. Ms. Satterlund responded that there is a remote dentist and CRNA's would provide sedation so patients could be treated. Ms. Yeatts expressed concern about the explanation and Ms. Satterlund responded that it was just an example which has a telehealth component.

Dr. Thomas Glazier said that the American Dental Association's specialty recognizing body has recognized the American Society of Dentist Anesthesiologists as the tenth dental specialty. He said several national organizations collaborated to develop anesthesia guidelines for management of sedation in a dental office. He said the guidelines address a two person team as the standard of care for moderate sedation. He asked the Board to make a decision based on evidence and not feelings. He reported there is no literature to support a three person team for moderate sedation. He also noted that a three person team would increase the risk for COVID-19 and the costs to patients. He is not aware of any state in the USA that requires a 3 person team for moderate sedation.

Dr. Yousuf Al-Aboosi stated his appreciation for the Board's interest in increasing patient safety then went on to say there is no evidence that supports requiring a three person team for medically healthy patients receiving moderate sedation. He explained the monitoring equipment has alarms so dentists and staff will know when intervention is needed to manage the patient. He added that a three person team raises the risks of exposure to COVID-19, could be disruptive to nervous patients and will increase overhead.

Ms. Reen provided information on submitting written comments and announced that the comment period on this regulatory proposal expires today, November 13, 2020. She then adjourned the hearing at 10:08 AM.

Sandra K. Reen

Sandra K. Reen, Executive Director

November 23, 2020
Date

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

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Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]

Action	Administration of sedation and anesthesia
Stage	Proposed
Comment Period	Ends 11/13/2020

3 comments

All good comments for this forum Show Only Flagged

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Commenter: Erik Roper

10/14/20 12:09 pm

Opposing the 3 team members for IV conscious sedation requirement

I am a dentist in Virginia and am writing in regards to a proposed regulatory change by the BOD. This change suggests moving from a 2-person monitoring team to a 3-person monitoring team for the management of IV moderate conscious sedation.

For background, the American Dental Association established the National Commission on Recognition of Dental Specialties in 2017. Recently, this specialty certifying body recognized the American Society of Dentist Anesthesiologist as the 10th specialty in dentistry. A move of historic and future significance for this group of specialized practitioners.

The American Dental Association and the American Society of Dentist Anesthesiologist collaborated to develop guidelines for management of sedation in the dental office. These guidelines were significantly influenced by the medical arena via the American Society of Anesthesiologist. In those guidelines, which can be found on both the ADA and ASDA websites, it clearly states that a 2-person team is the standard of care.

Hundreds of safe IV moderate sedation procedures are performed across the Commonwealth of Virginia every day. It is a vitally important aspect to the delivery of dental care for anxious and apprehensive patients. I am a practicing general dentist that has provided IV moderate sedation for my patients that need it for almost 30 years with the help of a single well trained assistant. While I applaud the addition of certifications and continuing education in the past, the addition of a third person to monitor is unnecessary. The record of safety speaks for itself. There is no literature to suggest that adding a person to the treatment team will result in elimination of moderate sedation issues as it is already an immensely safe procedure with greater than a 99% successful safety record.

With regards to our current environment involving Covid-19, the unnecessary addition of a third person in the operatory subjects patients and other employees to increased potential exposure.

Furthermore, the economic considerations cannot be overlooked. Dental offices run efficiently and effectively relative to the number of employees required to deliver care and manage administrative tasks. Taking an employee away from their assigned task to simply stare at a monitor is unproductive and quite frankly, unnecessary. The requirement to add an employee for this task simply increases the overhead expenses to run the office. This expense will be passed on to the patient and thus increasing the costs associated with delivery dental care. These types of decisions should have an evidence based approach to

support implementation. There is no evidence to support this. Also, I am unaware of any other state in the U.S. that has this requirement.

I strongly oppose the proposed modification to make mandatory a third member of the dental team during IV moderate conscious sedation.

Erik Roper, DDS, MAGD

CommentID: 87366

Commenter: Stephanie Voth Virginia Family Dentistry

11/13/20 12:35 pm

Proposed regulation for sedation

I disagree with the proposal to add a 3rd person to monitor during IV moderate conscious sedation. As I mentioned during the phone meeting today, this regulation has no documentation to support it and it will make it more difficult for those patients who need or want sedation to receive it. Also this regulation will cost more in overhead and the patient will incur this additional expense.

I do work with a nurse anesthetist for many of my moderate conscious sedation cases when I deem it necessary from a medical and/or dental standpoint but do not agree with this being an across the board regulation.

Thank you for allowing us to comment on this important proposal to how we practice dentistry.

Stephanie Voth

CommentID: 87421

Commenter: Yousuf Al-Aboosi

11/13/20 2:25 pm

Opposing the Change to 3 Person Team for Moderate Sedation Administration

I am a recent graduate board eligible periodontist. I completed my dental school at Virginia Commonwealth University and my periodontal residency at University of Alabama at Birmingham.

I recently joined a private practice in Fredericksburg, VA after a year of private practice in Burlington, VT. In Virginia, all of our sedation cases are performed with monitors which have alarm which sound if any of the patient's vitals are not within normal limits, we can address situations such as 02 saturation and blood pressure. Additionally, the entire staff is trained in basic life support and as such, and am ACLS certified and we can manage any emergencies which arise using the proper protocol.

A large number of IV moderate sedation procedures are performed across the Commonwealth of Virginia every day. Moderate sedation is a necessary aspect to the delivery of dental care for anxious and apprehensive patients. The record of safety speaks for itself. Moderate sedation issues are usually minimal since it is already an immensely safe procedure with greater than a 99% successful safety record. In my professional opinion, the addition of a third person in the room only to monitor the patient is redundant. I do not perceive any added benefits to the patient safety or comfort. There is no empirical evidence that supports the addition of a third person to monitor moderate sedation cases is exponentially better or result in the elimination of any complications. These types of decisions should have an evidence-based approach to support implementation. There is no evidence to support this. Also, I am unaware of any other state in the U.S. that has this requirement.

With regards to our current environment involving Covid-19, As medical professionals, we are working hard to make safety and comfort a top priority for our patients during these uncertain times. The extraneous addition of a third person in the operatory subjects patients and other

employees to increased potential exposure. We should be working towards safety and a decrease in exposure instead of the opposite.

Furthermore, the economic impact the requirement would have on a dental office cannot be overlooked. Taking an employee away from their assigned task to simply stare at a monitor is neither productive or necessary. The requirement to add an employee for this unnecessary task will increases the overhead expenses of any dental practice. This expense will be passed on to the patient and as such increase the overall cost associated with dental care. Increased cost to patients could be detrimental in these uncertain times where many Virginians are struggling to stay financially afloat due to the pandemic. Oral healthcare is essential and directly linked to the overall health of an individual. We should be striving to make dental care and medical more accessible instead of less so. My fear that if this frivolous regulation is required, price for care will increase making dental care less accessible to those who need it most.

I very much appreciate the opportunity to share this information and my concerns.

CommentID: 87422

VSOMS
VIRGINIA SOCIETY
of ORAL & MAXILLOFACIAL SURGEONS

October 13, 2020

Ms. Sandra Reen

Executive Director

Virginia Board of Dentistry

9960 Mayland Drive

Richmond, VA 23233-1463

Dear Ms. Reen,

We are writing on behalf of the Virginia Society of Oral and Maxillofacial Surgeons (VSOMS) to express our concerns over the suggested amendments in 18VAC60-21-291 Requirements for administration of moderate sedation, 18VAC60-21-301 requirements for administration of deep sedation or general anesthesia and 18VAC60-21-260 General provisions. As you are well aware, dentists in the Commonwealth of Virginia are currently allowed to employ and utilize Certified Registered Nurse Anesthetists (CRNAs) services in their practices only if the dentist has fulfilled the anesthesia training requirements set forth by the Board of Dentistry (BOD) in 18 VAC 60-20-10, which requires dentists to obtain permits issued by the BOD if they wish to administer conscious/moderate sedation or deep sedation/general anesthesia in their office as well as to delegate the administration to the CRNAs.

There are two points in the currently proposed amendments with which we have concerns. First and foremost, there is a statement which would allow a CRNA to perform sedation and anesthesia while under *"direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-290 D and holds a moderate sedation permit* ***or under the supervision of a doctor of medicine or osteopathic medicine.***" The later part of this statement underlined omits the type of supervision required from the Doctor of Medicine or osteopathic medicine over the CRNA. VSOMS is concerned that this omission can give rise to situations which are dangerous to patients' safety. This omission of level of supervision over CRNAs can lead to situations where the CRNAs can practice sedation/anesthesia in dental offices of dentists who do not have any sedation/anesthesia permit under remote supervision from the MD/DO anesthesiologists (meaning the anesthesiologist may not even be in the same facility). The dentist who is not trained or permitted in sedation and anesthesia administration may not understand what is needed and the anesthesia provider/CRNA may incorrectly assume that the office is already set and equipped to provide emergency care. Furthermore, the dentist that is not trained or permitted for deep sedation or general anesthesia will not have the adequately trained and or certified staff to handle an anesthetic emergency effectively. We see this situation being a huge problem just waiting to happen. CRNAs are accustomed to practicing in locations where backup from other qualified medical personnel are readily available (direct or indirect supervision) and essential emergency equipment and drugs are taken for granted. The combination of an untrained/unpermitted dentist and remote supervision by an MD/DO anesthesiologist can be dangerous.

Given the recent media coverage related to specific events of adverse outcomes related to anesthesia in the dental offices, there is a significant focus on this issue. If there were to arise an instance where adverse outcome occurred in the dental office in the above stated amended situations where anesthesia was provided by a CRNA without direct or

indirect supervision by a qualified dentist or an MD/DO anesthesiologist, it would not be the CRNAs/Board of Nursing who are judged by the public and other regulatory agencies. It will be the profession of dentistry, the Virginia BOD and the dentist in question. This could ultimately lead to another legislative authority removing the privilege dentistry has enjoyed providing anesthesia services to our patients altogether. This would only further impact and worsen the "access to care" concern so frequently voiced when discussing scope of practice issues.

Secondly, another statement omits the time interval in the monitoring of vital signs during moderate/deep sedation and anesthesia. ***"Monitoring of the patient undergoing deep sedation or general anesthesia is to begin prior to the administration of any drugs and shall take place ~~continuously~~ continually during administration, the dental procedure, and recovery from anesthesia." Monitoring records of all required vital signs and physiological measures recorded ~~every five minutes~~ continually."*** The proposed regulations replace vital sign monitoring and recording at 5-minute intervals with the term "continually." As per the definitions, *"Continual" or "continually" means repeated regularly and frequently in a steady succession."* This amendment does not state the time interval or frequency for recording the vital signs which makes it arbitrary and subject to provider's choice. It would be non-standardized and risky leaving it to the practitioner to decide the time interval, which could vary from every second to every 30 minutes for example. This is not the standard of care in anesthesiology, which is 5 minutes. This is a cause of serious concern to VSOMS as it undermines patient safety. This change is well below the standard of care that the BOD holds its licensees to and would be dangerous to the public which entrusts the BOD for their safety. We recognize that there may be some exceptional situations where this may not be possible, such as in a pediatric patients, which could be excluded from this rule with proper documentation.

In closing, the VSOMS recognizes and appreciates the skill and training of the CRNAs licensed in the Commonwealth. We appreciate the BOD's efforts to strengthen the anesthesia rules and regulations to ensure that these services are provided in the safest manner possible for the citizens of the Commonwealth. The practice of anesthesia in the dental office is unique in many respects and poses its own set of challenges that we feel need deliberate consideration. As the charge of the BOD is to ensure the safety of the patients of the Commonwealth of Virginia who undergo anesthesia in our dental offices, we request to addend the statements with direct or indirect supervision (not remote) from MD/DOs in the first case and add a time-interval of every 5 minutes or more to the second case. Please contact me at srenapurkar@vcu.edu for any questions or concerns.

Sincerely,

Shravan Renapurkar, DMD FACS

President

N. Ray Lee, DDS

Anesthesia Committee Chairman

Commonwealth of Virginia

Brooks, Kathryn <kathryn.brooks@dhp.virginia.gov>

speaking out against the BOD's recommendations for sedation

Tyler Perkinson <TPerkinson@vadentist.com> Mon, Oct 5, 2020 at 4:10 PM
To: "kathryn.brooks@dhp.virginia.gov" <kathryn.brooks@dhp.virginia.gov>

Hi, I was hoping my comment could be included in the public comment time on Friday concerning the Board of Dentistry's recommended changes to the requirements for the administration of sedation

To the member of the Board of Health,

My name is Tyler Perkinson, and I'm a general dentist practicing in Richmond, VA. I am currently certified for IV moderate sedation and have been regularly sedating patients for years. I wanted the Department of Health to know that the proposed regulations for sedation will negatively affect my practice significantly. More importantly, I think it will make it harder for patients to find the care they need.

The new regulations will require three people present in the room to perform a moderate sedation. Most general dentists, including me, practice with just a single assistant, meaning we would fall short of the new requirement. First off, I don't think this new requirement will make patients any safer. My assistant and I are well trained for sedation, and our patients are well monitored. Additionally, since the beginning of the COVID-19 pandemic, I have been making efforts to limit the exposure of my staff to potentially harmful aerosols. I feel it would be irresponsible of me to bring an unneeded person into a room where I am producing aerosols.

The end result of this rule-change will not be safer sedations, but a reduction in the number of general dentists who perform sedation. I think that would be a tremendous shame. I see such a need in my community for this service. These are patients who have severe anxiety and extensive dental restorative needs. They can't be sent to a specialist, whose practices are perhaps better equipped to handle the additional requirements. Due to their restorative needs, these patients need to see a general dentist. Accepting these new regulations would be Virginia turning their backs to the needs of these patients. Please take this into consideration when making your decision.

Thank you for your time,
Tyler Perkinson DDS

Commonwealth of Virginia

Brooks, Kathryn <kathryn.brooks@dhp.virginia.gov>

Moderate Sedation Comments

J. Neil Turnage <nturnage@vadentist.com> Mon, Oct 5, 2020 at 5:23 PM
To: "kathryn.brooks@dhp.virginia.gov" <kathryn.brooks@dhp.virginia.gov>

I may be unable to join the public comment phone conversation on Friday. Is there a way to summit an opinion against this prior to Friday's meeting. In addition to the attached document the following points need to be made:

- The regulations will not make patients safer
- The regulation forces unnecessary people into a room where aerosols are being produced in the middle of a pandemic
- The regulation will make it harder for patients with severe anxiety to find the care they need

Neil Turnage DDS

ASA.Guidelines.Clarification.pdf
337K

VANA
Virginia Association of Nurse Anesthetists
1934
CRNA

September 22, 2020

Ms. Sandra Reen
Virginia Board of Dentistry
Dept. of Health Professions
Perimeter Center
9960 Mayland Drive
Richmond, VA 23233-1463

Re: Public Comment regarding the Proposed Regulations Governing the Administration of Sedation and Anesthesia in Dental Offices

Dear Ms. Reen:

On behalf of the Virginia Association of Nurse Anesthetists ("VANA"), I am pleased to provide comments regarding Part VI of the Regulations Governing the Practice of Dentistry on Controlled Substances, Sedation and Anesthesia ("the Regulations").

Our comments focus on two issues within the proposed Regulations:

1. The Board's subjective determination that dentists who delegate the administration of anesthesia to anesthesiologists are not required to obtain the permit mandated by §54.1-2709.5; and

2. The Board's arbitrary selection that only anesthesia providers licensed as anesthesiologists may practice with dentists who do not hold the permit required by §54.1-2709.5, unless the dentist is practicing in an outpatient surgical center. This decision limits the ability of certified registered nurse anesthetists to provide care in dental offices and gives one provider a competitive advantage over another.

VANA represents the more than 1900 certified registered nurse anesthetists ("CRNA") who practice in every setting in which anesthesia is delivered in Virginia, including hospital surgical suites, outpatient surgery centers, and of course, dental offices.

VANA applauds the Board for its work to ensure greater patient safety within the dental setting and we are appreciative of the Board's adoption of a number of VANA's suggested amendments. However, despite these select positive changes, VANA continues to disagree with the Board's decision to arbitrarily choose winners and losers by placing greater restrictions on one anesthesia provider group over another.

Virginia Code §54.1-2709.5 states:

> "A. Except as provided in subsection C, the Board shall require any dentist who provides or administers sedation or anesthesia in a dental office to obtain either a conscious/moderate sedation permit or a deep sedation/general anesthesia permit issued by the Board. The Board shall establish by regulation reasonable education, training, and equipment standards for safe administration and monitoring of sedation and anesthesia to patients in a dental office.

The statute is clear that any dentist who provides or administers sedation or anesthesia in a dental office must obtain either a moderate sedation permit or a deep sedation/general anesthesia permit. The statute provides no exemptions or waivers from this requirement, except to clarify that a permit is not required when an oral and

maxillofacial surgeon administers sedation, or when a dentist administers nitrous oxide/oxygen for inducing anxiolysis or minimal sedation.

Under the language proposed in 18VAC60-21-291(A)(1), the Board has subjectively determined that dentists who delegate the administration of anesthesia to anesthesiologists (but not CRNAs) are not required to obtain the permit mandated by statute:

> "A dentist who does not hold a permit to provide or administer moderate sedation shall only ~~use~~ utilize the services of a qualified dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient surgery center, a dentist who does not hold a permit to provide or administer moderate sedation shall ~~use~~ utilize a qualified dentist, an anesthesiologist, or a certified registered nurse anesthetist to administer such sedation.

This section of the proposed Regulations makes an unnecessary distinction between practice settings and excludes a qualified provider—nurse anesthetists—from providing anesthesia services in dental offices, unless the dentists has acquired the necessary permit.

Excluding nurse anesthetists from dental offices creates a preference for anesthesiologists. This preference is puzzling, particularly as the Federal Trade Commission has indicated that government restraints of trade are harmful to the public good, including those that may be established for some perceived social good.

Further adding to our confusion over the Board's decision is the fact that the Regulations allow a dentist who is practicing in an outpatient surgical setting, and who does not hold a sedation permit, to delegate the administration of anesthesia to either an anesthesiologist or a CRNA.

There is no obvious reason for restricting CRNAs to outpatient surgery centers. Virginia law allows a dentist to supervise nurse anesthetists in any practice setting and it is unclear why the Board is limiting the ability of a dentist to utilize a provider he or she is legally authorized to supervise in a dental office.

Because the Board has determined that the delegation of sedation in unpermitted dental facilities is allowed under §54.1-2709.5, and because it has unfairly reduced the competition of one anesthesia provider group by determining that anesthesiologists may practice with an unpermitted dentist in this setting, VANA now requests that the Board remove the inconsistency between permissible providers in dental offices and outpatient surgery centers and requests the Board to amend the Regulations to allow dentists, who do not hold a permit to provide or administer moderate or deep sedation, to utilize the services of all qualified anesthesia providers.

We thank the Board for its efforts on these regulations and urge your consideration of our suggested amendments.

Sincerely,

/s/ Jean Snyder

Jean Snyder
President
Virginia Association of Nurse Anesthetists

cc: Michele Satterlund, McGuireWoods Consulting
Kassie Schroth, McGuireWoods Consulting

Project 5513 - Proposed

Board Of Dentistry

Administration of sedation and anesthesia

18VAC60-21-10. Definitions.

Part I

General Provisions

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2700 of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

"Maxillofacial"

"Oral and maxillofacial surgeon"

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

"AAOMS" means the American Association of Oral and Maxillofacial Surgeons.

"ADA" means the American Dental Association.

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

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

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

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in 18VAC60-21-150 and 18VAC60-21-160.

"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.

"Nonsurgical laser" means a laser that is not capable of cutting or removing hard tissue, soft tissue, or tooth structure.

"Portable dental operation" means a nonfacility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patients' homes, schools, nursing homes, or other institutions.

"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.

C. The following words and terms relating to supervision as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

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

"Direction" means the level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, ~~or~~ a dental assistant II, or a certified registered nurse anesthetist or the level of supervision that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist ~~or~~, a dental assistant, or a certified registered nurse anesthetist who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist, ~~or~~ (iii) preparing the patient for dismissal following treatment, or (iv) administering topical local anesthetic, sedation, or anesthesia as authorized by law or regulation.

"Remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided. For the purpose of practice by a public health dental hygienist, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

D. The following words and terms relating to sedation or anesthesia as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Analgesia" means the diminution or elimination of pain.

"Continual" or "continually" means repeated regularly and frequently in a steady succession.

"Continuous" or "continuously" means prolonged without any interruption at any time.

"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

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

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensation of pain with minimal alteration of consciousness.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilator and cardiovascular functions are unaffected. Minimal sedation includes ~~"anxiolysis" (the~~ the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression

of ~~consciousness)~~ consciousness and includes "inhalation analgesia" when used in combination with any ~~anxiolytic~~ such sedating agent administered prior to or during a procedure.

"Moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI (18VAC60-21-260 et seq.) of this chapter.

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

"Provide" means, in the context of regulations for moderate sedation or deep sedation/general anesthesia, to supply, give, or issue sedating medications. A dentist who does not hold the applicable permit cannot be the provider of moderate sedation or deep sedation/general anesthesia.

"Titration" means the incremental increase in drug dosage to a level that provides the optimal therapeutic effect of sedation.

"Topical oral anesthetic" means any drug, available in creams, ointments, aerosols, sprays, lotions, or jellies, that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

18VAC60-21-260. General provisions.

Part VI

Controlled Substances, Sedation, and Anesthesia

A. ~~Application of~~ Part VI~~.~~ of this chapter:

~~This part applies~~ 1. Applies to prescribing, dispensing, and administering controlled substances in dental offices, mobile dental facilities, and portable dental operations and shall not apply to administration by a dentist practicing in (i) a licensed hospital as defined in § 32.1-123 of the Code, (ii) a state-operated hospital, or (iii) a facility directly maintained or operated by the federal government.

2. Addresses the minimum requirements for administration to patients of any age. Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, issued by the American Academy of Pediatrics and American Academy of Pediatric Dentistry, should be consulted when practicing pediatric dentistry.

B. Registration required. Any dentist who prescribes, administers, or dispenses Schedules II through V controlled ~~drugs~~ substances must hold a current registration with the federal Drug Enforcement Administration.

C. Patient evaluation required.

1. An appropriate medical history and patient evaluation, including medication use and a focused physical exam, shall be performed before the decision to administer controlled substances for dental treatment is made. The decision to administer controlled ~~drugs~~ substances for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the Class I through V risk category classifications of the American Society of Anesthesiologists (ASA) in effect at the time of treatment. The findings of the evaluation, the ASA risk

assessment class assigned, and any special considerations must be recorded in the patient's record.

2. Any level of sedation and general anesthesia may be provided for a patient who is ASA Class I and Class II.

3. A patient in ASA Class III shall only be provided minimal sedation, moderate sedation, deep sedation, or general anesthesia by:

a. A dentist after he has documented a consultation with the patient's primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary;

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary; or

c. A person licensed under Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code who has a specialty in anesthesia.

4. Minimal sedation may only be provided for a patient who is in ASA Class IV by:

a. A dentist after he has documented a consultation with the patient's primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

5. Moderate sedation, deep sedation, or general anesthesia shall not be provided in a dental office for patients in ASA Class IV and Class V.

D. Additional requirements for patient information and records. In addition to the record requirements in 18VAC60-21-90, when moderate sedation, deep sedation, or general anesthesia is administered, the patient record shall also include:

1. Notation of the patient's American Society of Anesthesiologists classification;

2. Review of medical history and current conditions, including the patient's weight and height or, if appropriate, the body mass index;

3. Written informed consent for administration of sedation and anesthesia and for the dental procedure to be performed;

4. Preoperative vital signs;

5. A record of the name, dose, and strength of drugs and route of administration including the administration of local anesthetics with notations of the time sedation and anesthesia were administered;

6. Monitoring records of all required vital signs and physiological measures recorded ~~every five minutes~~ continually; and

7. A list of staff participating in the administration, treatment, and monitoring including name, position, and assigned duties.

E. Pediatric patients. No sedating medication shall be prescribed for ~~or administered~~ administration to a patient 12 years of age or younger prior to his arrival at the dentist office or treatment facility.

F. Informed written consent. Prior to administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits, and alternatives and shall obtain informed,

written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.

G. Level of sedation. The determinant for the application of the rules for any level of sedation or for general anesthesia shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type, strength, and dosage of medication, the method of administration, and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render the unintended reduction of or loss of consciousness unlikely, factoring in titration and the patient's age, weight, and ability to metabolize drugs.

H. Emergency management.

1. If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

2. A dentist in whose office sedation or anesthesia is administered shall have written basic emergency procedures established and staff trained to carry out such procedures.

I. Ancillary personnel. Dentists who employ unlicensed, ancillary personnel to assist in the administration and monitoring of any form of minimal sedation, moderate sedation, deep sedation, or general anesthesia shall maintain documentation that such personnel have:

1. Training and hold current certification in basic resuscitation techniques with hands-on airway training for health care providers, such as Basic Cardiac Life Support for Health Professionals or a clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18VAC60-21-250 C; or

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

J. Assisting in administration. A dentist, consistent with the planned level of administration (i.e., local anesthesia, minimal sedation, moderate sedation, deep sedation, or general anesthesia) and appropriate to his education, training, and experience, may utilize the services of a dentist, anesthesiologist, certified registered nurse anesthetist, dental hygienist, dental assistant, or nurse to perform functions appropriate to such practitioner's education, training, and experience and consistent with that practitioner's respective scope of practice.

K. Patient monitoring.

1. A dentist may delegate monitoring of a patient to a dental hygienist, dental assistant, or nurse who is under his direction or to another dentist, anesthesiologist, or certified registered nurse anesthetist. The person assigned to monitor the patient shall be continuously in the presence of the patient in the office, operatory, and recovery area (i) before administration is initiated or immediately upon arrival if the patient self-administered a sedative agent, (ii) throughout the administration of drugs, (iii) throughout the treatment of the patient, and (iv) throughout recovery until the patient is discharged by the dentist.

2. The person monitoring the patient shall:

a. Have the patient's entire body in sight;

b. Be in close proximity so as to speak with the patient;

c. Converse with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation;

d. Closely observe the patient for coloring, breathing, level of physical activity, facial expressions, eye movement, and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist; and

e. Read, report, and record the patient's vital signs and physiological measures.

L. A dentist who allows the administration of general anesthesia, deep sedation, or moderate sedation in his dental office is responsible for assuring that:

1. The equipment for administration and monitoring, as required in subsection B of 18VAC60-21-291 or subsection C of 18VAC60-21-301, is readily available and in good working order prior to performing dental treatment with anesthesia or sedation. The equipment shall either be maintained by the dentist in his office or provided by the anesthesia or sedation provider; and

2. The person administering the anesthesia or sedation is appropriately licensed and the staff monitoring the patient is qualified.

M. Special needs patients. If a patient is mentally or physically challenged, and it is not possible to have a comprehensive physical examination or appropriate laboratory tests prior to administering care, the dentist is responsible for documenting in the patient record the reasons preventing the recommended preoperative management. In selected circumstances, sedation or general anesthesia may be utilized without establishing an intravenous line. These selected circumstances include very brief procedures or periods of time, which may occur in some patients; or the establishment of intravenous access after deep sedation or general anesthesia has been induced because of poor patient cooperation.

18VAC60-21-270. Administration of local anesthesia.

A dentist may administer or use the services of the following personnel to administer local anesthesia:

1. A dentist;

2. An anesthesiologist;

3. A certified registered nurse anesthetist under ~~his medical~~ the dentist's direction and indirect supervision;

4. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older under his indirect supervision;

5. A dental hygienist to administer Schedule VI topical oral anesthetics under indirect supervision or under his order for such treatment under general supervision; or

6. A dental assistant or a registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under indirect supervision.

18VAC60-21-279. Administration of ~~only~~ inhalation analgesia (nitrous ~~oxide)~~ oxide only).

A. Education and training requirements. A dentist who utilizes nitrous oxide shall have training in and knowledge of:

1. The appropriate use and physiological effects of nitrous oxide, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

2. The use and maintenance of the equipment required in subsection D of this section.

B. No sedating medication shall be prescribed for ~~or administered~~ administration to a patient 12 years of age or younger prior to ~~his~~ the patient's arrival at the dental office or treatment facility.

C. Delegation of administration.

1. A qualified dentist may administer or use the services of the following personnel to administer nitrous oxide:

a. A dentist;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under ~~his medical~~ the dentist's direction and indirect supervision;

d. A dental hygienist with the training required by 18VAC60-25-100 B and under indirect supervision; or

e. A registered nurse upon his direct instruction and under immediate supervision.

2. Preceding the administration of nitrous oxide, a dentist may use the services of the following personnel working under indirect supervision to administer local anesthesia to numb an injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

D. Equipment requirements. A dentist who utilizes nitrous oxide only or who directs the administration by another licensed health professional as permitted in subsection C of this

section shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Blood pressure monitoring equipment;

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

3. Mechanical (hand) respiratory bag; ~~and~~

4. Suction apparatus; and

5. Oxygen saturation with pulse oximeter, unless extenuating circumstances exist and are documented in the patient's record.

E. Required staffing. When only nitrous oxide/oxygen is administered, a second person in the operatory is not required. Either the dentist or qualified dental hygienist under the indirect supervision of a dentist may administer the nitrous oxide/oxygen and treat and monitor the patient.

F. Monitoring requirements.

1. Baseline vital signs, to include blood pressure and heart rate, shall be taken and recorded prior to administration of nitrous oxide analgesia, intraoperatively as necessary, and prior to discharge, unless extenuating circumstances exist and are documented in the patient's record.

2. Continual clinical observation of the patient's responsiveness, color, respiratory rate, and depth of ventilation shall be performed.

3. Once the administration of nitrous oxide has begun, the dentist shall ensure that a licensed health care professional or a person qualified in accordance with 18VAC60-21-260 I monitors the patient at all times until discharged as required in subsection G of this section.

4. Monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in subsection C of this section. Only the dentist or another qualified licensed health professional identified in subsection C of this section may turn the nitrous oxide/oxygen machines on or off.

5. Upon completion of nitrous oxide administration, the patient shall be administered 100% oxygen for a minimum of five minutes to minimize the risk of diffusion hypoxia.

G. Discharge requirements.

1. The dentist shall not discharge a patient until he exhibits baseline responses in a post-operative evaluation of the level of consciousness. Vital signs, to include blood pressure and heart rate, shall be taken and recorded prior to discharge, unless extenuating circumstances exist and are documented in the patient's record.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Pediatric patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

18VAC60-21-280. Administration of minimal sedation.

A. Education and training requirements. A dentist who utilizes minimal sedation shall have training in and knowledge of:

1. The medications used, the appropriate dosages, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

2. The physiological effects of minimal sedation, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

3. The use and maintenance of the equipment required in subsection D of this section.

B. No sedating medication shall be prescribed for ~~or administered~~ administration to a patient 12 years of age or younger prior to ~~his~~ the patient's arrival at the dental office or treatment facility.

C. Delegation of administration.

1. A qualified dentist may administer or use the services of the following personnel to administer minimal sedation:

a. A dentist;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under ~~his medical~~ the dentist's direction and indirect supervision;

d. A dental hygienist with the training required by 18VAC60-25-100 ~~C~~ B only for administration of nitrous oxide/oxygen ~~with the dentist present in the operatory~~ under indirect supervision; or

e. A registered nurse upon his direct instruction and under immediate supervision.

2. Preceding the administration of minimal sedation, a dentist may use the services of the following personnel working under indirect supervision to administer local anesthesia to numb an injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

~~3. If minimal sedation is self-administered by or to a patient 13 years of age or older before arrival at the dental office or treatment facility, the dentist may only use the personnel listed in subdivision 1 of this subsection to administer local anesthesia.~~

D. Equipment requirements. A dentist who utilizes minimal sedation or who directs the administration by another licensed health professional as permitted in subsection C of this section shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Blood pressure monitoring equipment;

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

3. Mechanical (hand) respiratory bag;

4. Suction apparatus; and

5. Pulse oximeter.

E. Required staffing. The treatment team for minimal sedation shall consist of the dentist and a second person in the operatory with the patient to assist the dentist and monitor the patient. The second person shall be a licensed health care professional or a person qualified in accordance with 18VAC60-21-260 I.

F. Monitoring requirements.

1. Baseline vital signs to include blood pressure, respiratory rate, ~~and~~ heart rate, and oxygen saturation shall be taken and recorded prior to administration of sedation and prior to discharge.

2. Blood pressure, oxygen saturation, respiratory rate, and pulse shall be monitored ~~continuously~~ continually during the procedure unless extenuating circumstances exist and are documented in the patient's record.

3. Once the administration of minimal sedation has begun by any route of administration, the dentist shall ensure that a licensed health care professional or a person qualified in accordance with 18VAC60-21-260 I monitors the patient at all times until discharged as required in subsection G of this section.

4. ~~If nitrous~~ Nitrous oxide/oxygen ~~is~~ may be used ~~in addition to any~~ with one other pharmacological agent~~, monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in subsection C of this section. Only the dentist or another qualified licensed health professional identified in subsection C of this section may turn the nitrous oxide/oxygen machines on or off~~ in the recommended dosage for minimal sedation. If deeper levels of sedation are produced, the regulations for the induced level shall be followed. The administration of one drug in excess of the maximum recommended dose or of two or more drugs, with or without nitrous oxide, exceeds minimal sedation and requires compliance with the regulations for the level of sedation induced.

5. Monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in subsection C of this section. Only the dentist or another qualified licensed health professional identified in subsection C of this section may turn the nitrous oxide/oxygen machines on or off.

6. If any other pharmacological agent is used in addition to nitrous oxide/oxygen and a local anesthetic, requirements for the induced level of sedation must be met.

G. Discharge requirements.

1. The dentist shall not discharge a patient until he exhibits baseline responses in a post-operative evaluation of the level of consciousness. Vital signs, to include blood pressure, respiratory rate, ~~and~~ heart rate, and oxygen saturation shall be taken and recorded prior to discharge unless extenuating circumstances exist and are documented in the patient's record.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Pediatric patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

18VAC60-21-290. Requirements for a moderate sedation permit.

A. No dentist may ~~employ or use~~ provide or administer moderate sedation in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. Automatic qualification. Dentists who hold a current permit to administer deep sedation and general anesthesia may administer moderate sedation.

C. To determine eligibility for a moderate sedation permit, a dentist shall submit the following:

1. A completed application form;

2. The application fee as specified in 18VAC60-21-40;

3. A copy of a transcript, certification, or other documentation of training content that meets the educational and training qualifications as specified in subsection D of this section; and

4. A copy of current certification in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) as required in subsection E of this section.

D. Education requirements for a permit to administer moderate sedation. A dentist may be issued a moderate sedation permit to administer by any method by meeting one of the following criteria:

1. Completion of training for this treatment modality according to the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students in effect at the time the training occurred, while enrolled in an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

2. Completion of a continuing education course that meets the requirements of 18VAC60-21-250 and consists of (i) 60 hours of didactic instruction plus the management of at least 20 patients per participant, (ii) demonstration of competency and clinical experience in moderate sedation, and (iii) management of a compromised airway. The course content shall be consistent with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students in effect at the time the training occurred.

E. Additional training required. Dentists who administer moderate sedation shall:

1. Hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as ACLS or PALS as evidenced by a certificate of completion posted with the dental license; and

2. Have current training in the use and maintenance of the equipment required in 18VAC60-21-291.

18VAC60-21-291. Requirements for administration of moderate sedation.

A. Delegation of administration.

1. A dentist who does not hold a permit to provide or administer moderate sedation shall only ~~use~~ utilize the services of a qualified dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient surgery center, a dentist who does not hold a permit to provide or administer moderate sedation shall ~~use~~ utilize a qualified dentist, an anesthesiologist, or a certified registered nurse anesthetist to administer such sedation.

2. A dentist who holds a permit may administer or use the services of the following personnel to administer moderate sedation:

a. A dentist with the training required by 18VAC60-21-290 D to administer by any method and who holds a moderate sedation permit;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under the ~~medical~~ direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-290 D and holds a moderate sedation permit or under the supervision of a doctor of medicine or osteopathic medicine; or

d. A registered nurse upon ~~his~~ the dentist's direct instruction and under the immediate supervision of a dentist who meets the training requirements of 18VAC60-21-290 D and holds a moderate sedation permit.

3. ~~If minimal sedation is self-administered by or to a patient 13 years of age or older before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2 of this subsection to administer local anesthesia.~~ No sedating medication shall be prescribed for ~~or administered~~ administration to a patient 12 years of age or younger prior to ~~his~~ the patient's arrival at the dentist office or treatment facility.

4. Preceding the administration of moderate sedation, a permitted dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to anesthetize the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

5. A dentist who delegates administration of moderate sedation shall ensure that:

a. All equipment required in subsection B of this section is present, in good working order, and immediately available to the areas where patients will be sedated and treated and will recover; and

b. Qualified staff is on site to monitor patients in accordance with requirements of subsection D of this section.

B. Equipment requirements. A dentist who provides or administers or who utilizes a qualified anesthesia provider to administer moderate sedation shall have available the following equipment in sizes for adults or children as appropriate for the patient being treated and shall maintain it in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask or masks;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;

5. Pulse oximetry;

6. Blood pressure monitoring equipment;

7. Pharmacologic antagonist agents;

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

9. Mechanical (hand) respiratory bag;

10. Appropriate emergency drugs for patient resuscitation;

11. Electrocardiographic monitor if a patient is receiving parenteral administration of sedation or if the dentist is using titration;

12. Defibrillator;

13. Suction apparatus;

14. Temperature measuring device;

15. ~~Throat pack~~ Airway protective device;

16. Precordial or pretracheal stethoscope; ~~and~~

17. An end-tidal carbon dioxide monitor (capnograph); and

18. Equipment necessary to establish intravenous or intraosseous access.

C. Required staffing. At a minimum, there shall be a ~~two-person~~ three-person treatment team for moderate sedation. The team shall include the operating dentist ~~and a second~~, one

person to monitor the patient as provided in 18VAC60-21-260 K, and one person to assist the operating dentist as provided in 18VAC60-21-260 J, ~~both~~ all of whom shall be in the operatory with the patient throughout the dental procedure. If ~~the second person is~~ a dentist, an anesthesiologist, or a certified registered nurse anesthetist ~~who~~ administers the drugs as permitted in subsection A of this section, such person may monitor the patient.

D. Monitoring requirements.

1. Baseline vital signs to include blood pressure, oxygen saturation, respiratory rate, and heart rate shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge.

2. Blood pressure, oxygen saturation, respiratory rate, and end-tidal carbon dioxide~~, and pulse~~ shall be monitored continually during the administration and recorded ~~every five minutes~~ unless precluded or invalidated by the nature of the patient, procedure, or equipment.

3. Monitoring of the patient under moderate sedation is to begin prior to administration of sedation or, if pre-medication is self-administered by the patient, immediately upon the patient's arrival at the dental facility and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is evaluated and is discharged.

E. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and

~~circulation~~ blood pressure and heart rate are satisfactory for discharge and vital signs have been taken and recorded.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. The patient shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

4. If a separate recovery area is utilized, oxygen and suction equipment shall be immediately available in that area.

5. Since re-sedation may occur once the effects of the reversal agent have waned, the patient shall be monitored for a longer period than usual when a pharmacological reversal agent has been administered before discharge criteria have been met.

F. Emergency management. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.

18VAC60-21-300. Requirements for a deep sedation/general anesthesia permit.

A. ~~After March 31, 2013, no~~ No dentist may ~~employ or use~~ provide or administer deep sedation or general anesthesia in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in AAOMS and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. To determine eligibility for a deep sedation/general anesthesia permit, a dentist shall submit the following:

1. A completed application form;

2. The application fee as specified in 18VAC60-21-40;

3. A copy of the certificate of completion of a CODA accredited program or other documentation of training content which meets the educational and training qualifications specified in subsection C of this section; and

4. A copy of current certification in Advanced Cardiac Life Support for Health Professionals (ACLS) or Pediatric Advanced Life Support for Health Professionals (PALS) as required in subsection C of this section.

C. Educational and training qualifications for a deep sedation/general anesthesia permit.

1. Completion of a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred; or

2. Completion of an CODA accredited residency in any dental specialty that incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e., medical evaluation and management of patients) comparable to those set forth in the ADA's Guidelines for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred; and

3. Current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for health care providers, including basic electrocardiographic interpretations, such as courses in ACLS or PALS; and

4. Current training in the use and maintenance of the equipment required in 18VAC60-21-301.

18VAC60-21-301. Requirements for administration of deep sedation or general anesthesia.

A. Preoperative requirements. Prior to the appointment for treatment under deep sedation or general anesthesia the patient shall:

1. Be informed about the personnel and procedures used to deliver the sedative or anesthetic drugs to assure informed consent as required by 18VAC60-21-260 F.

2. Have a physical evaluation as required by 18VAC60-21-260 C.

3. Be given preoperative verbal and written instructions including any dietary or medication restrictions.

B. Delegation of administration.

1. A dentist who does not meet the requirements of 18VAC60-21-300 shall only ~~use~~ utilize the services of a dentist who does meet those requirements or an anesthesiologist to administer deep sedation or general anesthesia in a dental office. In a licensed outpatient surgery center, a dentist shall ~~use~~ utilize either a dentist who meets the requirements of 18VAC60-21-300, an anesthesiologist, or a certified registered nurse anesthetist to administer deep sedation or general anesthesia.

2. A dentist who meets the requirements of 18VAC60-21-300 may administer or ~~use~~ utilize the services of the following personnel to administer deep sedation or general anesthesia:

a. A dentist with the training required by 18VAC60-21-300 C;

b. An anesthesiologist; or

c. A certified registered nurse anesthetist under the ~~medical~~ direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-300 C or under the supervision of a doctor of medicine or osteopathic medicine.

3. Preceding the administration of deep sedation or general anesthesia, a dentist who meets the requirements of 18VAC60-21-300 may ~~use~~ utilize the services of the following personnel under indirect supervision to administer local anesthesia to anesthetize the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

C. Equipment requirements. A dentist who administers or utilizes the services of a qualified anesthesia provider to administer deep sedation or general anesthesia shall have available the following equipment in sizes appropriate for the patient being treated and shall maintain it in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask or masks;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;

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

6. Mechanical (hand) respiratory bag;

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

8. Blood pressure monitoring equipment;

9. Appropriate emergency drugs for patient resuscitation;

~~9.~~ 10. EKG monitoring equipment;

~~10.~~ 11. Temperature measuring devices;

~~11.~~ 12. Pharmacologic antagonist agents;

~~12.~~ 13. External defibrillator (manual or automatic);

~~13.~~ 14. An end-tidal carbon dioxide monitor (capnograph);

~~14.~~ 15. Suction apparatus;

~~15. Throat pack~~ 16. Airway protective device; ~~and~~

~~16.~~ 17. Precordial or pretracheal stethoscope; and

18. Equipment necessary to establish intravenous or intraosseous access.

D. Required staffing. At a minimum, there shall be a three-person treatment team for deep sedation or general anesthesia. The team shall include the operating dentist, a second person to monitor the patient as provided in 18VAC60-21-260 K, and a third person to assist the operating dentist as provided in 18VAC60-21-260 J, all of whom shall be in the operatory with the patient during the dental procedure. If a second dentist, an anesthesiologist, or a certified registered nurse anesthetist administers the drugs as permitted in subsection B of this section, such person may serve as the second person to monitor the patient.

E. Monitoring requirements.

1. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility to include~~:~~ temperature, blood pressure, pulse, oxygen saturation, EKG, and respiration.

2. The patient's vital signs, end-tidal carbon dioxide (unless precluded or invalidated by the nature of the patient, procedure, or equipment), ~~and~~ EKG readings, blood pressure, pulse, oxygen saturation, temperature, and respiratory rate shall be monitored~~,~~ continually; recorded ~~every five minutes,~~; and reported to the treating dentist throughout the administration of controlled drugs and recovery. When a depolarizing ~~medications are~~ medication or inhalation agent other than nitrous oxide is administered, temperature shall be monitored ~~constantly~~ continuously.

3. Monitoring of the patient undergoing deep sedation or general anesthesia is to begin prior to the administration of any drugs and shall take place ~~continuously~~ continually during administration, the dental procedure, and recovery from anesthesia. The person who administers the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

F. Emergency management.

1. A secured intravenous line must be established and maintained throughout the procedure.

2. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.

G. Discharge requirements.

1. If a separate recovery area is utilized, oxygen and suction equipment shall be immediately available in that area.

2. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, ~~and circulation~~ blood pressure, and heart rate are satisfactory ~~for discharge~~ and vital signs have been ~~taken~~ assessed and recorded, unless extenuating circumstances exist and are documented in the patient's record.

~~2.~~ 3. Since re-sedation may occur once the effects of the reversal agent have waned, the patient shall be monitored for a longer period than usual before discharge if a pharmacological reversal agent has been administered before discharge criteria have been met.

4. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number for the dental practice.

~~3.~~ 5. The patient shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

REVIEW OF DISCUSSION OF CLINICAL EXAMINATION ACCEPTANCE

November 22, 2019

- The Examination Committee met on November 22, 2019 and decided to recommend to the Board to remove the patient clause from the clinical exam requirement.
    - Staff were tasked with providing guidance on the patient-less exams.

December 13, 2019

- The BOD Business meeting met on December 13, 2019 it was discussed that Board staff were gathering information on clinical competency exam requirements and definitions on the term "clinical".

January 31, 2020

- The Exam Committee met on January 31st 2020 and decided to recommend that he Board:
    - Require a minimum passing score of 75% for acceptance
    - Not accept examination results where the passing grade was based upon compensatory scoring for parts of the examination. This action would affect the acceptance of CRDTS and WREB examinations.
    - Adopting the following definitions:
        - "Clinical" means having to do with the direct observation and treatment of patients.
        - "Clinical competency examination" means evaluation, diagnosis, and prevention through live patient or manikin based methods relating to the care and treatment of patients.
    - The ADEA Map was reviewed regarding Patient vs. Non-Patient Exams. It was reported that there were no provisions of states accepting non-patient exams. Also, only a few states stated specifically in their regulations that they require a live patient exam. Most states only state the exams that they do accept and there seemed to be a general assumption that most accepted patient exams only.

March 13, 2020

- The BOD Business meeting met on March 13, 2020 and accepted by consensus:
    - To only accept a minimum passing score of 75% for acceptance
    - To accepted the following definitions:
        - "Clinical" means having to do with the direct observation and treatment of patients.
        - "Clinical competency examination" means evaluation, diagnosis, and prevention through live patient or manikin based methods relating to the care and treatment of patients.

May 8, 2020

- The BOD Emergency Business meeting met on May 8, 2020 and accepted the following by consensus:

- In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental licensure applicants** a clinical dental examination which includes a simulated manikin exercise in restorative dentistry. The Board also decided to waive the scaling exercise with live patients in a 2020 clinical dental examination given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.
- In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental hygiene licensure applicants** a clinical dental hygiene examination which includes a manikin-based clinical scaling exercise given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

May 29, 2020

- The BOD Emergency Business meeting met on May 29, 2020 made changes to the Dental hygiene licensure applicants decision made on May 8, 2020 and accepted the following by :
  - In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental hygiene licensure applicants** a clinical dental hygiene examination which includes the Computer Simulated Clinical Examination (CSCE) **OR** a manikin-based clinical scaling exercise given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

October 23, 2020

- The BOD Emergency Business meeting met on May 8, 2020 and accepted the following by consensus:
  - In addition to live patient clinical examinations, for 2021 only, the Board will accept from **Dental licensure applicants** a clinical dental examination which includes a simulated manikin exercise in restorative dentistry. The Board also decided to waive the scaling exercise with live patients in a 2020 clinical dental examination given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.
  - In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental hygiene licensure applicants** a clinical dental hygiene examination which includes a manikin-based clinical scaling exercise given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

Guidance Document:

Adopted:
Revised:

***ED's Comments**: The information provided within this draft guidance document responds to the Board's discussions on requiring equivalency across the five regional testing agencies accepted by the Board: CDCA/NERB, CITA, CRDTS, SRTA, and WREB.*

In addressing this draft guidance document, the Board is asked to consider that:

- *documentation is needed to determine if, currently, there is equivalency in clinical exam content and scoring across the five testing agencies accepted by the Board. Without such documentation implementation of the guidance document will not be feasible.*
- *the testing agencies are in competition with each other and do maintain proprietary information that is not available to the public, including non-member boards of dentistry. As a result information needed to determine "equivalency" and "substantial equivalency" is not currently readily available.*
- *testing agencies can and do make changes in content and scoring methodology without giving advance notice of the changes to boards who accept their exams but are not members of their respective agency.*
- *the Board is and can only be a member of one of the five testing agencies.*
- *the Board is a member of CITA which administers the ADEX exam.*
- *the Board is a member of ADEX which is a test development agency so the Board currently participates in the development of the ADEX examinations.*

In addition, before adoption of this draft document, consideration should be given to the fact that many applicants complete exam requirements over two or more years so consideration should also be given to what is a reasonable effective date for implementation of the guidance.

A redacted example of each testing agency's scorecard is provided for review.

Virginia Board of Dentistry
Policy on
DENTAL AND DENTAL HYGIENE CLINICAL COMPETENCY EXAMINATION REQUIREMENTS FOR LICENSURE

Effective Date: January 1, 2022

Effective January 1, 2022, the Board will only accept from applicants who apply for licensure by examination, a Clinical Competency Exam which meets all the content requirements addressed below. This policy applies to the examinations administered by any of the five regional testing agencies currently accepted by the Board, which an applicant completes in calendar year 2022 and thereafter, regardless of the dates portions of the examination were taken.

Effective January 1, 2022, the Board will only accept from applicants who apply for licensure by credentials, a Clinical Competency Exam administered by any of the five regional testing agencies currently accepted by the Board from any year or the results of state administered examinations when the scorecard or report shows that testing was substantially equivalent to the examinations required for licensure by examination. This policy applies to all examinations completed regardless of the date or dates an examination was taken.

Effective January 1, 2022, Exam reports that do not include a numerical passing score and/or a scoring rubric and which were based on compensatory scoring will be considered on a case by case basis.

Applied Definitions

- "**Clinical Competency Exam**" means evaluation, diagnosis, and prevention, through live patient or manikin based methods relating to the care and treatment of patients.

  *ED recommendation: "**Clinical Competency Exam**" means a formal test of knowledge and proficiency in the evaluation, diagnosis, and treatment of dental conditions and the prevention of dental diseases which includes live patient and/or manikin based testing methods to demonstrate the skills needed to safely provide care and treatment to patients.*

- **"Compensatory Scoring"** is a scoring methodology which allows for strong performance in one content area to compensate for poor performance in another content area as long as the overall score meets the performance standard.
- **"Conjunctive Scoring"** is a scoring methodology which requires that performance standards be met for each specified content area.
- **"Substantially Equivalent"** means any examination taken for another jurisdiction which includes five components with similar content and degree of difficulty, respectively, to those requirements for licensure by examination.

Required Clinical Competency Exam Components for DENTAL applications by Examination

Every candidate must pass **each** individual component with only conjunctive scoring and no compensatory scoring with a **minimum passing score of 75%** for each of the following required components:

- **Objective Structured Clinical Examination/Diagnostic Skills Examination (ADEX = CDCA and CITA) or Comprehensive Treatment Planning (WREB).**
  NOTE: SRTA and CRDTS scorecards do not show an equivalent component.
- **Endodontics**, including access opening of a posterior tooth and access, canal instrumentation, and obturation of an anterior tooth;
- **Fixed prosthodontics**, including an anterior crown preparation and two posterior crown preparations involving a fixed partial denture factor;
- **Periodontics**, including scaling and root planing;
- **Restorative**, including a class II amalgam or composite preparation and restoration, and a class III composite preparation and restoration.

Required Clinical Competency Exam Components for DENTAL Applications by Credentials

Every candidate must pass **each** individual component with only conjunctive scoring and no compensatory scoring with a **minimum passing score of 75%** for each of the following required components:

- **Diagnostic Skills Examination (ADEX = CDCA and CITA) or Comprehensive Treatment Planning (WREB) NOTE:** SRTA and CRDTS scorecards do not show an equivalent component.
- **Endodontics**, including access opening of a posterior tooth and access, canal instrumentation, and obturation of an anterior tooth;
- **Fixed prosthodontics**, including an anterior crown preparation and two posterior crown preparations involving a fixed partial denture factor;
- **Periodontics**, including scaling and root planing;
- **Restorative**, including a class II amalgam or composite preparation and restoration, and a class III composite preparation and restoration.

Required Clinical Competency Exam Components for DENTAL HYGIENE Applications by Examination
Every candidate must pass each individual component with only conjunctive scoring and no compensatory scoring and a minimum passing score of 75% for each of the following required components:

- **Treatment Clinical Examination,** including calculus detection and removal, periodontal pocket depth measurements, and tissue management.
- **Computer Simulated Clinical Examination,** including assessing various levels of diagnosis and treatment planning knowledge, skills, and abilities.

Required Clinical Competency Exam Components for DENTAL HYGIENE Applications by Credentials
Every candidate must pass each individual component with only conjunctive scoring and no compensatory scoring and a minimum passing score of 75% for each of the following required components:

- **Treatment Clinical Examination**, including calculus detection and removal, periodontal pocket depth measurements, and tissue management.
- **Computer Simulated Clinical Examination,** including assessing various levels of diagnosis and treatment planning knowledge, skills, and abilities.

Acceptable Score Cards and Reports

The Board's application instructions require submission of an original and detailed score card or report from the testing agency documenting passage of a clinical competency examination. Candidate's score cards are not accepted. All score cards or reports must be requested by the applicant. (Canadian exams are not accepted.) Certificates are not accepted. Score cards must be mailed to the Board or, if applicable, you must contact the testing agency to request that your test results be made available to the Virginia Board of Dentistry via an online access portal. For WREB (Western Regional Examining Board) examinations you must request an IPR detailed report.

Score cards must show conjunctive scoring of the required clinical competency exam components. The score cards must show a pass (equivalent to at least 75%) or a fail.

If an applicant has failed a clinical competency exam a score card is still required to be submitted. The applicant must notify the Board of all previously failed attempts of the clinical competency exam. Applicants must submit score cards for each attempt of the clinical competency exam.

Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

Excerpts of Applicable Laws and Regulations Addressing Clinical Examinations

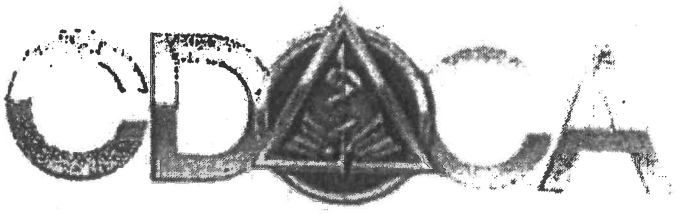
- The Board shall investigate the qualifications and truthfulness on registration of any applicant for a license to practice dentistry or dental hygiene, and for such purposes shall have power to send for witnesses, papers and documents, and administer oaths. § 54.1-2705

- **Dental Applicants**
  - An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (iv) has successfully completed a clinical examination acceptable to the Board. §54.1-2709.B (iv)

- The Board may grant a license to practice dentistry to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B. §54.1-2709.C (i).
- Dental licensure by examination. 1. All applicants for licensure by examination shall have: b. Passed a dental clinical competency examination that is accepted by the board. 18VAC60-21-210 A.1.(b)
- Dental licensure by credentials. All applicants for licensure by credentials shall: 2. Have successfully completed a clinical competency examination acceptable to the board. 18VAC60-21-210.B.2

- **Dental Hygiene Applicants**
  - An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (iv) has successfully completed a clinical examination acceptable to the Board. §54.1-2722.B (iv)
  - The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (iv) meets other qualifications as determined in regulations promulgated by the Board. §54.1-2722. C (iv)
  - An applicant for licensure by examination shall have: 3. Successfully completed a board-approved clinical competency examination in dental hygiene. 18VAC60-25-140.A.3
  - An applicant for dental hygiene licensure by credentials shall: 4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination. 18VAC60-25-150.4

Exam Results



Information searched: (* = Scores are for your jurisdiction ONLY)
Type of Candidate: Dental
Total Candidate(s): 1

BACK TO MENU

SSN	Candidate	Exam Date	ADEX Exam	DSE	SIM PAT	PROS	ENDO	RESTOR	ANT RESTOR	POST RESTOR	PERIO
[redacted]	[redacted]	[redacted]	Yes				Pass: 75 or greater				
			Yes			Pass: 75 or greater					
			Yes	Pass: 75 or greater							
			Yes								Pass: 75 or greater
			Yes							Fail: Less than 75 (Patient)	
			Yes						Pass: 75 or greater (Patient)		
			Yes							Pass: 75 or greater (Patient)	

Previous Next

[redacted]

[redacted]

The Following Individual Has Achieved ADEX Status:
(includes: CDCA Status and/or CITA Status)

ID	First Name	Middle Name	Last Name	SSN	Dentpin	Exam Type	Exam Date	Exam Results	Graduation Date
[redacted]						Anterior Restorative	[redacted]	Pass	[redacted]
						Diagnostic Skills Examination		Pass	
						Endodontic		Pass	
						Periodontal		Pass	
						Posterior Restorative		Pass	
						Prosthodontic		Pass	

RECEIVED [redacted]
Virginia Board of Dentistry

Prepared by: [redacted]

Created by CITA [redacted]

Prepared on: [redacted]

P127

Central Regional Dental Testing Service, Inc.
1725 Gage Blvd.
Topeka, Kansas 66604-3333

CRDTS
Manikin Dental Examination Results

Candidate ID Number: [redacted]

Examination Parts	Score Earned
Endodontic Procedures	100.00
Manikin Endodontics - Part II	100.00
[redacted]	
Cast Gold Crown Preparation	92.50
Ceramic Crown Preparation	95.45
Porcelain-Fused-to-Metal Crown Preparation	92.50
Manikin Prosthodontics - Part III	93.55
[redacted]	
Perio Final M	98.00
Manikin Periodontics - Part IV	98.00
[redacted]	
Ant. Composite Preparation	100.00
Ant. Composite Restoration	98.44
Post. Composite Preparation 1	97.73
Post. Composite Preparation 2	100.00
Post. Composite Restoration 1	91.07
Post. Composite Restoration 2	82.14
Manikin Restorative - Part V	95.59
[redacted]	

The score earned is determined as outlined in the enclosed bulletin for each part of the exam. A score of 75 or better on each part is recommended to be eligible for licensure. All examination procedures are scored once by computer and failures are manually confirmed by a professional person. If you have a score of less than 75 on any part of the exam, a critique appears below. For Parts II, III, and V, the specific clinical criteria are listed which were rated as deficient by the examiners. For Part IV, points are deducted for each error; areas of deficiency and number of errors are both listed.

Critique

[redacted]

Southern Regional Testing Agency, Inc. DHP

4698 Honeygrove Road, Suite 2 | Virginia Beach, VA 23455-5934
Tel. (757) 318-9082 |Fax (757) 318-9085 | www.srta.org

VIRGINIA BOARD OF DENTISTRY
9960 MAYLAND DRIVE, SUITE 300
HENRICO, VA 23233-1463

[redacted]

To Whom It May Concern:

This is to certify that the following candidate listed below HAS satisfactorily completed the SRTA Full Manikin Dental Examination that was administered by the Southern Regional Testing Agency, Inc.

LAST NAME, FIRST NAME	LAST 4 SSN	CAND. #	EXAM SITE	EXAM DATE
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

EXAM TYPE	SRTA FULL MANIKIN DENTAL

ANTE REST	POST REST	ENDO	FIXED PROS	OPTIONAL PERIO (LIVE PATIENT)
PASS	PASS	PASS	PASS	PASS

Grade Scale: Pass ≥ 75, Fail < 75

TOTAL ATTEMPTS	PASS 2

Christina Lorenzo
Office Administrator

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[redacted]
Virginia Board of Dentistry

SRTA certifies scores for a five-year period. Acceptance after that period is determined by each individual State Board of Dentistry.

WREB
A National Dental and Dental Hygiene Testing Agency

Dental Individual Performance Report

[redacted]

[redacted]

OPERATIVE

[redacted]

Prep Procedure #1 Posterior Composite	Median Score	Weight Factor	Score
Outline and Extension	3.00	46.0%	1.380
Internal Form	4.00	39.0%	1.560
Operative Environment	2.00	15.0%	0.300
	Posterior Composite Prep Score:		3.240

Finish Procedure #1 Posterior Composite	Median Score	Weight Factor	Score
Anatomical Form	3.00	36.5%	1.095
Margins	4.00	36.5%	1.460
Finish	4.00	27.0%	1.080
	Posterior Composite Finish Score:		3.635

Procedure #1 Score: 3.440

Operative Section Score: 3.44 Pass

ENDODONTIC

[redacted]

Anterior	Median Score	Weight Factor	Score
Access	3.00	27.0%	0.810
Condensation	5.00	46.0%	2.300
	Anterior:		3.110

Posterior	Median Score	Weight Factor	Score
Access	3.00	27.0%	0.810
	Posterior:		0.810

Endodontic Section Score: 3.92 Pass

[redacted]

CTP Section Score: 3.19 Pass

PERIODONTICS

[redacted]

Treatment:	Score
	100.00%

Periodontics Section Score: 100.00% Pass

PROSTHODONTIC

Not Attempted

A score of 3.00 (or 75% or higher on Periodontics) reflects the standard for demonstrating competence. Completion of the core exam requires passing the three sections, Operative, Endodontics and CTP, within twelve (12) months. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed within the required twelve (12) month period. If the failed section(s) is/are not passed within twelve (12) months, all three core sections must be taken again.
Many individual state licensing bodies also require passing performance on the Periodontal or Prosthodontics sections, in addition to the WREB Core Sections (Operative, Endodontics and Comprehensive Treatment Planning).
You should review the Dental Candidate Guide for detailed scoring information and requirements.
Additional details regarding performance are provided for your information. Please note that performance within each section is likely to very more than overall clinical or written score across subsequent examination performances. Candidates retaking sections are encouraged to consider all content categories in preparation.

Important Document - Maintain for your records

Received

[redacted]

Board of Dent.

VIRGINIA BOARD OF DENTISTRY

BYLAWS

Article I. Officers
Election, Terms of Office, Vacancies

1. Officers

The officers of the Virginia Board of Dentistry (Board) shall be President, Vice-President, and Secretary.

2. Election.

The President shall appoint a nominating committee to meet and submit a slate of officers to be included in the September/Fall meeting agenda package. The election of each officer shall be held during the September/Fall meeting. Prior to the election of officers, nominations from the floor may be entered.

3. Terms of Office.

The terms of office of the President, Vice-President, and Secretary shall be for twelve months, until succeeded, or their successor(s) are elected. The term of each office shall begin at the conclusion of the Fall meeting and end at the conclusion of the subsequent Fall meeting. No officer shall be eligible to serve for more than two consecutive terms in the same office unless serving an unexpired term.

4. Vacancies.

In the event of a vacancy in the office of president, the vice-president shall assume the office of president for the remainder of the term. In the event of a vacancy in the office of vice-president, the secretary shall assume the office of vice-president for the remainder of the term. In the event of a vacancy in the office of secretary, the president shall appoint a board member to fill the vacancy for the remainder of the term.

In the event that all of the offices are vacated and succession is not possible, the Board shall be convened to appoint a Nominating Committee which will develop a slate of candidates for the Board's consideration at its next meeting. Pending the election of new officers, the member of the Board with the longest length of continuous service shall serve as acting president.

Article II. Duties of Officers

1. President.

The *President* shall preside at all meetings and conduct all business according to the Virginia Administrative Process Act and the American Institute of Parliamentarians Standard Code of Parliamentary Procedure. The President shall appoint all committees and designate committee chairs and all representatives, except where specifically

provided by law. The President shall sign certificates and documents authorized to be signed by the President, and may serve as an ex-officio member of all committees (at which times possessing all the rights, responsibilities, and duties as any other member of the committee; including the right to vote). The President also may serve as a substitute for an absent committee member and, in this role, he shall participate in voting.

2. **Vice-President.**

The *Vice-President* shall perform all duties of the President in either the absence of, or the inability of the President to serve.

3. **Secretary.**

The *Secretary* shall authorize issuance of the draft unapproved minutes of meetings of the Board.

Article III. Duties of Members

1. **Qualifications.**

After appointment by the Governor, each member of the Board shall forthwith take the oath of office to qualify for service as provided by law.

2. **Attendance at meetings.**

Members of the Board shall attend all regular and special meetings of the full Board, meetings of committees to which they are assigned, and all hearings conducted by the Board at which their attendance is requested by the President or Board Executive Director~~,~~; unless prevented by illness or other unavoidable cause. In the case of unavoidable absence of any member from any meeting, the President shall reassign the duties of such absent member when necessary to achieve a quorum for the conduct of business.

3. **Examinations.**

Each member of the Board who is currently licensed as a dentist or as a dental hygienist may participate in conducting clinical examinations for testing agencies in which the Board holds membership.

4. **Code of Conduct.**

Via incorporation by reference, members of the Board shall abide by the adopted Virginia Board of Dentistry Code of Conduct for Members (Guidance Document 60-9, Adopted: June 12, 2009).

Article IV. Meeting

1. **Number.**

The Board shall hold at least three regular meetings in each year. The President shall call meetings at any time to conduct the business of the Board, and shall convene conference calls when needed to consider summary suspensions and settlements. Additional

meetings shall be called by the President at the written request of any two members of the Board.

2. **Quorum.**

   A majority of the members of the Board shall constitute a quorum at any meeting.

3. **Voting.**

   All matters shall be determined by a majority vote of the members present.

Article V. Committees

Standing committees of the Board shall be the following:

Executive Committee
Regulatory-Legislative Committee
Examination Committee
Special Conference Committees

Committee Duties.

1. **Executive Committee.**

   The Executive Committee shall consist of the current officers of the Board and the Past President of the Board, with the President serving as Chair. The Executive Committee shall:

   a) Order a biennial review of these Bylaws for review by the Board at its December/Winter meeting in odd-numbered years;

   b) Be knowledgeable about the budget of the Board;

   c) Review financial reports and may make recommendations to the Board regarding financial matters;

   d) Select current or former board members and knowledgeable professionals to be invited to serve as agency subordinates; and

   e) Conduct all other matters delegated to it by the Board.

2. **Regulatory-Legislative Committee.**

   The Regulatory-Legislative Committee shall consist of two or more members, appointed by the President. This Committee shall consider matters bearing upon state and federal regulations and legislation, and make recommendations to the Board regarding policy matters. The Board may direct the Committee to review the law for possible changes. Proposed changes in State laws, or in the Rules and Regulations of the Board, shall be distributed to all Board members prior to scheduled meetings of the Board.

3. **Examination Committee.**

   The Examination Committee shall develop and oversee the administration of all Board examinations. This shall include, but not be limited to, jurisprudence and licensure examinations.

4. Special Conference Committees.

Special Conference Committees shall:

a) Review investigation reports to determine if a violation of law or regulation has occurred;

b) Hold informal fact-finding conferences;

c) Direct the disposition of disciplinary cases at the informal fact-finding stages. The committee chairs shall provide guidance to Board staff on implementation of their committee's decisions;

a) Review and decide any action to be taken regarding applications for licensure when the application includes information about criminal activity, practice history, medical conditions, or other content issues;

b) Consider applicant or licensee requests for approval of credit for programs when the content or the sponsorship of courses are in question; and

c) Hold informal fact-finding conferences at the request of the applicant or licensee to determine if Board requirements have been met.

Article VI. Executive Director

1. Designation.

The Administrative Officer of the Board shall be designated the Executive Director of the Board.

2. Duties.

The Executive Director shall:

a) Supervise the operation of the Board office and be responsible for both the conduct and performance of the staff, and the assignment of cases to agency subordinates;

b) Execute the policies and services established by the Board;

c) Provide and disburse all forms as required by law to include, but not be limited to, new and renewal application forms;

d) Keep accurate record of all applications for licensure, maintain a file of all applications, and notify each applicant regarding the actions of the Board in response to their application. Prepare and deliver licenses to all successful applicants. Keep and maintain a current record of all dental and dental hygiene licenses issued by the Board;

e) Notify all members of the Board of regular and special meetings of the Board. Notify all Committee members of regular and special meetings of Committees. Keep true and accurate minutes of all meetings and distribute approved draft minutes to the Board members within ten days following such meetings;

f) Issue all notices and orders, render all reports, keep all records, and notify all individuals as required by these Bylaws or applicable law. Affix and attach the seal of the Board to

such documents, papers, records, certificates and other instruments as may be directed by law;

g) Keep accurate records of all disciplinary proceedings. Receive and certify all exhibits presented. Certify a complete record of all documents whenever and wherever required by law; and

h) Provide the Board's financial statements and biennial budget, along with any revisions, to the Executive Committee for review.

i) Assign the determination of probable cause for disciplinary action to a board member or the staff dental review coordinator, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.

DEFINITIONS OF TYPES OF COMMITTEE MEMBERS

1. Advisory Member - Specialized, non-voting member of a committee. Cannot make or second motions, but may participate fully in debate and discussions.

2. Ex-Officio Member - A member of a committee who serves by virtue of holding a specific office. Has all the rights, responsibilities and duties as any other member of the committee, including the right to vote.

Virginia Board of Dentistry

Policy on Recovery of Disciplinary Costs

Applicable Law and Regulations

- §54.1-2708.2 of the Code of Virginia.
  The Board of Dentistry (the Board) may recover from any licensee against whom disciplinary action has been imposed reasonable administrative costs associated with investigating and monitoring such licensee and confirming compliance with any terms and conditions imposed upon the licensee as set forth in the order imposing disciplinary action. Such recovery shall not exceed a total of $5,000. All administrative costs recovered pursuant to this section shall be paid by the licensee to the Board. Such administrative costs shall be deposited into the account of the Board and shall not constitute a fine or penalty.

- 18VAC60-15-10 of the *Regulations Governing the Disciplinary Process*. The Board may assess:
  - the hourly costs to investigate the case,
  - the costs for hiring an expert witness, and
  - the costs of monitoring a licensee's compliance with the specific terms and conditions imposed up to $5,000, consistent with the Board's published guidance document on costs. The costs being imposed on a licensee shall be included in the order agreed to by the parties or issued by the Board.

Policy

1. Disciplinary costs will not be assessed for licensees receiving their first Board Order in which violations were found and sanctions were imposed.

2. The maximum cost assessment for a dentist is $5,000.

3. The maximum cost assessment for a dental hygienist is $1,250.

4. In a second and any subsequent Order against a licensee, the Board will specify the administrative costs to be recovered from a licensee in each pre-hearing consent order offered and in each order entered following an administrative proceeding. These administrative costs are in addition to the sanctions imposed which might include a monetary penalty.

5. The amount of administrative costs to be recovered will be calculated using the assessment of costs specified below and will be recorded on a Disciplinary Cost Recovery Worksheet (the worksheet). All applicable costs will be assessed as set forth in this guidance document. Board staff shall complete the worksheet and assure that the cost to be assessed is included in Board orders. The completed worksheets shall be maintained in the case file. Assessed costs shall be paid within 45 days of the effective date of the Order, unless a payment plan has been requested and approved.

Assessment of Costs

Based on the expenditures incurred in the state's fiscal year which ended on June 30, 2020, the following costs will be used to calculate the amount of funds to be specified in a board order for recovery from a licensee being disciplined by the Board:

- ~~$114~~ 103 per hour for an investigation multiplied by the number of hours the DHP Enforcement Division reports having expended to investigate and report case findings to the Board.
- ~~$150~~ 182 per hour for an inspection conducted during the course of an investigation, multiplied by the number of hours the DHP Enforcement Division reports having expended to inspect the dental practice and report case findings to the Board.
- If applicable, the amount billed by an expert upon acceptance by the Board of his expert report.
- The applicable administrative costs for monitoring compliance with an order as follows:
    - $ ~~143.75~~ 130 Base cost to open, review and close a compliance case
    - $ ~~80.00~~ 68 For each continuing education course ordered
    - $ ~~21.25~~ 19 For each monetary penalty and cost assessment payment
    - $ ~~21.25~~ 19 For each practice inspection ordered
    - $ ~~42.50~~ 39 For each records audit ordered
    - $ ~~127.50~~ 118 For passing a clinical examination
    - $ ~~117.50~~ 75 For each practice restriction ordered
    - $ ~~96.25~~ 55 For each report required.

Inspection Fee

In addition to the assessment of administrative costs addressed above, a licensee shall be charged $350 for each Board-ordered inspection of his practice as permitted by 18VAC60-21-40 of the *Regulations Governing the Practice of Dentistry.*

Effective: November 21, 2012
Last revised: December 11, 2020

From: Charles Giles <charles.giles@dhp.virginia.gov>
Sent: Monday, November 9, 2020 9:34 AM
To: Sandra Reen <sandra.reen@dhp.virginia.gov>
Cc: Lisa Russell Hahn <lisa.hahn@dhp.virginia.gov>
Subject: FY21 Billable Hourly Rates

Sandy,

Listed below are the FY21 hourly rates for billing purposes.
Please pass the information to members of your staff that require it.

DHP	
Billable Hourly Rates	
FY21	
Investigative Hour	$ 103
Senior Inspectors	182
Pharmacy Inspectors	213
Board of Dentistry's Executive Director	143
Board of Dentistry's Administrative Assistant	79

Virginia Board of Dentistry
Calculation of Costs for Recovery

COMPLIANCE WITH SANCTIONS	Compliance Case Manager (CCM)		Executive Director (ED)		Combined Costs	FY21 PROPOSED CHARGE
Base cost to open, review and close a compliance case ($ per hr * 1.25 hrs) - CCM ($ per hr * .20 hr) - ED	79.00	**$94.80**	143.00	**$35.75**	$130.55	**$130.55**
For each continuing education course order ($ per hr * .5) - CCM ($ per hr * .20) - ED	79.00	**$39.50**	143.00	**$28.60**	$68.10	**$68.10**
For each monetary penalty and cost assessment payment ($ per hr * .25) - CCM only	79.00	**$19.75**				**$19.75**
For each practice inspection ordered ($ per hr * .25) - CCM only	79.00	**$19.75**				**$19.75**
For each records audit ordered ($ per hr *.5) - CCM only	79.00	**$39.50**				**$39.50**
For passing a clinical examination ($ per hr * 1.5) - CCM only	79.00	**$118.50**				**$118.50**
For each practice restriction ordered ($ per hr * .5) - CCM ($ per hr * .25) - ED	79.00	**$39.50**	143.00	**$35.75**	$75.25	**$75.25**
For each report required ($ per hr * .25) - CCM ($ per hr * .25) - ED	79.00	**$19.75**	143.00	**$35.75**	$55.50	**$55.50**

Virginia Department of
Health Professions
Board of Dentistry

Disciplinary Board Report

Today's report reviews the 2020 Calendar year case activity.

Calendar Year 2020

The table below includes all cases that have received Board action since January 1, 2020 through November 30, 2020

Year 2020	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	40	26	4	30
Feb	45	35	6	41
March	34	27	10	37
April	49	30	1	31
May	36	34	0	34
June	28	48	0	48
Jul	26	43	2	45
Aug	51	45	12	57
Sept	35	27	5	32
Oct	37	26	6	32
Nov	28	47	5	52
TOTALS	409	388	51	439

Closed Case with Violations consisted of the following:

Patient Care Related:

- **31 Standard of Care: Diagnosis/Treatment:** Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also, include failure to diagnose/treat& other diagnosis/treatment issues.
- **3 Standard of Care: Surgery** : Improper/Unnecessary performance of surgery, improper patient management, and other surgery related issues.
- **4 Inability to Safely Practice:** Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions.
- **2 Cases of Drug Related-Patient Care:** Dispensing in violation of DCA (to include dispensing for non-medicinal purposes, excessive prescribing, not in accordance with dosage, filling an invalid prescription, or dispensing without a relationship), prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use.
- **2 Abuse/Abandonment/Neglect**: Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation.

- **1 Unlicensed Activity**: Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity.

Non-Patient Care Related:

- **6 Business Practice Issues**: Advertising, default on guaranteed student loan, solicitation, records, inspections, audits, self-referral of patients, required report not filed, prescription blanks, or disclosure.
- **2 Criminal Activity:** Felony or misdemeanor arrest, charges pending, or conviction.

CCA's

There were 6 CCA's issued so far in 2020. The CCA's issued consisted of the following violations:

- **4 had Business Practice Issues**
- **2 had Standard of Care: Diagnosis/Treatment**

Summary Suspensions/Suspensions/Revocations

There were 2 Summary Suspension and 1 Revocation issued so far in 2020. The Summary Suspensions, Suspensions, and Revocations consisted of the following violations:

- **2 Mandatory Suspension for Criminal Activity**: Felony Conviction
- **1 Revocation for Drug Related-Patient Care**

Calendar Year 2019

The table below includes all cases that have received Board action since January 1, 2019 through November 30, 2019

Year 2019	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	33	20	1	21
Feb	36	33	1	34
Mar	34	39	4	43
Apr	48	30	3	33
May	46	71	2	73
Jun	33	46	4	50
Jul	37	19	3	22
Aug	30	37	2	39
Sept	43	31	6	37
Oct	46	25	2	27
Nov	40	49	1	50
TOTALS	**426**	**400**	**29**	**429**

Virginia Department of
Health Professions
Board of Dentistry

Licenses and Registrations

There were 14,982 Dentistry licensees as of October 1, 2020. The number of current licenses and registrations are broken down by profession in the following chart.

Current Licenses	
Cosmetic Procedure Certification	41
Deep Sedation/General Anesthesia	65
Dental Assistant II	38
Dental Full Time Faculty	9
Dental Hygienist	5,985
Dental Hygienist Restricted Volunteer	3
Dental Restricted Volunteer	12
Dentist	7,573
Enteral Conscious/Moderate Sedation	134
Mobile Dental Facility	13
Moderate Sedation	247
Oral/Maxillofacial Surgeon Registration	273
Sedation Permit Holder Location	522
Temporary Resident	67
Total	**14,982**

Board Conduct

Be prepared and ready to start all meetings and proceedings at the scheduled time; please refrain from making comments about not having time or unable to review case/agenda before the hearing/meeting.

Be mindful of the setting you are in when dialing in, noise distractions background etc. Professional / neutral demeanor and presentation should be the same as an in person meeting. During virtual meetings, the meeting may be recorded for posting on the agency website; the video recording may be utilized. Think carefully about your presentation on screen and the comments you may make during the meeting.

Disclose any actual or perceived conflicts of interest and recuse yourself from those decisions, if deemed appropriate.

Do not conduct any independent research on the respondent or the evidence. Likewise, do not text or look up information on your phone during the hearing.

During hearings and meetings, stay engaged and please put your cell phones down. Do not leave the hearing/meeting whether attending virtually or in-person without approval of the chair for a recess.

Do not text or communicate electronically with other Board members during the hearing (or meeting). Conversations between Board members about board business during an active public meeting should be open and transparent for members of the public.

During disciplinary hearings, remain neutral as a factfinder and weigh the evidence presented to you. This includes neutralizing facial expressions, head nodding, head shaking and refraining from audible responses such as exasperated sighing.

Be civil to other panel members in open and closed session. Disciplinary hearings are a collaborative process even though disagreements may arise.

During open session of disciplinary hearings, only the panel chair should ask Board counsel legal questions (conducted privately and away from the microphone). If you are not the panel chair, do not ask Board counsel a legal question on the record (i.e., into the microphone) in open session. If possible, save questions for closed session. Communicate issues of concern to either the Board President or Executive Director.

Speak only when it is your turn or you have been recognized by the chair.

Confidential disciplinary information shall not be disclosed, including exhibits, to anyone. Discussions during closed sessions are confidential and should not be disclosed to anyone.

Board member shall refrain from discussing the case with anyone during breaks. This includes your fellow panel members and staff.

Do not ask the Commonwealth procedural questions during disciplinary hearings. Board counsel can advise you regarding procedural matters, but the Commonwealth cannot.

Questions from Board members during disciplinary hearings should be related to the facts of the case and allegations contained in the statement of particulars.

Board members shall not express a personal opinion as "the opinion of the Board." The Board speaks through its motions and orders, not individual members.

During a formal administrative hearing, every word spoken on the record will be transcribed, including Board member questions. Think carefully before you speak or ask a question.

Board members shall refrain from arguing with the respondent or with any member of the public making public comment at a meeting.

Avoid asking deliberately combative questions during disciplinary hearings, even if a respondent is being evasive.

Avoid asking leading questions in a hearing, but rather ask questions that are open-ended allowing respondent to provide information.

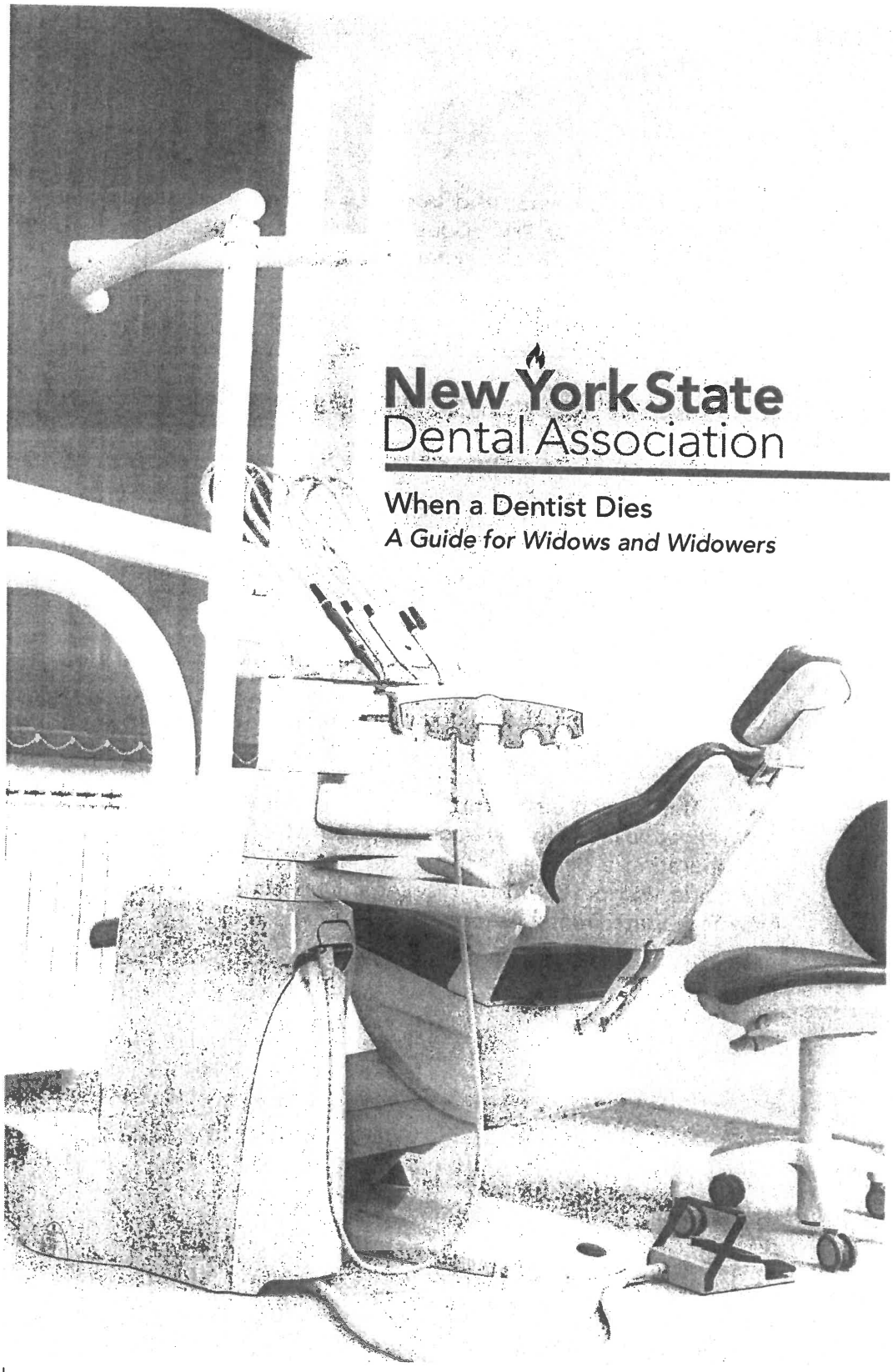
Board members should not lecture the respondent. Do not teach the respondent by telling him he answered a question incorrectly and say what the right answer is. Do not inject your personal thoughts of how you or your practice do things.

Board members shall not engage in substantive conversation with the parties or witnesses to a formal hearing, whether the Commonwealth or Respondent or their attorney, or with expert or fact witnesses. As a Board member and fact-finder, the appearance of impartiality and propriety is important at all stages of a proceeding.

Do not engage with the respondent at a hearing or any person attending on behalf of the respondent even if not talking about case to avoid any appearance of impropriety.

Board members should refrain from discussing Board business with professional association representatives during a Board meeting. The public comment period is the appropriate time for guests to provide comments to Board members for their consideration about topics on the agenda.

Always listen to your Board counsel!



New York State Dental Association

When a Dentist Dies

A Guide for Widows and Widowers

When the owner and operator of a going dental practice dies, his or her spouse faces many questions about what to do with the practice and how.

Who owns the practice?

Can the practice continue to operate and generate income?

What should be done with patient records?

Are there special considerations if the practice was a partnership, professional corporation or limited liability company?

Often, the surviving spouse has no answers to these questions. Many family lawyers who handle estate matters are not well versed in the unique requirements surrounding professional dental practices.

This brochure sets forth some simple guidelines for surviving spouses to follow upon the death of a spouse who was operating a dental practice. The information found in this guide was prepared by the Legal Department of the New York State Dental Association.

Who Owns the Practice When the Dentist Dies?

Sole Proprietorships

As with any other property or business, a dental practice is an asset that becomes part of the owner's estate when the owner dies. The real property on which the office sits; the equipment, supplies and other personal property in the office; the patient records, and the goodwill of the practice are all assets whose ownership will pass to the deceased's estate.

If the dental office space was leased, the rights under the lease may also pass to the estate depending upon the terms of the lease. The surviving spouse needs to know what property was part of the dental practice and then make certain that all appropriate property is included in the estate.

The executor of the estate, if there is a will, or the administrator, if there is not, is legally responsible for marshaling all the assets of the estate. Although the deceased's estate takes ownership of the tangible and intangible property making up the former practice, the estate cannot own or operate a dental practice. Only a licensed person or entity can own a going dental practice, and an estate cannot obtain a dental license. Therefore, the estate's ownership is limited to the purpose of liquidating and selling the practice. The one exception is that the estate can ask permission from the New York State Surrogate's Court to operate the deceased dentist's practice for a maximum period of eight months.

Partnerships and Limited Liability Partnerships

A dentist who was a partner in a dental practice will usually have his/her share of the assets pass to his/her estate upon death. The estate will generally not have any specific interest in partnership property, so the assets that pass to the estate are usually governed by the written partnership agreement.

The surviving spouse needs to obtain a copy of the partnership agreement and be familiar with the rights and requirements spelled

out in that document. The situation is the same for a partnership that is structured as a limited liability partnership.

Professional Corporations

A dentist who was the sole shareholder of a professional corporation will have his/her assets treated exactly the same as a sole proprietorship, except that the shares of stock in the professional corporation are additional items that become part of the dentist's estate.

A dentist who was one of several shareholders in a professional corporation has very different considerations. The professional corporation is obligated by law to redeem the outstanding shares of the deceased within six moths after the appointment of an executor or administrator of the estate. The shares must be redeemed at their book value as of the end of the month immediately preceding the shareholder's death. However, the certificate of incorporation, the corporate bylaws, or an agreement among the corporation and all shareholders may shorten the time period for redemption or set a different method for determining the price of the shares to be redeemed.

Also, the corporation's obligation to redeem the shares does not prohibit the estate from selling the shares to another dentist prior to the corporation's redeeming the shares.

Professional Limited Liability Companies

A dentist who was the sole member of a professional limited liability company will have his/her assets treated exactly as if he/she had been a sole proprietor.

A dentist who was one of several members in a professional limited liability company will have his/her assets treated in the same way as a shareholder in a multi-shareholder professional corporation.

The deceased's membership interest must be redeemed by the company in the same way that shares in a professional corporation are redeemed when a shareholder dies. Also, the written operating agreement of the company will need to be consulted to determine if there are any special rights under the agreement. The surviving spouse needs to obtain a copy of the operating agreement and be familiar with the rights and requirements spelled out in that document.

Can the Practice Operate After the Owner Dies?

Sole Proprietorships

Although the dentist's estate has technical ownership over the assets comprising the practice, in New York State only a dentist licensed in the state can practice dentistry and, pursuant to Section 6512 of the New York State Education Law, no unlicensed person or entity can own or operate a dental practice.

Because an estate is not capable of obtaining a license to practice dentistry, it lacks the legal authority to continue to operate a dental practice for the benefit of the estate, unless the estate petitions the New York State Surrogate's Court to operate the deceased dentist's practice for a maximum period of eight months.

Partnerships and Limited Liability Partnerships

The death of a partner ordinarily will dissolve a partnership, unless the written partnership agreement provides otherwise. Most partnership agreements do provide otherwise by allowing the remaining partners to vote to continue the partnership.

The major issue that arises with the death of a partner is whether the partnership can continue to use the deceased partner's name in the practice. Unless the partnership agreement allows for such use, the deceased partner's name cannot be used unless his/her estate gives permission for such use.

Professional Corporations

The death of a dentist who was the sole shareholder in a professional corporation is treated essentially the same as if the deceased had been a sole proprietor. The dental practice cannot continue to be operated by the estate, unless the estate petitions the New York State Surrogate's Court to operate the deceased dentist's practice for a maximum period of eight months. The death of a dentist who was one shareholder in a multi shareholder professional corporation does not affect the right of the professional corporation to continue to operate. The corporation simply carries on with the remaining shareholders.

The name of the deceased shareholder cannot be used in the name of the professional corporation unless the name was used previously by the corporation. This continued use of the deceased dentist's name is not dependent upon permission from his/her estate.

Professional Limited Liability Companies

The death of a dentist who was the sole member in a professional limited liability company is treated essentially the same as if the deceased had been a sole proprietor. The dental practice cannot continue to be operated by the estate, unless the estate petitions the New York State Surrogate's Court to operate the deceased dentist's practice for a maximum period of eight months.

The death of a dentist who was one member in a multi-member professional limited liability company generally results in the dissolution of the company, unless the written operating agreement provides otherwise. In any event, the estate cannot substitute for the deceased as a member of the company.

If the written operating agreement does provide that the company survives a member's death, the company can continue to operate the dental practice. It can also continue to use the deceased dentist's name in the practice and it does not need to seek permission from the dentist's estate to do so.

What Should Be Done with Patient Records?

Sole Proprietorships

If a dentist dies, his/her patient records become part of the estate, and the estate obtains the same ownership rights that the dentist previously held.

As already stated, an estate cannot practice dentistry or carry on a dental practice for its own benefit, unless the estate petitions the New York State Surrogate's Court to operate the deceased dentist's practice for a maximum period of eight months. Therefore, the estate will have to sell the patient records as part of the sale of the practice if it wishes to obtain anything of value for the records. The eight month rule is designed to allow time to make a sale of the practice without the records and other assets losing their value.

The estate does not have to sell the patient records and, because it is not bound by the professional conduct rule that requires licensees to keep dental records for six years, it could destroy the records. However, despite being freed from the record-retention rule, the dentist's estate should not rush to destroy the patient records. It can still be sued for malpractice committed by the dentist before his/her death. This potential liability will not run out until the two-and-one-half-year dental malpractice statute of limitations runs out against all patients.

Therefore, in order to defend such suits, the dentist's estate should keep copies of the patient records for at least two-and-one-half years from the date of the dentist's death. In some instances, such as discovery of a foreign object in the patient's body, the statute of limitations can run for a longer period; and the dentist's estate should obtain advice from a qualified attorney about how to handle such a contingency.

A dentist's estate will also need to bear in mind that Section 4504 of the New York State Civil Practice Law and Rules (the dentist/patient privilege law) will still apply to any records held by the dentist's estate.

That law created confidentiality rights that were held by the patients rather than by the deceased dentist. The dentist's estate must take care not to breach the privilege of confidentiality held by the

patient. Thus, in selling any patient records, the estate should obtain the patient's consent through use of the same standard consent letter employed when a living dentist sells his/her patient records to another dentist.

(Copies of that letter can be obtained through NYSDA.)

Partnerships and Limited Liability Partnerships

In a partnership, the patient records are owned by the partnership and not by its individual members. Thus, when a partner dies, the partnership handles the disposition of the patient records. It is unlikely that the dentist's estate will have any specific right of ownership in any of the patient records. However, the estate may still want to obtain copies of the deceased's records in order to protect it from possible malpractice suits.

It should be kept in mind that the partnership has no legal obligation to provide copies of records to the deceased's estate, which is why it is a good idea for every dentist to maintain his/her own personal set of patient records.

Professional Corporations

The patient records of a deceased dentist who was the sole shareholder in a professional corporation should be treated essentially as if the deceased had been a sole proprietor.

The patient records of a deceased dentist who was one shareholder in a multi-shareholder professional corporation are owned by the professional corporation and not by the deceased's estate. Thus, the professional corporation will handle the disposition of the patient records. In this respect, the professional corporation is much like a partnership.

Again, the estate may still want to obtain copies of the deceased's records in order to protect it from possible malpractice suits. However, like a partnership, the professional corporation has no legal obligation to provide patient records to the estate.

Professional Limited Liability Companies

The patient records of a deceased dentist who was the sole member in a professional limited liability company should be treated exactly as if he/she had been a sole proprietor.

The patient records of a deceased dentist who was one member in a multi-member professional limited liability company are owned by the company and not the deceased's estate. Thus, the company will handle the disposition of the patient records. In this respect, the limited liability company is like the partnership and the professional corporation.

Again, the estate may still want to obtain copies of the deceased dentist's records in order to protect it from possible malpractice suits. However, like the partnership and the professional corporation, the limited liability company has no legal obligation to provide patient records to the estate.

Be Prepared

The emotional and economic upheaval caused by the death of a spouse can become even more devastating when that spouse was a dentist with a thriving practice. But there are steps you can take now to avoid the potentially tangled web of estate issues likely to follow the death of a dentist spouse.

1. Make sure the estate has an accurate list of the assets of the deceased dentist's practice, both tangible and intangible.

2. Make sure legal paperwork, such as partnership agreements, professional corporation bylaws, limited liability company agreements, leases, contracts and other similar documents, is available to the estate and understood by the estate.

3. Check to see if there are any pending or potential malpractice claims against the deceased so that the estate can be alerted to their existence.

4. Remember to maintain patient records until the estate is free and clear of any potential malpractice liability.

5. Make sure patient confidentiality is not breached by actions of the estate.

6. Make sure that the attorney handling the estate is familiar with and capable of handling the special considerations that the liquidation and sale of a dental practice pose.

With regard to choosing an attorney, NYSDA can help the dentist's survivors through the NYSDA Legal Services Panel. If you do not have an attorney or wish to obtain a new attorney, call NYSDA at 1-800-255-2100 to obtain assistance and a referral to the Legal Services Panel.

Notes

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