

## MEETING OF THE VIRGINIA BOARD OF DENTISTRY BOARD BUSINESS MEETING

Perimeter Center, 9960 Mayland Drive, Second Floor Conferencing Center, Henrico, VA 23233

<u>TIME</u>		<u>PAGE</u>
<b>9:00 AM</b>	<b>Call to Order – Dr. Augustus A. Petticolas, Jr., President</b>	
	<b>Evacuation Announcement - Ms. Sandra K. Reen</b>	
	<b>Public Comment – Dr. Augustus A. Petticolas, Jr., President</b>	
	<ul style="list-style-type: none"> <li>• SRTA</li> <li>• Sandy Guenther, AAOMS</li> <li>• Margaret Lappan</li> </ul>	<p style="text-align: right;">Page 1</p> <p style="text-align: right;">Page 2</p> <p style="text-align: right;">Page 8</p>
	<b>Approval of Minutes</b>	
	<ul style="list-style-type: none"> <li>• September 12, 2019 Formal Hearing</li> <li>• September 12, 2019 Formal Hearing</li> <li>• September 13, 2019 Business Meeting</li> </ul>	<p style="text-align: right;">Page 9</p> <p style="text-align: right;">Page 11</p> <p style="text-align: right;">Page 13</p>
	<b>Director’s Report – Dr. David E. Brown</b>	
	<b>Liaison/ Committee Reports</b>	
	<ul style="list-style-type: none"> <li>• <b>Dr. James D. Watkins</b> <ul style="list-style-type: none"> <li>○ Southern Regional Testing Agency (SRTA)</li> <li>○ Board of Health Professions Report</li> <li>○ Examination Committee Minutes</li> </ul> </li> <li>• <b>Dr. Nathaniel C. Bryant</b> <ul style="list-style-type: none"> <li>○ Germanna Community College CODA Visit</li> </ul> </li> <li>• <b>Dr. Augustus A. Petticolas, Jr./ Dr. Sandra J. Catchings</b> <ul style="list-style-type: none"> <li>○ 136<sup>th</sup> Annual AADB Conference</li> </ul> </li> <li>• <b>Ms. Tammy C. Ridout, RDH</b> <ul style="list-style-type: none"> <li>○ Regulatory-Legislative Committee Minutes</li> </ul> </li> </ul>	<p style="text-align: right;">Page 19</p> <p style="text-align: right;">Page 20</p> <p style="text-align: right;">Page 25</p> <p style="text-align: right;">Page 26</p>
	<b>Legislation and Regulation - Ms. Elaine Yeatts</b>	
	<ul style="list-style-type: none"> <li>• Status Report on Regulatory Actions</li> <li>• Blanchard Petition for Rulemaking</li> <li>• Practice by Public Health Dental Hygienists under Remote Supervision</li> <li>• Change in Renewal Schedule</li> <li>• Returned Check Fee</li> <li>• Consideration of Guidance Documents</li> </ul>	<p style="text-align: right;">Page 32</p> <p style="text-align: right;">Page 33</p> <p style="text-align: right;">Page 40</p> <p style="text-align: right;">Page 47</p> <p style="text-align: right;">Page 30</p> <p style="text-align: right;">Page 67</p>
	<b>Board Discussion/ Action</b>	
	<ul style="list-style-type: none"> <li>• Review of Public Comment Received</li> <li>• Clinical Competency Examination Requirements</li> </ul>	<p style="text-align: right;">Page 87</p>
	<b>Deputy Executive Director’s Report – Ms. Jamie C. Sacksteder</b>	
	<ul style="list-style-type: none"> <li>• Disciplinary Board Report</li> </ul>	<p style="text-align: right;">Page 90</p>
	<b>Executive Director’s Report – Ms. Sandra K. Reen</b>	
	<ul style="list-style-type: none"> <li>• Calibration Exercise</li> </ul>	

## **ANNOUNCEMENT REGARDING PUBLIC COMMENT**

The Board cannot receive public comment on regulatory actions for which the comment period is closed or for which the comment period is not yet open.

The comment periods are closed for:

- Proposed regulations for changing the Renewal Schedule to Birth months
- Notice of Intended Regulatory Action to replace emergency regulations for remote supervision by dental hygienists at VDH and DBHDS

The following actions are at the proposed stage and are under review in the Governor's office:

- Advertising dental specialties
- Anesthesia and sedation
- Education and training of dental assistants II

Once approved for publication, the comment period will be posted on the Regulatory TownHall and sent to the Board's Public Participation List.

RECEIVED

SEP 17 2019

Virginia Board of Dentistry

**Southern Regional Testing Agency, Inc.**

4698 Honeygrove Road, Suite 2 | Virginia Beach, Virginia 23455-5934  
Tel. (757) 318-9082 | Fax (757) 318-9085 | [www.srta.org](http://www.srta.org)



September 17, 2019

Executive Director: Sandra Reen  
Virginia Board of Dentistry  
Perimeter Center  
9960 Mayland Drive  
Henrico, VA 23233-1463

Dear Ms. Reen,

Southern Regional Testing Agency (SRTA) would like to notify the Virginia Board of Dentistry that the agency has made the decision to remain as its own entity and to continue giving the SRTA examinations in dentistry and dental hygiene.

Southern Regional Testing Agency still maintains itself as a candidate-focused examination. We want to make every effort to ease the minds of candidates and are able to provide resources to help students succeed in their examination and future endeavors in their dental and dental hygiene professions.

We take pride in continuing to follow the industry standards by providing psychometrically statistical examinations and utilizing experienced examiners to participate with our boards.

We would also like to thank you for your continued support for being a member state of SRTA and having your board members participate within our organization as examiners and committee members.

If any of your new state board members are interested in learning about SRTA or becoming an examiner with us, we would love to schedule a presentation. Please feel free to contact me at [jbui@srta.org](mailto:jbui@srta.org) or the SRTA office at (757) 318-9082.

Please let me know if you have any further questions or concerns.

Thank you,

Jessica Bui | Executive Director

George Martin | President

**Sandra Reen**

---

**Subject:** FW: FW: Response from AAOMS in JOMS  
**Attachments:** dairs\_user\_guide\_2019.pdf; DAIRSUsersGuide03012018.pdf

**From:** Sandy Guenther <[SGuenther@aaoms.org](mailto:SGuenther@aaoms.org)>  
**Sent:** Friday, October 4, 2019 2:32 PM  
**To:** Sandy Guenther <[SGuenther@aaoms.org](mailto:SGuenther@aaoms.org)>  
**Cc:** Karin Wittich <[KarinW@aaoms.org](mailto:KarinW@aaoms.org)>  
**Subject:** Response from AAOMS in JOMS

Dear Colleagues:

We wanted to ensure you were aware of the attached document – AAOMS Response to Recent Challenges to OMS Office-Based Anesthesia for Pediatric Patients – published in the Journal of Oral and Maxillofacial Surgery (JOMS). AAOMS stands firmly in support of its fellows and members' ability to deliver sedation and anesthesia services in their office-based practices.

One way dental boards can work to promote our joint goal of patient safety is to provide information regarding adverse events related to dental anesthesia delivery to a centralized, deidentified database where these incidents can be catalogued, quantified and studied. We previously reached out to you regarding the establishment of such a database, the [Dental Anesthesia Incident Reporting System \(DAIRS\)](#), which is offered free of charge to submitters and dental board officials. We would encourage you to consider participating in this system. For more information or any questions, please contact [DAIRS@AAOMS.org](mailto:DAIRS@AAOMS.org).

We welcome further discussions on how the dental community can work together to improve the safe delivery of care by all dental practitioners to all patients. Please do not hesitate to reach out with any questions.

**Sandy Guenther**

*Manager, State Government Affairs*



**American Association of Oral and Maxillofacial Surgeons**

9700 W. Bryn Mawr Ave., Rosemont, IL 60018

Office: 800-822-6637, ext. 4388 | Fax: 847-678-4619

[sguenther@aaoms.org](mailto:sguenther@aaoms.org) | [AAOMS.org](http://AAOMS.org) | [MyOMS.org](http://MyOMS.org)

***Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery*** ®

*The information provided to you through this e-mail message is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this e-mail. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.*

---

This message may contain confidential and/or privileged information. This information is intended to be read only by the individual or entity to whom it is addressed. If you are not the intended recipient, you are on notice that any review, disclosure, copying, distribution or use of the contents of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete or destroy any copy of this message.



# Dental Anesthesia Incident Reporting System (DAIRS) Quick Start Guide

Version 1.1

## 1. Background

The Dental Anesthesia Incident Reporting System (DAIRS) is an anonymous, self-reporting tool created to facilitate reporting, collection and analysis of anesthesia-related incidents that occur during oral and maxillofacial surgery (OMS) procedures.

This document outlines the process a provider needs to follow to access DAIRS and report anesthesia incidents to AAOMS.

The target audience for DAIRS and this Quick Start Guide is the OMS clinician and support staff.

## 2. Log in to DAIRS

Step	Action	Notes
Step 1	DAIRS link on AAOMS website: <a href="https://omsqor.aaoms.org/DAIRS/IncidentReportModule.aspx">https://omsqor.aaoms.org/DAIRS/IncidentReportModule.aspx</a>  <b>OR</b>  DAIRS link within OMSQOR®: <a href="https://omsqor.aaoms.org/Dashboard/Login.aspx">https://omsqor.aaoms.org/Dashboard/Login.aspx</a>	Only OMSQOR® participants may access DAIRS within OMSQOR®; however, the DAIRS application is the same regardless of which link is used to access it.
Step 2	DAIRS welcome screen displays with introductory language and <b>I Agree</b> button	For technical support, contact <a href="mailto:aaoms.support@bot.figmd.com">aaoms.support@bot.figmd.com</a>
Step 3	Click <b>I Agree</b> to proceed to complete an incident report.	

## 3. Overview of DAIRS

The DAIRS collection form consists of nine tabs listed in steps 4-12 below. As you answer questions, additional questions based on specific responses to questions may appear. You can navigate throughout the tabs but cannot submit the report until all required information is completed.

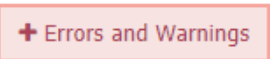
Step	Action	Notes
Step 4	<b>Provider Information</b> This tab captures demographic information about the provider and the support staff present during the incident that you are reporting. <ol style="list-style-type: none"><li>1. Always select <b>Real</b> when submitting an actual incident. You will be able to review all information prior to submission.</li><li>2. Complete all information as accurately and completely as possible.</li></ol>	You can navigate to the next tab <b>ONLY</b> after completing the mandatory fields within this tab.

Step	Action	Notes
Step 5	<p><b><u>Patient Pre-Op Assessment</u></b>  This tab requests key patient demographics and clinical details captured before the procedure was performed.</p> <ol style="list-style-type: none"> <li>1. Click <b>Add Procedures</b> field to view procedures listed in the table.</li> <li>2. Select the applicable <b>planned or performed procedures</b>.</li> </ol>	<p>For planned operative procedures, you may select the category first to limit the number of codes shown in the table.</p> <p>You may also search by code or description.</p>
Step 6	<p><b><u>Anesthesia Procedure</u></b>  This tab captures the billing codes applicable to anesthesia used during the procedure.</p> <ol style="list-style-type: none"> <li>1. Click <b>Add Procedures</b> field to view procedures listed in the table.</li> <li>2. Select all applicable anesthesia codes for the anesthesia administered during the procedure in which the incident occurred.</li> <li>3. Enter the number of units of anesthesia billed.</li> </ol>	<p>Here again, you may select the category first to limit the number of codes shown in the table.</p> <p>When entering Billed Units, keep in mind that one unit is equal to 15 minutes.</p>
Step 7	<p><b><u>Monitors</u></b>  This tab captures information about the patient vital signs that were monitored and documented during anesthesia.</p>	<p>Select all monitors used during sedation.</p>
Step 8	<p><b><u>Medication Administered</u></b>  This tab captures information about the medication given to the patient during the procedure/visit.</p> <ol style="list-style-type: none"> <li>1. Click to <b>Add Medications</b> field.</li> <li>2. Begin typing the name of the medication in the <b>Search Medications</b> box.</li> <li>3. Select the administered medications by clicking the checkbox to the left of the medication name.</li> <li>4. Enter dosage, units, number of doses and administration timing.</li> </ol>	<p>Click <b>Add Medication</b> button to add medication that is not listed.</p> <p>The newly added medication and its corresponding information is added to the previously selected medication list.</p> <p>If you select <b>Other</b> for units, enter the units into the text field that is provided.</p>
Step 9	<p><b><u>Complications/Incidents</u></b>  This tab captures information about the complications/incidents that occurred during the visit.</p> <ol style="list-style-type: none"> <li>1. The boxes in this section allow you to select more than one complication/incident.</li> <li>2. Make your first selection, then return your mouse to the box to choose your next selection.</li> </ol>	<p>The default is set to <b>YES</b> for the first question.</p> <p>Click <b>X</b> next to your selection to delete it, if needed.</p>
Step 10	<p><b><u>Narrative</u></b>  This tab captures detailed information related to anesthesia administered to the patient during the visit and the complication/incident.</p>	

<b>Step 11</b>	<p><b>Additional Information</b> This tab captures additional details regarding the complication/incident and how your team responded.</p>	AAOMS is capturing this information to share best practices with AAOMS members and OMSQOR® participants.
<b>Step 12</b>	<p><b>Submit</b> This tab allows you to share the information corresponding to the incident with AAOMS. Before you submit the report, you may review all information entered.</p> <ol style="list-style-type: none"> <li>1. Click <b>Preview</b> to view the DAIRS report before submitting.</li> <li>2. Click <b>Submit</b> to send the report to AAOMS.</li> </ol>	<p>You cannot submit the report until you resolve any existing errors.</p> <p>Once you submit the report, it is final and you cannot make any additional changes.</p> <p>Once you click submit, a PDF of the report may be downloaded to your computer for your records.</p>

## 4. Errors and Warnings

The **Errors and Warnings** box is displayed to the top right of the screen.



It expands automatically when the system encounters an error and lists the questions that require your attention before you can submit the incident report.

- The issues listed in the **Errors and Warnings** box are hyperlinked to the question that needs attention.
- Once the error is addressed, the item is removed from the Errors and Warnings box.

**Errors and Warnings**  
(Click the error to locate the question)

**Provider Information**

1. Please select a real case or a test
2. Please select State/Province
3. Anesthesia Provider Responsibility
4. Please select Number of support staff present

Margaret Lappan Green, RDH, MS  
1919 Old York Hampton Highway  
Yorktown, VA 23692

November 20, 2019

Virginia Board of Dentistry  
9960 Mayland Drive, Ste 300  
Richmond, VA 23233-1463

NOV 26 2019  
DHP

Dear Members of the Virginia Board of Dentistry,

My name is Marge Green and I am a licensed dental hygienist with over forty-two years of experience as a clinician, public school hygienist and university educator. I also had the privilege to serve ten years on the Virginia Board of Dentistry. As a past president of ADHA and VDHA, I am writing to document my support of the petition requiring Dental Assistant I's to have the minimal credentialing requirements of the Infection Control and Radiation Health and Safety portion of the Dental Assisting National Board Exam (DANB) or the National Entry Level Dental Assistant (NELDA).

I support this petition, as it is mutually beneficial to the wellbeing of the patients served and the practitioners providing healthcare services. Considering only the licensed dentist and licensed dental hygienist are well informed by virtue of education and mandated knowledge of Virginia Code and board regulations, the Dental Assistant typically lacks an in depth knowledge of safety standards and precautions essential to protecting the patient, themselves and other practitioners. This credentialing requirement would ensure that all Dental Assistant I's are fully knowledgeable and responsible for their critical role of practicing competently and safely. An educated oral health team, verified by credentials, will benefit all stakeholders. The Board of Dentistry will assuredly demonstrate, as an exemplary administrative agent, that their charge to protect the public is being fulfilled with excellence and at the highest level possible by mandating this regulation.

I appreciate your consideration and ask that you support promulgation of the above regulation.

Should you have any questions or need for further information, please contact me at [mrgreenrdh@gmail.com](mailto:mrgreenrdh@gmail.com) or 757-503-1516.

Respectfully and with gratitude for your public service,



Margaret Lappan Green, RDH, MS  
ADHA Past President  
VDHA Past President

Cc: Emille Bonovitch, BSDH, RDH VDHA President

Received

NOV 26 2019

Board of Dentistry  
Page 8

**VIRGINIA BOARD OF DENTISTRY  
FORMAL HEARING MINUTES  
September 12, 2019**

**CALL TO ORDER:** The meeting of the Virginia Board of Dentistry was called to order at 1:02 p.m., on September 12, 2019, at the Department of Health Professions, Perimeter Center, 2<sup>nd</sup> Floor Conference Center, Board Room 3, 9960 Mayland Drive, Henrico, VA 23233.

**PRESIDING:** Augustus A. Petticolas, Jr., D.D.S., Vice-President

**MEMBERS PRESENT:** Patricia B. Bonwell, R.D.H., PhD  
Sandra J. Catchings, D.D.S.  
Jamiah Dawson, D.D.S.  
Perry E. Jones, D.D.S.  
Tonya A. Parris-Wilkins, D.D.S.  
Tammy C. Ridout, R.D.H.  
James D. Watkins, D.D.S.

**MEMBERS ABSENT:** Nathaniel C. Bryant, D.D.S.  
Carol R. Russek, J.D.

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

**COUNSEL PRESENT:** James E. Rutkowski, Assistant Attorney General

**OTHERS PRESENT:** Erin Weaver, Adjudication Specialist  
Andrea Pegram, Court Reporter  
Michael Goodman, Esquire, Respondent's Counsel  
Nora T. Ciancio, Esquire, Respondent's Counsel

**ESTABLISHMENT OF A QUORUM:** With eight members present, a quorum was established.

**Carlos J. Privette,  
D.D.S., Reinstatement  
Applicant  
Case No.: 191537** Dr. Privette was present with legal counsel in accordance with the Notice of the Board dated February 15, 2019.

Dr. Petticolas swore in the witnesses.

Following Mr. Goodman's opening statement, Dr. Petticolas admitted into evidence Applicant's Exhibits A-J.

Following Ms. Weaver's opening statement, Dr. Petticolas admitted into evidence Commonwealth's Exhibits 1-4.

Dr. Privette testified on his own behalf. Keith A. Sutton and J. Mark Oliver, D.D.S., testified on behalf of the Applicant via telephone conference.

Testifying on behalf of the Commonwealth was Joyce Johnson, DHP Senior Investigator.

Mr. Goodman and Ms. Weaver provided closing statements.

**Closed Meeting:**

Dr. Parris-Wilkins moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Carlos J. Privette, D.D.S. Additionally, she moved that Board staff, Ms. Reen, Ms. Brooks, Ms. Lee, and Board counsel, 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. Parris-Wilkins moved to certify that the Board 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.

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

**DECISION:**

Dr. Parris-Wilkins 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. Privette's reinstatement application was denied due to a failure to obtain the affirmative vote for reinstatement of three-fourths of the members of the Board present at the formal hearing.

Dr. Parris-Wilkins 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 3:05 p.m.

\_\_\_\_\_  
Augustus A. Petticolos, Jr., D.D.S., Vice- President

\_\_\_\_\_  
Sandra K. Reen, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



---

**TIME & PLACE:** This meeting of the Virginia Board of Dentistry was called to order at 3:19 PM, on September 12, 2019 at the Perimeter Center Conferencing Center, 9960 Mayland Drive, in Board Room 3, Henrico, Virginia 23233.

**PRESIDING:** August A. Petticolas Jr., D.D.S., Vice-President

**MEMBERS PRESENT:** Patricia B. Bonwell, R.D.H., PhD  
Jamiah Dawson, D.D.S.  
Perry E. Jones, S.D.S.  
Tonya A. Parris-Wilkins, D.D.S, President

**MEMBERS ABSENT:** Nathaniel C. Bryant, D.D.S.  
Carol R. Russek, J.D.

**STAFF PRESENT:** Sandra K. Reen, Executive Director  
Jamie Sacksteder, Deputy Executive Director  
Kathryn E. Brooks, Executive Assistant

**COUNSEL PRESENT:** James E. Rutkowski, Assistant Attorney General

**OTHERS PRESENT:** Deborah K. Greenberg, Adjudication Specialist  
Andrea Pegram, Court Reporter

**ESTABLISHMENT OF A QUORUM:** With 5 Board members present, a quorum was established.

**MONA BHASKAR, D.D.S. CASE NO. 188640** Dr. Bhaskar was present without legal counsel in accordance with the Notice of the Board dated June 14, 2019.

Dr. Petticolas swore in the witness.

Dr. Bhaskar stated that she was “not really” familiar with the order of proceedings. Dr. Petticolas read the order of proceedings for Dr. Bhaskar. There were no preliminary matters discussed.

Following Ms. Greenberg’s opening statement; Dr. Parris-Wilkins admitted into evidence Commonwealth's exhibits 1-2.

Testifying on behalf of the Commonwealth was Anna Badgley, DHP Senior Investigator.

Dr. Bhaskar testified on her own behalf.

Ms. Greenberg and Dr. Bhaskar provided closing statements.

**CLOSED MEETING:**

Dr. Parris-Wilkins 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. Bhaskar Additionally, he moved that Board staff, Ms. Reen, Ms. Beard, 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. Parris-Wilkins moved to certify that the Board 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.

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

**DECISION:**

Dr. Parris-Wilkins moved to accept the Findings of Facts and Conclusion 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. Bhaskar will not be sanctioned.

Dr. Parris-Wilkins moved the adoption of the decision imposed as read by Mr. Rutkowski. The motion was seconded and passed.

**ADJOURNMENT:**

The Board adjourned at 4:14 p.m.

\_\_\_\_\_  
Augustus A. Petticolos, Jr., D.D.S., Vice- President

\_\_\_\_\_  
Sandra K. Reen, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VIRGINIA BOARD OF DENTISTRY  
MINUTES  
September 13, 2019**

**TIME AND PLACE:** The meeting of the Board of Dentistry was called to order at 9:03 a.m., on September 13, 2019, at the Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia 23233.

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

**BOARD MEMBERS PRESENT:** Sandra J. Catchings, D.D.S., Vice-President  
Patricia B. Bonwell, R.D.H., PhD  
Jamiah Dawson, D.D.S.  
Perry E. Jones, D.D.S.  
Tonya A. Parris-Wilkins, D.D.S.  
Tammy C. Ridout, R.D.H.  
James D. Watkins, D.D.S.

**BOARD MEMBERS ABSENT:** Nathaniel C. Bryant, D.D.S.  
Carol R. Russek, J.D.

**STAFF PRESENT:** Sandra K. Reen, Executive Director  
David C. Brown, DHP Director  
Elaine Yeatts, DHP Senior Policy Analyst  
Jamie C. Sacksteder, Deputy Executive Director  
Kathryn Brooks, Executive Assistant  
Donna Lee, Discipline Case Manager

**COUNSEL PRESENT:** James E. Rutkowski, 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.

**NEW BOARD STAFF INTRODUCTIONS:** Ms. Reen introduced and welcomed Jamie Sacksteder, Deputy Executive Director, and Kathryn Brooks, Executive Assistant, to the Board's staff.

**PUBLIC COMMENT:** Dr. Petticolas explained the parameters for public comment and opened the public comment period.  
  
Alex Vaughan, D.D.S. (Virginia Total Sleep) encouraged the Board to have a broad view of teledentistry when establishing regulations on teledentistry. He also stated that oral pain is a specialty not currently recognized by the American Dental Association and requested that the Board send a letter to the ADA supporting specialty recognition of the oral pain and oral medicine advanced programs.  
  
Andrew Wiltsch (American Association of Orthodontists) said the AAO supports including impressions taken by digital scanning in the statute addressing what constitutes the practice of dentistry. He also advised that impressions should not be taken until a dentist has physically

examined a patient because digital scans and impressions can be performed incorrectly and can cause harm to a patient. He added that an in-person screening is necessary before determining someone is a candidate for orthodontic treatment.

**APPROVAL OF MINUTES:** Dr. Petticolas asked if there were corrections to any of the posted minutes. Dr. Watkins stated that on page 3 of the June 21, 2019 Board minutes the heading “South Regional Testing Agency” should be changed to “Southern Regional Testing Agency”. Dr. Watkins further stated that for the August 9, 2019 minutes there is nothing showing that he informed the Board in open session that the Respondent was a dental school classmate, but that it did not compromise his decision regarding the case. Dr. Catchings moved to approve both sets of minutes with the changes stated by Dr. Watkins. The motion was seconded and passed.

**DIRECTOR’S REPORT:** Dr. Brown reported on his work on two legislatively mandated workgroups addressing (1) the practice of telemedicine and (2) barriers to licensure in Virginia for foreign-trained medical doctors.

Dr. Brown noted that each Board member should have received an invitation and the agenda for DHP’s Board member training scheduled for October 7, 2019 and encouraged all Board members to attend.

**SANCTIONING REFERENCE POINTS:** Neal Kauder, President of Visual Reserach, Inc., said the revised Sanctioning Reference Points Instruction Manual which includes the proposed SRP worksheet adopted at the June Board meeting is presented for discussion. He noted a minor correction to be made then asked for questions and comments. Hearing none, Dr. Parris-Wilkins moved to accept the SRP manual as presented. The motion was seconded and passed.

Ms. Yeatts advised the Board that since the SRP manual is a guidance document, it will have to be posted for a 30-day comment period before going into effect.

**LIAISON/COMMITTEE REPORTS:** **Nominating Committee/Election of Officers.** Dr. Watkins reviewed the draft minutes of the Committee meeting then opened the floor for nominations. Hearing none, he moved the election of Dr. Petticolas as President, Dr. Catchings as Vice-President, and Dr. Bryant as Secretary/Treasurer. The motion was seconded and passed.

**Board of Health Professions (BHP).** Dr. Watkins moved to accept his written report on the BHP meeting held on August 20, 2019. The motion was seconded and passed.

**Southern Regional Testing Agency (SRTA).** Dr. Watkins reviewed his report of the SRTA annual meeting held on August 2-3, 2019. He said SRTA is moving forward on development of a non-patient based clinical exam and asked if the Board could discuss today if they want to

consider offering non-patient based clinical exams. Dr. Parris-Wilkins moved to accept the report on SRTA. The motion was seconded and passed.

**Southern Regional Testing Agency (SRTA) Dental Hygiene Committee.** Dr. Bonwell reviewed her report and stated that the trend in dental hygiene is moving away from a patient-based clinical exam. Dr. Catchings moved to accept the SRTA Dental Hygiene Committee report. The motion was seconded and passed.

**Southern Regional Testing Agency (SRTA) Finance Committee and Annual Meeting.** Dr. Petticolas read his report of the SRTA Finance Committee and Annual Meeting held on August 2-3, 2019. He said the landscape is changing and now is a good time to re-examine the Board's position on patient-based exams. Dr. Petticolas suggested that a meeting of the Exam Committee be called to discuss the subject of non-patient based exams in Virginia.

Ms. Reen advised that information would be needed from SRTA, CITA and ADEX, agencies the Board works with on clinical testing. She also questioned whether the Fast-Track regulatory action on exam content should be or could be withdrawn. She said Board members could be polled for a meeting in October or November.

Discussion followed in support of a called meeting and it was agreed by consensus to proceed with a special meeting to discuss accepting non-patient based exams.

Dr. Jones moved to delegate to the Executive Director the decision on how to deal with the Fast-Track regulation and refer to the Regulatory-Legislative Committee for discussion about non-patient based exams in Virginia. The motion was seconded and passed.

Dr. Parris-Wilkins moved to withdraw the guidance document that addresses acceptance of only live patient exams in Virginia. The motion was seconded and passed.

Dr. Parris-Wilkins moved to accept the SRTA report submitted by Dr. Petticolas. The motion was seconded and passed.

Ms. Yeatts said she contacted the Registrar's office regarding the Fast-Track regulatory action addressing the content of acceptable examination and learned the action can be withdrawn if acted on today.

Dr. Jones moved to withdraw his previous motion assigning work on the Fast-Track action to Ms. Reen and to request withdrawal of regulatory proposal today. The motion was seconded and passed.

Ms. Yeatts advised the Registrar of this decision and regulatory action was withdrawn effective September 13, 2019.

**ADEX.** In Dr. Bryant's absence, his written report on the ADEX Conference held August 9-10, 2019 was noted without discussion.

**JCNDE.** In Dr. Bryant's absence, his written report on the Joint Commission of the National Dental Board Examination meeting that was held on June 26, 2019 was noted without discussion.

Dr. Catchings moved to accept the ADEX and JCNDE reports. The motion was seconded and passed.

**LEGISLATION AND  
REGULATION:**

**Regulatory Actions Chart.** Ms. Yeatts provided and reviewed an updated chart, reporting that the following proposed actions are currently under review by the Secretary of Health and Human Resources:

- amendment to restriction on advertising dental specialties;
- amendment to the administration of sedation and anesthesia;
- technical correction to fees; and
- protocols for remote supervision.

Ms. Yeatts added a public hearing will be held on October 18, 2019 on the proposed change in renewal schedule. She said the regulatory actions on restricted volunteer practice and on the administration of Schedule VI fluorides under remote supervision became effective September 4, 2019. The proposed regulations for education and training for Dental Assistants II is at the Governor's Office.

**Waiver of Electronic Prescribing.** Ms. Yeatts reported that HB2559 amended the Code to require electronic prescribing of opioids by July 1, 2020, which requires emergency action to address the provision for a one-time waiver in regulation. Dr. Watkins moved adoption of the proposed emergency regulations and issuance of a Notice of Intended Regulatory Action to replace the emergency regulations. The motion was seconded and passed.

**Dr. Zapetaro's Petition for Rulemaking.** Ms. Yeatts stated Dr. Zapetaro submitted a Petition for Rulemaking and then he requested to withdraw it so no action is required.

**BOARD  
DISCUSSION/ACTION:**

**ADEX Report.** Dr. Watkins asked a member of the audience, Dr. Sarrett, Dean of the VCU School of Dentistry, if he would address using live patients for regional exams versus testing students skills on patients at the School of Dentistry. Dr. Sarrett responded, indicating that historically candidates for regional exams have difficulty finding acceptable patients and the testing agencies make no provisions for follow up treatment. He explained that the School tests students on patients of record who have treatment plans so the procedure being tested is done in sequence with an ongoing treatment plan for the

patient.

**Discussion of Public Comment Topics.** Dr. Jones moved that the concerns expressed by Dr. Vaughan regarding telehealth practice be referred to the Regulatory-Legislative Committee for further discussion. The motion was seconded and passed.

Dr. Watkins moved to receive Dr. Vaughan's request for a letter of support for ADA recognition of training in oral pain and oral medicine as a specialty as information. The motion was seconded and passed.

Dr. Catchings moved that Mr. Wiltsch's statements regarding clear aligner therapy and digital scanning be referred to the Regulatory-Legislative Committee for further discussion. The motion was seconded and passed.

**Clear Aligner Therapy.** Dr. Jones addressed the Board regarding clear aligner therapy. After discussion, Dr. Watkins moved to refer this topic to the Regulatory-Legislative Committee for further discussion. The motion was seconded and passed.

**Intraoral Digital Scanning.** Dr. Jones explained the process for using intraoral digital scanning and questioned whether or not certain functions could be assigned to a Dental Assistant I or II. After discussion, Dr. Catchings moved to refer this topic to the Regulatory-Legislative Committee for further discussion. The motion was seconded and passed.

**CBCT.** Dr. Jones stated that a dentist who does not own a CBCT unit may send his patient to another dentist to have CBCT taken, and there needs to be clarification from the Board regarding how to handle outsourcing of CBCT scans. Dr. Jones moved that the matter be referred to the Regulatory-Legislative Committee for further discussion. The motion was seconded and passed.

**HEARING PROTOCOL  
PRESENTATION:**

Ms. Reen introduced Jennifer Deschenes, Deputy Executive Director for the Board of Medicine, who addressed the Board regarding the protocols to follow in informal conferences and formal hearings.

Following the presentation, Ms. Reen said she would like to provide more information on conducting board business at future meetings. She asked if there were any topics of particular interest and parliamentary procedure was recommended.

**DEPUTY EXECUTIVE  
DIRECTOR'S REPORT:**

Ms. Sacksteder stated she did not have a case activity report for this meeting because she is working on a new format. She discussed her work experience and goals for her position.

**EXECUTIVE DIRECTOR'S**

Ms. Reen provided the Board with a list of its current guidance documents

**REPORT:**

that need to be reviewed for any changes and updates. Dr. Catchings moved that the Regulatory-Legislative Committee review the guidance documents. The motion was seconded and passed.

Ms. Reen asked for approval to establish a Regulatory Advisory Panel on sedation permits and inspections to: review the inspection process, develop regulations for the inspection program, consider requiring an inspection before issuing a permit, and discuss other relevant issues. Dr. Catchings moved to establish a Regulatory Advisory Panel for sedation permits. The motion was seconded and passed.

**ADJOURNMENT:**

With all business concluded, the Board adjourned at 11:50 a.m.

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

\_\_\_\_\_  
Sandra K. Reen, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**REPORT OF THE BOARD OF HEALTH PROFESSIONS MEETING OF DECEMBER 2, 2019**

**FULL BOARD MEETING BEGAN AT 10AM**

-----No Public Comment

-----Approval of Minutes of the August 20, 2019 meeting

-----Director's Report by Dr. Brown

New Board member orientation in October was very successful.

DHP website is being transitioned through the individual boards.

Security is improved by not having permanent "ID" badges for board members. Metal detectors may be coming to the building as well as a panic button for board meeting rooms.

New member was introduced representing the Board of Nursing: Louise Hershowitz.

-----Legislative and Regulatory Report by Ms. Yeatts

Public Participation Guidelines mentioned.

DHP has more regulations than any other state agency; however, the department addresses reduction in the number of regulations as mandated by the state legislature.

-----Mr. Neal Kauder gave report on the progress of Sanction Reference Points review.

-----Executive Director's Report given by Dr. Carter

Board Budget

Agency statistics/performance

*FYI: Michigan just passed legislation that eliminates health professions boards and has an umbrella agency which decides those cases.*

-----Dr. Yetty Shobo gave a presentation on Homecare and Hospice: Workforce Trends and Indicators

-----Individual Board Reports were given.

-----New Business

Brief discussion was had about whether there were any studies being considered by the Board of Medicine on effects of stem cell research. No studies are presently being done.

-----Next Full Board meeting is Thursday, February 27, 2020.

-----Meeting adjourned at 1:30pm

**REPORT BY JAMES D. WATKINS, DDS**

VIRGINIA BOARD OF DENTISTRY  
EXAMINATION COMMITTEE MINUTES  
NOVEMBER 22, 2019

*DRAFT*

---

**TIME & PLACE:** The meeting of the Examination Committee (“Committee”) was called to order at 9:02 a.m., on November 22, 2019, at the Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia 23233.

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

**COMMITTEE MEMBERS PRESENT:** Patricia B. Bonwell, RDH, PhD  
Perry E. Jones, D.D.S.

**COMMITTEE MEMBERS ABSENT:** Nathaniel C. Bryant, D.D.S.  
Jamiah Dawson, D.D.S.

**BOARD MEMBERS PRESENT:** Augustus A. Petticolas, Jr., D.D.S., Board President

**STAFF PRESENT:** Sandra K. Reen, Executive Director  
Jamie C. Sacksteder, Deputy Executive Director  
Kathryn Brooks, Executive Assistant

**COUNSEL PRESENT:** James E. Rutkowski, Assistant Attorney General

**GUESTS PRESENT:** Richard D. Archer D.D.S., MS/VCU School of Dentistry  
Robert B. Hall, Jr., D.D.S./SRTA  
Conrad McVea, III, D.D.S./CITA and ADEX

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

Ms. Reen read the emergency evacuation procedures.

**PUBLIC COMMENT:** There were no public comments at this meeting.

**APPROVAL OF MINUTES:** Dr. Watkins asked if there were corrections to the draft minutes. Hearing none, Dr. Bonwell moved to accept the August 10, 2018 minutes as presented. The motion was seconded and passed.

VIRGINIA BOARD OF DENTISTRY  
EXAMINATION COMMITTEE MINUTES  
NOVEMBER 22, 2019

*DRAFT*

**REVIEW OF EXAM  
COMPONENTS:**

Ms. Sacksteder reviewed the current components of each of the 5 testing agencies' clinical exams accepted by the Board.

**LICENSING REQUIREMENTS:**

Ms. Sacksteder provided Chart 16 from the AADB 2019 Composite which reports on the examinations each state requires or accepts for initial licensure for reference.

**DISCUSSION OF CLINICAL  
EXAMINATIONS**

Dr. Watkins stated the Committee was charged with discussing acceptance of non-patient based clinical exams. He asked the guests to share their insights on this topic beginning with Dr. Archer.

**Dr. Archer** said the ADEX exam is administered at VCU. Using a slide presentation, he explained the school's Curriculum Integrated Format, which allows exams to be taken at times that are appropriate to the curriculum; assures testing with patients of record at the School; and assures that follow up care is available. He also described a simulated Class 3 artificial tooth, he reported that the ADA has developed the DLOSCE portfolio exam; ADEA is developing a similar exam; and ADEX is working on a restorative simulated patient exam. Dr. Archer responded to questions about testing done by VCU and how those results translate to the third party exams by stating he believes third party evaluations are important to protect the public. He added that he expects having a reliable, fully simulated exam would take about five more years. His advice was to stay with the current process until a fully simulated exam is available.

**Dr. McVea** gave his examining background, and then complimented VCU students for consistently scoring well above average. He expressed concern about differences in scoring across the testing agencies and discussed his concern with compensatory scoring. He expects the ADEX exam will be computer based in the next seven years. He said faculty are in a difficult situation regarding poor

performing students and independent testing is needed to protect the public. He indicated that ADEX is the closest to being a national exam. He agreed with Dr. Archer that the current process needs to be followed until a computer-based exam is available. Dr. McVea said that moving to manikin-based exams would bring forth more life-like teeth. He responded to a question about not requiring an exam, saying New York's PGY1 requirement has had poor results due to the lack of clinic based residencies. In response to another question, Dr. McVea explained why it could be dangerous for one professional advocacy group to control every aspect of dentistry.

**Dr. Hall** noted that he is a former member of the Board and has been active in SRТА since 2008. He provided copies of SRТА's 2020 Dental and Dental Hygiene Candidate Manuals and utilized a slide presentation. He then addressed the non-patient based and patient based sections of the hybrid Dental exam and the pass rates. He said a computer based para-oral exam to screen for cancer should be available soon. He provided and described the simulated teeth used by SRТА. He then described SRТА's work with West Virginia University on a patient-less mock board. In response to questions, Dr. Hall replied that teeth are securely locked and addressed automatic failures. He added that mock board exams are essential to verifying that required hand skills have been acquired.

Dr. Watkins said the Committee's charge is to clarify the exams that will be accepted by this Board. Dr. Petticolas asked each guest for their advice. In response, Dr. McVea said the Board should become a member of the agency administering the exam to voice their opinions and see what is coming down the pipeline. Ms. Reen noted that the Board is a member of ADEX and SRТА. Then Dr. Hall said the Board is welcome to tell SRТА what it wants in the exams, and SRТА will deliver. Dr. McVea stated that ADEX is operating at a national level, so no state-by state changes

occur. In response to a question about ADEX voting practices, Dr. McVea said voting begins in a committee and then the full committee votes. In response to another question, all three guests said that calibration exercises insure consistency in exam administration.

Hearing no more questions, Dr. Watkins thanked the guests for their participation.

**DISCUSSION:**

Dr. Watkins called for discussion of what exams should be accepted by the Board.

Dr. Jones moved to remove the patient clause from the exam requirement. The motion was seconded. Topics raised in discussion of the motion included:

- concern about WREB's use of compensatory scoring;
- having a transition period for acceptance of patient-less exams;
- needing to address equivalency in accepted exams and requiring passage of all parts;
- the proposed regulations and the Board's Guidance document addressing examinations were withdrawn during the September board meeting;
- defining the term "clinical" to include live patient and manikin exams;
- need information on how patient management is addressed in a patient-less exam;
- having staff develop proposed language that is progressive and inclusive of patient-less exams;
- changing the current statutory language "completed a clinical examination acceptable to the Board"
- the current regulatory language "clinical competency examination that is accepted by the Board"
- researching language used by other states to accept non-patient exams; and

VIRGINIA BOARD OF DENTISTRY  
EXAMINATION COMMITTEE MINUTES  
NOVEMBER 22, 2019

*DRAFT*

- the word “clinical” is not defined in statute or regulation.

Dr. Jones modified his motion to state, “recommend to the Board accepting patient-less exams as an option in Virginia.” Dr. Petticolas agreed to the modification. The motion passed as amended. Staff were tasked with providing guidance on the topics discussed and on implementing this policy change at the next Committee meeting.

Dr. Watkins asked staff to bring the pertinent statutes and regulations on this matter to the Board Meeting.

**NEXT MEETING:**

Ms. Reen said staff would poll Committee members to set the next meeting date.

**ADJOURNMENT:**

With all business concluded, the meeting was adjourned at 12:36 p.m.

\_\_\_\_\_  
James D. Watkins, D.D.S., Chair

\_\_\_\_\_  
Sandra K. Reen, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Germana Community College CODA Visit

On November 21-22, 2019 Germana Community College held their CODA visit for the Dental Assistant Program's accreditation. I, Dr. Nathaniel Bryant, attended the CODA visit as the states representative in an observer capacity. Germana Community College campus in Fredricksburg is the Allied health campus of the four campus system. The Fredricksburg campus has degree programs in Dental Hygiene, Dental Assistant, Physical Therapy Assistant, and Nursing.

The Dental Assistant program is a semester program that comprises both clinical and non-clinical training. The program was presently fully accredited by the ADA, and was being recertified. Due to the confidential nature of the visit, participants are not allowed to discuss any specifics of the visit.

The program has 10-12 students, and traditionally has between a 90-100% graduation rate. The graduates are highly sought after and have a similar job placement rate. The school is in the process of undergoing a complete renovation/upgrade of the campus, which will include an onsite six operatory dental clinic. The dental assistant program has off campus externship affiliations with multiple dental clinics in the area to insure the students receive the 300 required clinical hours.

The program is well organized and managed, and could serve as a model for all state run Dental Assistant programs.

<b>TIME AND PLACE</b>	The meeting of the Regulatory – Legislative Committee (“Committee”) was called to order at 9:03 a.m., on November 15, 2019, at the Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia 23233.
<b>PRESIDING</b>	Tammy C. Ridout, RDH, Chair
<b>MEMBERS PRESENT</b>	Sandra J. Catchings, D.D.S., Vice-President Mike Nguyen, D.D.S. James D. Watkins, D.D.S.
<b>OTHER BOARD MEMBERS PRESENT</b>	Augustus A. Petticolas, Jr., D.D.S., President Perry E. Jones, D.D.S.
<b>STAFF PRESENT</b>	Sandra K. Reen, Executive Director Elaine Yeatts, DHP Senior Policy Analyst Kathryn Brooks, Executive Assistant
<b>COUNSEL PRESENT</b>	James E. Rutkowski, Assistant Attorney General
<b>ESTABLISHMENT OF A QUORUM</b>	With four members of the Committee present, a quorum was established.  Ms. Reen read the emergency evacuation procedures.
<b>PUBLIC COMMENT</b>	Ms. Ridout explained the parameters for public comment and opened the public comment period.  <b>Gianna Harting (American Association of Orthodontists)</b> stated the AAO is hopeful the Board adopts rules that support and clarify that an “impression” includes “digital scans” and that dental and orthodontic treatment should not occur before a physical, in-person examination of the patient has occurred by a licensed dentist to establish the doctor/patient relationship.  <b>Susan Pharr, RDH (VDH Dental Health Program - Retired)</b> asked that proposed Guidance Document 60-13 on remote



supervision be amended to be consistent with the provisions of the statute addressing practice settings and submitted her proposed language for consideration. She said her proposal clarifies the qualifications of the dentist, explaining that the term 'dental office' does not apply to any of the non-dental practice settings such as schools, Head Start programs, WIC clinics, and long-term care facilities.

**Elisabeth Reynolds (VDA President)** spoke in favor of dentists and dental hygienists being able to perform A1C screening in the dental office. She stated oral health is a major component of overall health and the dental community should be doing everything possible to work hand in hand with their medical colleagues to protect the public. She said it is the responsibility of dental professionals to screen for this disease as many already screen for hypertension by routinely taking blood pressure readings on patients before any invasive procedure.

**Tracey Martin (VDHA President-Elect)** spoke in support of allowing dentists and dental hygienists to perform screening tests to identify those at risk of diabetes. She noted that screening procedures are not diagnostic. They determine the likelihood of already high-risk patients having a certain disease. She also provided handouts listing states that support testing/screening conducted by dental professionals.

**APPROVAL OF MINUTES**

Ms. Ridout asked if there were corrections to the posted minutes. Hearing none, Dr. Petticolas moved to accept the minutes for May 17, 2019 as presented. The motion was seconded and passed.

**LEGISLATION AND  
REGULATORY ACTIONS**

Ms. Yeatts reported that the Governor only approved one DHP bill for introduction in the upcoming legislative session. She also indicated that the comment period on the regulatory proposal for changing the renewal schedule closed on 11/15/19 and the other regulatory actions are pending review by the Secretary of Health and Human Resources or the Governor.

**BLANCHARD PETITION**

---

---

**FOR RULEMAKING**

Ms. Yeatts addressed the Petition for Rulemaking, received from Deborah Blanchard, DDS, to eliminate the regulatory requirement for a dentist to be present in the facility and to examine a patient when a dental hygienist treats a patient. Ms. Yeatts said that taking the proposed action would require amending the Dentistry and Dental Hygiene regulations. Dr. Catchings moved to recommend that the Board keep the current regulatory provisions for indirect supervision and deny the petition. The motion was seconded and passed.

**A1C TESTING/  
DEFINITION  
OF DENTISTRY**

Ms. Ridout opened discussion by asking if the current definition of the term “dentistry” in the Code is broad enough to include A1C testing. Following discussion of relying on the current definition, Mr. Rutkowski explained that A1C testing does not fall within the current definition because screening for diabetes is not related to treatment of the oral cavity and its adjacent and associated structures. Ms. Reen advised that the Board had accepted this advice previously given to it by Counsel and charged the Committee with proposing an amendment. Ms. Yeatts explained that the Board would need to act on amending the definition no later than at its June 2020 meeting to propose legislation for the 2021 Session of the General Assembly.

Ms. Ridout read the current Code definition of dentistry and stated the goal should be an amendment to include A1C testing without establishing a “laundry list” of amendments. In response to further questions about the current definition asked by Dr. Jones and Dr. Watkins, Dr. Catchings read the definition in a different order to explain that a dentist seeing a patient with a sinus condition cannot treat the sinus condition because that condition is not associated with the oral cavity. Mr. Rutkowski stated again that the definition as written does not include A1C testing. Ms. Yeatts said a simple sentence that is concise, not all inclusive of the practice of medicine and presents clear boundaries could be added. Dr. Catchings commented that dentists need parameters to “know where to stop” in addressing medical procedures such as flu shots and HIV testing. Ms. Ridout asked who would serve on a sub-committee to develop a proposal. Dr. Catchings and Dr. Watkins volunteered

and Mr. Rutkowski, Ms. Yeatts and Ms. Reen agreed to assist. Ms. Ridout charged the sub-committee with bringing its proposal to the next Committee meeting, which was scheduled for February 28, 2020.

**REVIEW GUIDANCE  
DOCUMENTS:**

Ms. Reen said she has reviewed the Board's Guidance Documents in response to statutory changes addressing the definition and publication of agencies' guidance addressing the conduct of public business. As a result of her review, Ms. Reen recommended that:

**GD 60-1 on CCAs** be amended as highlighted to delete references to GD 60-6, which was withdrawn by the Board at a previous meeting.

**GD 60-3 on Periodic Office Inspections** be amended to address concerns about the management of inspections raised by the Enforcement Division and by permit holders. Ms. Reen explained the sections highlighted in yellow are editorial in nature and the sections highlighted in blue are policy changes. Ms. Yeatts advised that regulatory action would be needed to require an inspection before issuing a permit. Ms. Reen explained that dentists are changing locations more often than previously assumed and that they are obtaining permits without being prepared to administer moderate sedation. She said changes are needed to be more efficient in utilizing the inspectors and to eliminate the dilemma of what level of sedation is being practiced and what equipment is required. She asked for guidance on how to proceed in light of these issues. The options are to withdraw the document pending edits, or to adopt with edits.

Ms. Yeatts advised that the yellow highlighted areas did not require discussion, only the blue highlighted portions. Ms. Reen suggested that the blue highlighted sections be referred to a sub-committee. Dr. Catchings recommended that a sub-committee discuss the entire process. Dr. Petticolas moved to adopt the yellow highlighted portions. The motion was seconded and passed.

Ms. Ridout asked for discussion of the blue highlighted sections. Ms. Reen said the DHP director of inspections might want to address the Board directly on announcing inspections. Dr.

---

Petticolas expressed his support for announced inspections. Dr. Catchings agreed and she supported using a two-step permit application process before a permit is given. The first step to review the education credentials and the second step to inspect for readiness. Ms. Yeatts advised that specifics would need to be worked out, as DHP’s policy is to conduct unannounced inspections. Ms. Reen requested this matter be tabled to the February 28, 2020 meeting so a subcommittee could gather more information. Dr. Catchings, Dr. Watkins and Ms. Yeatts agreed to serve on the subcommittee with Ms. Reen. Ms. Ridout tabled the discussion until the next meeting.

**GD 60-4 Q & A on Sedation** be revised to be consistent with current regulations. Dr. Catchings moved approval. The motion was seconded and passed.

**GD 60-9 Code of Conduct** can be withdrawn because it does not fall within the definition of a guidance document. Dr. Watkins moved to remove the document. The motion was seconded and passed.

**GD 60-13 Remote Supervision** be revised to be consistent with Code and regulatory changes. In response to public comment, the proposed language addressing who can supervise the practice of remote supervision was discussed. The consensus was that a revision was needed. After reviewing the language recommended in public comment, Ms. Yeatts proposed adding the word “would” in front of the word “qualify” as a solution. Dr. Watkins moved to add the word “would” as suggested by Ms. Yeatts. Ms. Yeatts then suggested also changing the word “office” to “practice” as requested by the commenter. Dr. Watkins amended his motion to include changing the word “office” to “practice” in the response. The motion was seconded and passed.

Ms. Reen asked for consideration of the other proposed changes highlighted in yellow, which are directly related to changes in the law. Ms. Ridout asked for a motion on the entire document as amended. Dr. Petticolas moved adoption of the changes as revised. The motion was seconded and passed.

**GD 60-17 Recovery of Costs** needs updating to show the actual FY2019 hourly costs for staff to be used to calculate the

---

administrative costs to be assessed in disciplinary orders. Dr. Catchings moved to accept the updated costs. The motion was seconded and passed.

**TELEHEALTH PRACTICE**

Ms. Reen advised there are no proposed changes to this guidance document and noted it is however a hot topic so it is available for discussion. Dr. Petticolas asked if there is a policy for review of guidance documents. Ms. Yeatts responded that the documents are reviewed on a four-year cycle and can be revised as needed. She also identified one typo to be corrected. Dr. Petticolas moved to reaffirm the document. The motion was seconded and passed.

**CLEAR ALIGNER  
THERAPY,  
INTRAORAL  
DIGITAL  
SCANNING,  
OUTSOURCING  
CBCT SCANS**

Ms. Reen stated the Board referred these topics to the Committee for discussion. She explained that the Board does not typically regulate specific types of equipment used in dentistry and noted that the Department of Health regulates x-ray machines. She added that action should be considered if needed to protect patients or the public. Dr. Jones spoke against addressing clear aligner therapy, CBCT and digital scanning in regulations. Dr. Catchings questioned if untrained individuals are reading CBCT scans and if scans are being misread. Mr. Rutkowski advised that the concerns surrounding these subjects seems to be more about billing and not necessarily public health. Mr. Rutkowski was asked to research the feasibility of requiring an in person, physical examination by a dentist before orthodontic treatment is initiated.

**NEXT MEETING**

February 28, 2020

**ADJOURNMENT**

With all business concluded, the meeting was adjourned at 11:16 a.m.

---

Tammy C. Ridout, RDH, Chair

---

Sandra K. Reen, Executive Director

---

Date

---

Date

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of November 26, 2019**

Chapter		Action / Stage Information
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Waiver for e-prescribing</u> [Action 5382]</p> <p>Emergency/NOIRA - At Governor's Office for 22 days</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Change in renewal schedule</u> [Action 4975]</p> <p>Proposed - Register Date: 9/16/19 Comment ended: 11/15/19 Board to adopt final: 12/13/19</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Amendment to restriction on advertising dental specialties</u> [Action 4920]</p> <p>Proposed - At Governor's Office for 72 days</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Administration of sedation and anesthesia</u> [Action 5056]</p> <p>Proposed - At Governor's Office for 65 days</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Technical correction</u> [Action 5198]</p> <p>Fast-Track - At Governor's Office for 9 days</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Content of acceptable examination</u> [Action 5281]</p> <p>Fast-Track - Stage Withdrawn 9/13/2019 [Stage 8623]</p>
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygienists	<p><u>Protocols for remote supervision of VDH and DBHDS dental hygienists</u> [Action 5323]</p> <p>Emergency/NOIRA - Register Date: 10/14/19 Comment on NOIRA ended: 11/13/19 Board to adopt proposed regulations: 12/13/19</p>
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<p><u>Education and training for dental assistants II</u> [Action 4916]</p> <p>Proposed - At Governor's Office for 77 days</p>

**Agenda Item: Petition for rulemaking**

**Included in your agenda package are:**

A copy of a petition from Deborah Blanchard, DDS

Copy of comments on the petition

Copies of applicable sections of regulation

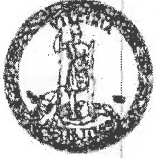
**Staff note:**

The Regulatory/Legislative Committee reviewed the petition and recommended that the Board take no action

**Board action:**

**The Board should discuss the petition, sections of regulations, and comments and**

- 1) Accept the recommendation of the Committee to not initiate rulemaking, or**
- 2) To initiate rulemaking with adoption of a Notice of Intended Regulatory Action**



# 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.

<b>Please provide the information requested below. (Print or Type)</b>		
Petitioner's full name (Last, First, Middle Initial, Suffix) Blanchard, Deborah R.		
Street Address 506 Pinewood Square	Area Code and Telephone Number 757-321-1300	
City Virginia Beach	State VA	Zip Code 23451
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.  
18VAC60-21-110 Paragraph D. "Duties delegated to a dental hygienist under indirect supervision shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided."
  
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.  
  
Delete the paragraph entirely as this requirement means that hygienists must always have a dentist present to provide an exam at the time the patient is being treated by the hygienist. This is the definition of direct supervision and it exceeds current standards by requiring a re-examination of the patient by the dentist before such procedures as applying sealants and/or scaling and root planing.
  
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.  
  
54.1-2400 of the Code of Virginia

Signature: <i>Deborah R. Blanchard DDS</i>	Date: 8/16/2019
--	-----------------



## Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Dentistry**

Regulatory Coordinator: Elaine J. Yeatts  
(804)367-4688  
elaine.yeatts@dhp.virginia.gov

Agency Contact: Sandra Reen  
Executive Director  
(804)367-4437  
sandra.reen@dhp.virginia.gov

Contact Address: Department of Health Professions  
9960 Mayland Drive  
Suite 300  
Richmond, VA 23233

Chapter Affected:  
18 vac 60 - 21: Regulations Governing the Practice of Dentistry

Statutory Authority: State: Chapters 24 and 27 of Title 54.1

Date Petition Received 08/16/2019

Petitioner Deborah Blanchard, DDS

### Petitioner's Request

To delete the requirements for the dentist to be present in the facility and to examine a patient during the time services are being provided (Subsection D of section 120)

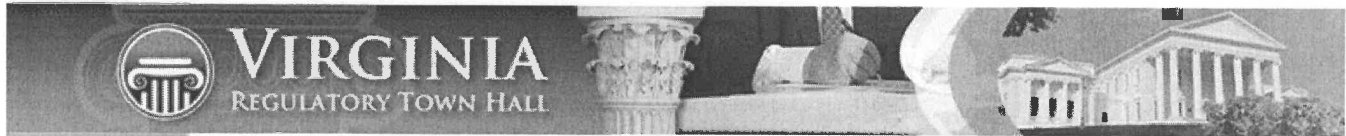
### Agency Plan

The petition will be published on September 16, 2019 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) to receive public comment ending October 15, 2019. 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 13, 2019. The petitioner will receive information on the Board's decision after that date.

Publication Date 09/16/2019 *(comment period will also begin on this date)*

Comment End Date 10/15/2019

Virginia.gov Agencies | Governor

Agency **Department of Health Professions**Board **Board of Dentistry**Chapter **Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]**

3 comments

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)

Commenter: Americans for Prosperity

10/11/19 11:40 am

**Great policy proposal!**

Thank you for considering this policy reform to increase the capabilities of dental care providers to serve more Virginians. With that in mind, states like Minnesota have seen tremendous improvements to access, lower wait times, and satisfaction with dental care because of the good policy reforms enabling dental teams to appropriately delegate responsibilities and skills of their teammates to serve those in need of dental care where it doesn't serve the care outcome for a dentist to be there. We support this reform and hope to see care providers innovate to serve more of the populace through innovative thinking like this.

Commenter: Jacob Fish

10/11/19 11:55 am

**Great way to increase number of providers**

This is a great policy reform that would better help utilize the number of existing dental providers by giving more power to members on the dental team that are just as qualified by currently require additional oversight. This will increase access to dental care and reduce wait times by allowing teams to delegate responsibility to better serve their customers and solve shortages of current providers, especially in SW Virginia. Exactly the type of innovation that should continue in Virginia.

Commenter: Meagan Stroud

10/11/19 12:00 pm

**Rural SWVA Resident Supports 100%**

As a resident of rural SWVA, I completely support this. This will allow for increased access to care, which our region's individuals and families so desperately need.



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

**FW: Disagreement with Petition for rule making #304**

1 message

Sandra Reen <sandra.reen@dhp.virginia.gov>

Thu, Oct 17, 2019 at 9:11 PM

To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>, Jamie Sacksteder <jamie.sacksteder@dhp.virginia.gov>

Hi:

Public Comment for our record.

Sandy

**From:** Dr. Dag Zapatero <dag@starfishdental.com>  
**Sent:** Tuesday, October 15, 2019 10:07 PM  
**To:** sandra.reen@dhp.virginia.gov  
**Subject:** Disagreement with Petition for rule making #304

Dear Ms. Reen,

Although well intended I am not sure how petition #304 would benefit patient care in our Commonwealth. I am not in favor of a rules change.

The Board of Dentistry grants dentist the authority to provide treatment and to determine and supervise, who and how care is delivered to a patient. Being present is a responsibility which we should hold as a sacred bond in the doctor patient relationships even if the dentist feels inconvenienced by that responsibility. We already allowed patients to receive care if examined within the prior 5 months to totally abandon the requirement irresponsible in my opinion.

Best,

Dag Zapatero, DDS

--

## Applicable Sections of Regulation

### 18VAC60-21-10. Definitions

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 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 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.

"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.

### 18VAC60-21-120. Requirements for direction and general supervision.

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

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-21-110.

C. Dental hygienists acting within the scope of a license issued to them by the board under § 54.1-2722 or 54.1-2725 of the Code who teach dental hygiene in a CODA accredited program are exempt from this section.

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

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

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.
2. The dental hygienist shall consent in writing to providing services under general supervision.
3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.
4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

F. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

#### **18VAC60-25-60. Delegation of services to a dental hygienist.**

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter, Part III (18VAC60-21-110 et seq.) of the Regulations Governing the Practice of Dentistry, and the Code.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-25-50.

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

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specified time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.
2. The dental hygienist shall consent in writing to providing services under general supervision.
3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.
4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

D. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

**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 Notice of Intended Regulatory Action

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

**Staff note:**

There was no comment on the NOIRA

**Board action:**

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

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Dentistry

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

**Action:** Protocols for remote supervision of VDH and DBHDS dental hygienists**Emergency/NOIRA Stage**

Action 5323 / Stage 8672

 [Edit Stage](#)
 [Go to RIS Project](#)
 [Request Emergency Extension](#)

Documents		
<input type="radio"/> <a href="#">Emergency Text</a>	7/11/2019 4:30 pm	<a href="#">Sync Text with RIS</a>
<input checked="" type="checkbox"/> <a href="#">Agency Statement</a>	6/26/2019	<a href="#">Upload / Replace</a>
<input checked="" type="checkbox"/> <a href="#">Attorney General Certification</a>	7/19/2019	
<input type="radio"/> <a href="#">Governor's Review Memo</a>	9/30/2019	
<input type="radio"/> <a href="#">Registrar Transmittal</a>	9/30/2019	

Status	
Public Hearing	Will be held at the <b>proposed</b> stage
Emergency Authority	2.2-4011 B
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 6/26/2019 Review Completed: 7/19/2019 Result: Certified
DPB Review	Submitted on 7/19/2019 Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 7/31/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 9/15/2019
Governor's Review	Review Completed: 9/30/2019 Result: Approved
Virginia Registrar	Submitted on 9/30/2019 <a href="#">The Virginia Register of Regulations</a> Publication Date: 10/14/2019 <input checked="" type="checkbox"/> <a href="#">Volume: 36 Issue: 4</a>
Comment Period	Ended 11/13/2019 0 comments
Effective Date	10/1/2019

<b>Expiration Date</b>	3/31/2021
------------------------	-----------

<b>Contact Information</b>	
----------------------------	--

<b>Name / Title:</b>	Sandra Reen / <i>Executive Director</i>
----------------------	---

<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, VA 23233
-----------------	---

<b>Email Address:</b>	<u><a href="mailto:sandra.reen@dhp.virginia.gov">sandra.reen@dhp.virginia.gov</a></u>
-----------------------	---

<b>Telephone:</b>	(804)367-4437 FAX: (804)527-4428 TDD: (-)
-------------------	---

*This person is the primary contact for this board.*

*This stage was created by Elaine J. Yeatts on 06/26/2019*

14



**Project 6044 - Proposed**

**BOARD OF DENTISTRY**

**Protocols for remote supervision of VDH and DBHDS dental hygienists**

Part II

Practice of Dental Hygiene

**18VAC60-25-40. Scope of practice.**

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 planing, 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~~ § 54.1-2722 E of the Code, of a dentist employed by the Virginia Department of Health and in accordance with the ~~protocol adopted by the Commissioner of Health~~ Protocol adopted by 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 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 (18VAC60-25)

~~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 (VDH) for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, May 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, May 2019

## **Agenda Item: Board Action on Change in Renewal Schedule**

### **Included in your agenda package are:**

Proposed regulations for change of renewal schedule from expiration on March 31 to renewal by birth month beginning in 2020

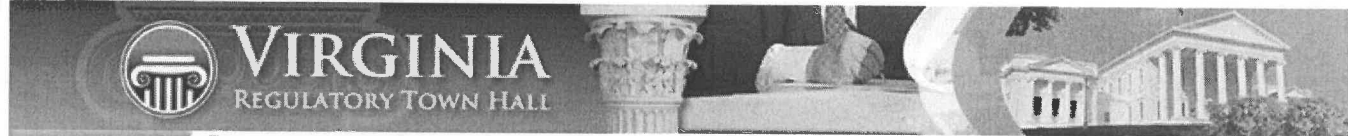
Comments on proposed regulations

**Staff note:** A public hearing was conducted on October 18, 2019. No one appeared to comment.

### **Board action:**

- Adopt final amendments to regulation to change renewal schedule to birth month

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Dentistry

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

**Action:** Change in renewal schedule**Proposed Stage** ▶

Action 4975 / Stage 8498

 [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents		
<input checked="" type="radio"/> <a href="#">Proposed Text</a>	4/4/2019 9:18 am	<a href="#">Sync Text with RIS</a>
<input type="checkbox"/> <a href="#">Agency Statement</a>	12/19/2018 (modified 4/4/2019)	<a href="#">Upload / Replace</a>
<input type="checkbox"/> <a href="#">Attorney General Certification</a>	2/25/2019	
<input type="checkbox"/> <a href="#">DPB Economic Impact Analysis</a>	4/10/2019	
<input type="checkbox"/> <a href="#">Agency Response to EIA</a>	4/12/2019	<a href="#">Upload / Replace</a>
<input checked="" type="radio"/> <a href="#">Governor's Review Memo</a>	8/26/2019	
<input checked="" type="radio"/> <a href="#">Registrar Transmittal</a>	8/28/2019	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/19/2018 Review Completed: 2/25/2019 Result: Certified
DPB Review	Submitted on 2/25/2019 Economist: <a href="#">Oscar Ozfidan</a> Policy Analyst: <a href="#">Cari Corr</a> Review Completed: 4/11/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/27/2019
Governor's Review	Review Completed: 8/26/2019 Result: Approved
Virginia Registrar	Submitted on 8/28/2019 <a href="#">The Virginia Register of Regulations</a> Publication Date: 9/16/2019 <input type="checkbox"/> <a href="#">Volume: 36 Issue: 2</a>
Public Hearings	<a href="#">10/18/2019 9:05 AM</a>

go back | open in word

**Project 5382 - Proposed****BOARD OF DENTISTRY****Change in renewal schedule****18VAC60-21-40. Required fees.**

## A. Application/registration fees.

1. Dental license by examination	\$400
2. Dental license by credentials	\$500
3. Dental restricted teaching license	\$285
4. Dental faculty license	\$400
5. Dental temporary resident's license	\$60
6. Restricted volunteer license	\$25
7. Volunteer exemption registration	\$10
8. Oral maxillofacial surgeon registration	\$175
9. Cosmetic procedures certification	\$225
10. Mobile clinic/portable operation	\$250
11. Moderate sedation permit	\$100
12. Deep sedation/general anesthesia permit	\$100

## B. Renewal fees.

1. Dental license - active	\$285
2. Dental license - inactive	\$145
3. Dental temporary resident's license	\$35
4. Restricted volunteer license	\$15
5. Oral maxillofacial surgeon registration	\$175
6. Cosmetic procedures certification	\$100
7. Moderate sedation permit	\$100
8. Deep sedation/general anesthesia permit	\$100

## C. Late fees.

1. Dental license - active	\$100
2. Dental license - inactive	\$50
3. Dental temporary resident's license	\$15

4. Oral maxillofacial surgeon registration	\$55
5. Cosmetic procedures certification	\$35
6. Moderate sedation permit	\$35
7. Deep sedation/general anesthesia permit	\$35

## D. Reinstatement fees.

1. Dental license - expired	\$500
2. Dental license - suspended	\$750
3. Dental license - revoked	\$1000
4. Oral maxillofacial surgeon registration	\$350
5. Cosmetic procedures certification	\$225

## E. Document fees.

1. Duplicate wall certificate	\$60
2. Duplicate license	\$20
3. License certification	\$35

## F. Other fees.

1. Returned check fee	\$35
2. Practice inspection fee	\$350

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

H. For the renewal of ~~licenses, registrations, certifications, and permits~~ an active dental license in 2018 2020, the following fees shall be in-effect fees shall be prorated according to a licensee's birth month as follows:

<del>1. Dentist - active</del>	<del>\$142</del>
<del>2. Dentist - inactive</del>	<del>\$72</del>
<del>3. Dental full-time faculty</del>	<del>\$142</del>
<del>4. Temporary resident</del>	<del>\$17</del>
<del>5. Dental restricted volunteer</del>	<del>\$7</del>
<del>6. Oral/maxillofacial surgeon registration</del>	<del>\$87</del>
<del>7. Cosmetic procedure certification</del>	<del>\$50</del>
<del>8. Moderate sedation certification</del>	<del>\$50</del>
<del>9. Deep sedation/general anesthesia</del>	<del>\$50</del>
<del>10. Mobile clinic/portable operation</del>	<del>\$75</del>



<u>January birth month</u>	<u>\$150</u>
<u>February birth month</u>	<u>\$165</u>
<u>March birth month</u>	<u>\$180</u>
<u>April birth month</u>	<u>\$195</u>
<u>May birth month</u>	<u>\$210</u>
<u>June birth month</u>	<u>\$225</u>
<u>July birth month</u>	<u>\$240</u>
<u>August birth month</u>	<u>\$255</u>
<u>September birth month</u>	<u>\$270</u>
<u>October birth month</u>	<u>\$285</u>
<u>November birth month</u>	<u>\$300</u>
<u>December birth month</u>	<u>\$315</u>

## Part V

### Licensure Renewal

#### **18VAC60-21-240. License renewal and reinstatement.**

A. The license or permit of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid, and his practice of dentistry shall be illegal. With the exception of practice with a current, restricted volunteer license as provided in § 54.1-2712.1 of the Code practicing in Virginia with an expired license or permit may subject the licensee to disciplinary action by the board.

B. ~~Every~~ Prior to 2021, every person holding an active or inactive license and those holding a permit to administer moderate sedation, deep sedation, or general anesthesia shall annually, on or before March 31, renew his license or permit. Beginning in January 2021, every person holding an active or inactive license and those holding a permit to administer moderate sedation, deep sedation, or general anesthesia shall annually renew his license or permit in his birth month in accordance with fees set forth 18VAC60-21-40.

~~C.~~ Every person holding a faculty license, temporary resident's license, a restricted volunteer license, or a temporary permit shall, on or before June 30, request renewal of his license.

~~D.~~ Any person who does not return the completed form and fee by the deadline required in subsection B of this section shall be required to pay an additional late fee.

~~E.~~ The board shall renew a license or permit if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection B of this section provided that no

grounds exist to deny said renewal pursuant to § 54.1-2706 of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

**E. F. Reinstatement procedures.**

1. Any person whose license or permit has expired for more than one year or whose license or permit has been revoked or suspended and who wishes to reinstate such license or permit shall submit a reinstatement application and the reinstatement fee. The application must include evidence of continuing competence.
2. To evaluate continuing competence, the board shall consider (i) hours of continuing education that meet the requirements of subsection H of 18VAC60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.
3. The executive director may reinstate such expired license or permit provided that the applicant can demonstrate continuing competence, the applicant has paid the reinstatement fee and any fines or assessments, and no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

**18VAC60-25-30. Required fees.**

**A. Application fees.**

- |  |       |
|--|-------|
| 1. License by examination  | \$175 |
| 2. License by credentials  | \$275 |
| 3. License to teach dental hygiene pursuant to § 54.1-2725 of the Code | \$175 |
| 4. Temporary permit pursuant to § 54.1-2726 of the Code                | \$175 |
| 5. Restricted volunteer license  | \$25  |
| 6. Volunteer exemption registration                                    | \$10  |

**B. Renewal fees.**

- |                     |      |
|---------------------|------|
| 1. Active license   | \$75 |
| 2. Inactive license | \$40 |

3. License to teach dental hygiene pursuant to § 54.1-2725 \$75

4. Temporary permit pursuant to § 54.1-2726 \$75

C. Late fees.

1. Active license \$25

2. Inactive license \$15

3. License to teach dental hygiene pursuant to § 54.1-2725 \$25

4. Temporary permit pursuant to § 54.1-2726 \$25

D. Reinstatement fees.

1. Expired license \$200

2. Suspended license \$400

3. Revoked license \$500

E. Administrative fees.

1. Duplicate wall certificate \$60

2. Duplicate license \$20

3. Certification of licensure \$35

4. Returned check \$35

F. No fee shall be refunded or applied for any purpose other than the purpose for which the fee was submitted.

G. For the renewal of ~~licenses~~ an active dental hygienist license in 2018 2020, ~~the following fees shall be in effect~~ fees shall be prorated according to a licensee's birth month as follows:

<del>1. Dental hygienist—active</del>	<del>\$37</del>
<del>2. Dental hygienist—inactive</del>	<del>\$20</del>
<del>3. Dental hygienist restricted volunteer</del>	<del>\$7</del>
<u>January birth month</u>	<u>\$40</u>
<u>February birth month</u>	<u>\$44</u>
<u>March birth month</u>	<u>\$48</u>
<u>April birth month</u>	<u>\$52</u>
<u>May birth month</u>	<u>\$56</u>
<u>June birth month</u>	<u>\$60</u>
<u>July birth month</u>	<u>\$64</u>
<u>August birth month</u>	<u>\$68</u>
<u>September birth month</u>	<u>\$76</u>

<u>October birth month</u>	<u>\$80</u>
<u>November birth month</u>	<u>\$84</u>
<u>December birth month</u>	

## Part V

### Licensure Renewal and Reinstatement

#### 18VAC60-25-180. Requirements for licensure renewal.

A. ~~At~~ Prior to 2021, an active or inactive dental hygiene license shall be renewed on or before March 31 each year. Beginning in January 2021, an active or inactive dental hygiene license shall be renewed in the licensee's birth month each year.

B. A faculty license, a restricted volunteer license, or a temporary permit shall be renewed on or before June 30 each year.

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

~~C.~~ D. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee. The board may renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

#### 18VAC60-30-30. Required fees.

A. Initial registration fee.	\$100
B. Renewal fees.	
1. Dental assistant II registration - active	\$50
2. Dental assistant II registration - inactive	\$25
C. Late fees.	
1. Dental assistant II registration - active	\$20
2. Dental assistant II registration - inactive	\$10
D. Reinstatement fees.	
1. Expired registration	\$125

2. Suspended registration	\$250
3. Revoked registration	\$300
E. Administrative fees.	
1. Duplicate wall certificate	\$60
2. Duplicate registration	\$20
3. Registration verification	\$35
4. Returned check fee	\$35

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

G. For the renewal of an active dental assistant II registration in ~~2018~~ 2020, the ~~fee shall be \$25.~~ For the renewal of an inactive dental assistant II registration in ~~2018~~, the ~~fee shall be \$13.~~ fees for renewal of an active dental assistant II registration shall be prorated according to the registrant's birth month as follows:

<u>January birth month</u>	<u>\$30</u>
<u>February birth month</u>	<u>\$33</u>
<u>March birth month</u>	<u>\$36</u>
<u>April birth month</u>	<u>\$39</u>
<u>May birth month</u>	<u>\$42</u>
<u>June birth month</u>	<u>\$45</u>
<u>July birth month</u>	<u>\$48</u>
<u>August birth month</u>	<u>\$51</u>
<u>September birth month</u>	<u>\$54</u>
<u>October birth month</u>	<u>\$57</u>
<u>November birth month</u>	<u>\$60</u>
<u>December birth month</u>	<u>\$63</u>

## Part V

### Requirements for Renewal and Reinstatement

#### 18VAC60-30-150. Registration renewal requirements.

A. ~~Every~~ Prior to 2021, every person holding an active or inactive registration shall annually, on or before March 31, renew his registration. Beginning in January of 2021, every person holding an active or inactive registration shall annually renew his registration in his birth month. Any person who does not return the completed form and fee by the deadline shall be required to pay an additional late fee.

B. The registration of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid and his practice as a dental assistant II shall be illegal. Practicing in Virginia with an expired registration may subject the registrant to disciplinary action by the board.

C. In order to renew registration, a dental assistant II shall be required to maintain and attest to current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

D. A dental assistant II shall also be required to maintain evidence of successful completion of training in basic cardiopulmonary resuscitation.

E. Following the renewal period, the board may conduct an audit of registrants to verify compliance. Registrants selected for audit shall provide original documents certifying current certification.

Virginia.gov Agencies | Governor



**Agency** Department of Health Professions  
**Board** Board of Dentistry  
**Chapter** Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]

Action	<u>Change in renewal schedule</u>
Stage	<u>Proposed</u>
Comment Period	Ends 11/15/2019

11 comments

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

**Commenter:** Meleah Overholt, MPA student 9/26/19 3:21 pm  
**Support**  
 I support this action to change the renewal period to the dentist's birth month opposed to March 31st.

**Commenter:** Roger Palmer 10/24/19 10:10 pm  
**License renewal**

**Commenter:** AOMIN, GWE 10/25/19 10:43 am  
**Supporting License Renewal Date Change for 2020**  
 I 100% support the proposal of changing the renewal schedule from a set date of March 31st to renewal in one's birth month.

**Commenter:** Karen Dunegan 10/25/19 11:36 am  
**Opposed to date change**  
 My birth month is December. There is so much to do by year end professionally and personally now that it is not acceptable to add this to my year end list of things to do. This only affects 1/12 of the group, however, I would like this to be considered.

10/25/19 12:49 pm

**Commenter:** William A. O'Donnell, DDS

**Opposed to date change**

Why can't you just leave things alone? A needless change that will just confuse people, resulting in late fees and fines. Oh, maybe that's the reason...

**Commenter:** Gus C Vlahos DDS

10/25/19 2:19 pm

**License Renewal Date**

Oppose change to renewal date

**Commenter:** Arthur M. Strauss, DDS

10/26/19 9:51 am

**Opposed to date change!**

Overloaded with bills due on my birth month already. Don't make it WORSE, please!

**Commenter:** Ron Mamrick

10/26/19 8:41 pm

**Opposed to the change**

We all know that our license is due at the beginning of each year. We have 3 months to renew. Keep the renewal March 31.

**Commenter:** ed a keel

10/28/19 10:22 am

**need more explanation**

My birthday is next week and i did not satisfy my continuing education hours , how will you address this issue , will my C E extend to my birthday in 2020 and do i need to satisfy th C E for 2019 and 2020 by my nov 2020 birthdate .

Thanks

**Commenter:** Arlington Smile Center,LLC

10/28/19 9:07 pm

**We had ingrained into our brain over and again when we need e to renew by and if we didn't renew o**

In dental school we had it ingrained that we needed to renew by the March 31 and if we didn't we would need retake our boards. To change it to our birthday after so many years the same way is only fair for old graduates to be Grandfathered in to same date and new students can learn Birthday date. Min

10/30/19 2:22 pm



**Commenter:** Richard Liu

**Support the change**

Great idea. Totally makes sense to distribute the workload evenly throughout the year. This way the Board has more time and resources which they can devote towards better customer service, etc. Also easier for each provider to remember the due date.

**Board action: Amendment to fee for returned checks**

**Included in agenda package:**

Applicable sections of the Code of Virginia

Revised Fee section

**Staff note:**

Auditors from the Office of the Comptroller have advised DHP that we should be charging \$50 for a returned check, rather than the current \$35. That amount was based on language in § 2.2-614.1. However, § 2.2-4805 (from the Va. Debt Collection Act) requires the fee for a returned check to be \$50.

Board counsel for DHP boards has advised that the handling fee of \$50 in Virginia Code 2.2-4805 governs. Section 2.2-614.1 states that a “penalty of \$35 or the amount of any costs, **whichever is greater,**” shall be imposed. By amending § 2.2-4805 in 2009, the General Assembly determined that the costs, in the form of a “handling fee,” is \$50, and thus greater than the \$35 penalty imposed under 2.2-614.1.

Therefore, all board regulations will need to be amended to reflect the higher “handling” fee.

## § 2.2-4805. Interest, administrative charges and penalty fees

A. Each state agency and institution may charge interest on all past due accounts receivable in accordance with guidelines adopted by the Department of Accounts. Each past due accounts receivable may also be charged an additional amount that shall approximate the administrative costs arising under § 2.2-4806. Agencies and institutions may also assess late penalty fees, not in excess of ten percent of the past-due account on past-due accounts receivable. The Department of Accounts shall adopt regulations concerning the imposition of administrative charges and late penalty fees.

B. Failure to pay in full at the time goods, services, or treatment are rendered by the Commonwealth or when billed for a debt owed to any agency of the Commonwealth shall result in the imposition of interest at the judgment rate as provided in § 6.2-302 on the unpaid balance unless a higher interest rate is authorized by contract with the debtor or provided otherwise by statute. Interest shall begin to accrue on the 60th day after the date of the initial written demand for payment. A public institution of higher education in the Commonwealth may elect to impose a late fee in addition to, or in lieu of, interest for such time as the institution retains the claim pursuant to subsection D of § 2.2-4806. Returned checks or dishonored credit card or debit card payments shall incur a handling fee of \$50 unless a higher amount is authorized by statute to be added to the principal account balance.

C. If the matter is referred for collection to the Division, the debtor shall be liable for reasonable attorney fees unless higher attorney fees are authorized by contract with the debtor.

D. A request for or acceptance of goods or services from the Commonwealth, including medical treatment, shall be deemed to be acceptance of the terms specified in this section.

1988, c. 544, § 2.1-732; 2001, c. 844; 2009, c. 797.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Code of Virginia  
Title 2.2. Administration of Government  
Chapter 6. General Provisions

**§ 2.2-614.1. Authority to accept revenue by commercially acceptable means; service charge; bad check charge.**

A. Subject to § 19.2-353.3, any public body that is responsible for revenue collection, including, but not limited to, taxes, interest, penalties, fees, fines or other charges, may accept payment of any amount due by any commercially acceptable means, including, but not limited to, checks, credit cards, debit cards, and electronic funds transfers.

B. The public body may add to any amount due a sum, not to exceed the amount charged to that public body for acceptance of any payment by a means that incurs a charge to that public body or the amount negotiated and agreed to in a contract with that public body, whichever is less. Any state agency imposing such additional charges shall waive them when the use of these means of payment reduces processing costs and losses due to bad checks or other receivable costs by an amount equal to or greater than the amount of such additional charges.

C. If any check or other means of payment tendered to a public body in the course of its duties is not paid by the financial institution on which it is drawn, because of insufficient funds in the account of the drawer, no account is in the name of the drawer, or the account of the drawer is closed, and the check or other means of payment is returned to the public body unpaid, the amount thereof shall be charged to the person on whose account it was received, and his liability and that of his sureties, shall be as if he had never offered any such payment. A penalty of \$35 or the amount of any costs, whichever is greater, shall be added to such amount. This penalty shall be in addition to any other penalty provided by law, except the penalty imposed by § 58.1-12 shall not apply.

2002, c. 719; 2004, c. 565.

go back | open in word

Project 5764 - none

**BOARD OF DENTISTRY****Handling fee****18VAC60-21-40. Required fees.**

## A. Application/registration fees.

1. Dental license by examination	\$400
2. Dental license by credentials	\$500
3. Dental restricted teaching license	\$285
4. Dental faculty license	\$400
5. Dental temporary resident's license	\$60
6. Restricted volunteer license	\$25
7. Volunteer exemption registration	\$10
8. Oral maxillofacial surgeon registration	\$175
9. Cosmetic procedures certification	\$225
10. Mobile clinic/portable operation	\$250
11. Moderate sedation permit	\$100
12. Deep sedation/general anesthesia permit	\$100

## B. Renewal fees.

1. Dental license - active	\$285
2. Dental license - inactive	\$145
3. Dental temporary resident's license	\$35
4. Restricted volunteer license	\$15
5. Oral maxillofacial surgeon registration	\$175
6. Cosmetic procedures certification	\$100
7. Moderate sedation permit	\$100
8. Deep sedation/general anesthesia permit	\$100

## C. Late fees.

1. Dental license - active	\$100
2. Dental license - inactive	\$50
3. Dental temporary resident's license	\$15

4. Oral maxillofacial surgeon registration	\$55
5. Cosmetic procedures certification	\$35
6. Moderate sedation permit	\$35
7. Deep sedation/general anesthesia permit	\$35

## D. Reinstatement fees.

1. Dental license - expired	\$500
2. Dental license - suspended	\$750
3. Dental license - revoked	\$1000
4. Oral maxillofacial surgeon registration	\$350
5. Cosmetic procedures certification	\$225

## E. Document fees.

1. Duplicate wall certificate	\$60
2. Duplicate license	\$20
3. License certification	\$35

## F. Other fees.

1. <u>Returned Handling fee for returned check fee or dishonored credit or debit card</u>	<del>\$35</del> \$50
2. Practice inspection fee	\$350

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

H. For the renewal of licenses, registrations, certifications, and permits in 2018, the following fees shall be in effect:

1. Dentist - active	\$142
2. Dentist - inactive	\$72
3. Dental full-time faculty	\$142
4. Temporary resident	\$17
5. Dental restricted volunteer	\$7
6. Oral/maxillofacial surgeon registration	\$87
7. Cosmetic procedure certification	\$50
8. Moderate sedation certification	\$50
9. Deep sedation/general anesthesia	\$50
10. Mobile clinic/portable operation	\$75

**18VAC60-25-30. Required fees.**

## A. Application fees.

1. License by examination	\$175
2. License by credentials	\$275
3. License to teach dental hygiene pursuant to § 54.1-2725 of the Code	\$175
4. Temporary permit pursuant to § 54.1-2726 of the Code	\$175
5. Restricted volunteer license	\$25
6. Volunteer exemption registration	\$10

## B. Renewal fees.

1. Active license	\$75
2. Inactive license	\$40
3. License to teach dental hygiene pursuant to § 54.1-2725	\$75
4. Temporary permit pursuant to § 54.1-2726	\$75

## C. Late fees.

1. Active license	\$25
2. Inactive license	\$15
3. License to teach dental hygiene pursuant to § 54.1-2725	\$25
4. Temporary permit pursuant to § 54.1-2726	\$25

## D. Reinstatement fees.

1. Expired license	\$200
2. Suspended license	\$400
3. Revoked license	\$500

## E. Administrative fees.

1. Duplicate wall certificate	\$60
2. Duplicate license	\$20
3. Certification of licensure	\$35
4. <u>Returned Handling fee for returned check or dishonored credit or debit card</u>	<u>\$35</u> <u>\$50</u>

F. No fee shall be refunded or applied for any purpose other than the purpose for which the fee was submitted.

G. For the renewal of licenses in 2018, the following fees shall be in effect:

1. Dental hygienist - active	\$37
2. Dental hygienist - inactive	\$20
3. Dental hygienist restricted volunteer	\$7

**18VAC60-30-30. Required fees.**

A. Initial registration fee.	\$100
B. Renewal fees.	
1. Dental assistant II registration - active	\$50
2. Dental assistant II registration - inactive	\$25
C. Late fees.	
1. Dental assistant II registration - active	\$20
2. Dental assistant II registration - inactive	\$10
D. Reinstatement fees.	
1. Expired registration	\$125
2. Suspended registration	\$250
3. Revoked registration	\$300
E. Administrative fees.	
1. Duplicate wall certificate	\$60
2. Duplicate registration	\$20
3. Registration verification	\$35
4. <u>Returned Handling fee for returned check fee or</u>	\$35
<u>dishonored credit or debit card</u>	\$50

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

G. For the renewal of an active dental assistant II registration in 2018, the fee shall be \$25. For the renewal of an inactive dental assistant II registration in 2018, the fee shall be \$13.



## **Consideration of Guidance Documents:**

**Included in your agenda package are the following as recommended by the Regulation Committee:**

60-3, Periodic inspection of sedation and anesthesia in dental offices, revised December 11, 2015

- Adopt revised document with changes highlighted in yellow

60-4, Questions and answers about sedation, revised December 11, 2015

- Adopt revised document with changes highlighted in yellow

60-13, Remote supervision of dental hygienists, revised December 14, 2018

- Adopt revised document with changes highlighted in yellow

60-17, Policy on recovery of disciplinary costs, revised December 14, 2018

- Adopt revised document with changes highlighted in yellow

60-23, Policy on Teledentistry, adopted December 11, 2015

- Re-affirm current guidance document

## **Board action:**

To adopt the revised guidance documents (60-3, 60-4, 60-13, and 60-17) and reaffirm guidance document 60-23.

## Virginia Board of Dentistry

### Periodic Office Inspections for Administration of Sedation and Anesthesia

- Withdraw as a Guidance Document and develop one with information for permit holders.
- Enforcement has requested that inspection be required before a permit is issued indicating they could manage this in a timely manner. Allow advance scheduling.
- Need to require notice of practice location changes.
- Need to clarify if all permit holders are subject to inspection whether or not they report not currently administering moderate sedation or deep sedation and general anesthesia.
- Should the Board request OMSs to provide AAOMS office examination reports every five years?

#### Purpose

The purpose of instituting periodic **unannounced** office inspections is to foster and verify compliance with regulatory requirements by dentists who hold a permit to administer sedation or general anesthesia (**hereinafter referred to as** permit holders). Verifying compliance with the requirements will assure that appropriate protections are in place for the health and safety of patients who undergo **conscious/moderate** sedation, deep sedation, or general anesthesia for dental treatment.

#### Applicable Laws and Regulation

- Employees of the Department of Health Professions, when properly identified, shall be authorized, during ordinary business hours, to enter and inspect any dental office or dental laboratory for the purpose of enforcing the provisions of this chapter as provided by §54.1-2703 of the Code of Virginia.
- 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 as provided by §54.1-2709.5 of the Code.
- **Part VI VII** of the Regulations Governing the Practice of Dentistry addresses the requirements for administration of anesthesia, sedation and analgesia beginning at 18VAC60-21-260.\*

#### Scope of Periodic Inspections

- Dentists who do not provide any level of sedation and those that only provide minimal sedation do not require a permit and are not subject to periodic inspections **related to sedation and anesthesia.**
- Oral and maxillofacial surgeons (**hereinafter referred to as** OMSs) who maintain membership in AAOMS and who provide the Board with the reports which result from the periodic office examinations required by AAOMS do not require a permit and are not subject to periodic inspections, **by the Board so long as e-Each Virginia office an OMSs**

~~practices in~~ ~~has~~ ~~must~~ ~~have~~ undergone an AAMOS periodic office examination within the five preceding years and the reports of the examinations are to be provided to the Board upon request.

- Every OMS who does not maintain AAOMS membership or who does not provide an have a current AAOMS report to the Board is required to hold a permit to administer sedation or general anesthesia and is subject to periodic inspections by the Board.
- Every dentist who administers conscious/moderate sedation, ~~enteral-conscious/moderate-sedation~~, deep sedation or general anesthesia is required to hold a permit. Permit holders are subject to periodic unannounced office inspections with the following two exceptions. Permit holders are not subject to periodic office inspections if they administer any of these levels of sedation to patients:
  - only as a faculty member within educational facilities owned or operated by or affiliated with an accredited dental school or program, or
  - only in a hospital or an ambulatory surgery center accredited by a national accrediting organization, such as the Joint Commission, which is granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation pursuant to § 1865 of Title XVIII of the Social Security Act (42 U.S.C. § 1395bb).
- Permit holders who practice in multiple offices shall identify each location for inspection. Each office will be inspected at least once in an inspection cycle. If a permit holder is the sole practitioner in each of the locations, inspections of each office will be coordinated to address findings in a comprehensive inspection report.
- Practices with multiple permit holders will be inspected for general compliance at least once in an inspection cycle. These inspections will address the compliance of each permit holder at the practice so that a complete inspection report is issued for each permit holder as necessary to have each permit holder's practices inspected once every three years.
- Permit holders practicing on an itinerant basis shall identify a primary practice location for a periodic inspection and shall report and provide information about the arrangements in place with employing dentists to facilitate inspection of those practice settings.
- The practice locations of permit holders who use the services of another qualified health professional to administer conscious/moderate sedation, deep sedation or general anesthesia as permitted in sections 18VAC60-21-291.A and 18VAC60-21-301.B of the Regulations Governing the Practice of Dentistry shall be inspected.

### Inspection Cycle

The standard inspection cycle is to conduct an unannounced inspection of each permit holder's practice(s) once every three to five years. This cycle will be followed when an inspection finds that all requirements have been met or that only a few minor violations have been identified for correction, which Such findings might be resolved through an advisory letter or a confidential consent agreement. Significant findings of violations may result in administrative proceedings, disciplinary action and more frequent inspections.

### Initiation of Inspections

The Board will conduct a pre-inspection survey of all permit holders. The purpose of this survey will be to collect information about the level of sedation practiced, practice locations and

staffing. This information will facilitate planning for inspections. Permit holders will receive a copy of this guidance document and the inspection form with the survey.

Following review of the survey results, the Enforcement Division of the Department of Health Professions will initiate **unannounced** inspections of the offices of permit holders.

Following initiation of the periodic inspections, the Board will send an e-mail request to each OMS for submission of the most recent reports which resulted from the periodic office examinations required by AAOMS. This request will include a form to be completed and returned to the Board with the name of the primary contact person and the name, address, and phone number of each office where the OMS practices.

### **Costs Related to Inspections**

Permit holders will not be charged an inspection fee for a periodic inspection. A \$350 fee will be charged for any additional inspections that result from a disciplinary order issued to address findings of non-compliance in periodic inspections.

### **Inspection Reports and AAOMS Office Examination Results**

Inspection reports and AAOMS results will be submitted to the Board for review. **The Board staff will review the information received to determine if the results indicate that a probable cause review of a permit holder's or AAOMS member's inspection findings is are in compliance with the regulatory requirements addressed in the inspection form.** The inspection reports and AAOMS results are confidential documents pursuant to §54.1-2400.2 of the Code of Virginia.

**\* Previously such administration was addressed in Part IV of the Expired May 7, 2014 Regulations Governing Dental Practice beginning at 18VAC60-20-107.**



**VIRGINIA BOARD OF DENTISTRY**  
**Questions and Answers**  
**On**  
**Analgesia, Sedation and Anesthesia Practice**

**WHAT ARE THE REQUIREMENTS FOR MANAGING ANXIOLYSIS?**

- Anxiolysis is addressed in the Regulations Governing the Practice of Dentistry (Regulations) in the definition of minimal sedation in section 18VAC60-21-10.D and in the provisions for minimal sedation in sections 18VAC60-21-260.B., C., E., F., G., H, I., J., and K., and in 18VAC60-21-280.

**DOES PRESCRIBING XANAX FOR PRE-APPOINTMENT USE CONSTITUTE SEDATION PRACTICE?**

- Yes, benzodiazepines such as Xanax and Valium which are prescribed or are administered or dispensed for self-administration to reduce anxiety for dental treatment generally fall within the definition of minimal sedation. Adding nitrous oxide or another drug may induce a deeper level of sedation. It is important to keep in mind that the type and dosage of medication, the method of administration and the individual characteristics of the patient must be considered in deciding the level of sedation being administered. See sections 18VAC60-21-260.G and 18VAC60-21-280 in the Regulations to review provisions on minimal sedation.

**ARE THERE MODEL FORMS OR TEMPLATES AVAILABLE FOR KEEPING A RECORD OF DRUGS, FOR PERFORMING BIENNIAL INVENTORIES?**

- No, the Board has not adopted model forms.

**HOW SHOULD COMPLETION OF STAFF TRAINING IN EMERGENCY PROCEDURES BE DOCUMENTED?**

- This is guidance for implementing section 18VAC-60-21-260.H of the Regulations. The employing dentist is responsible for keeping a record of the training provided. The record must include the date of the training, the content of the training, and a list of the staff who participated in the training.

**WHO CAN DISMISS THE PATIENT UNDER SEDATION OR GENERAL ANESTHESIA?**

- When minimal sedation has been administered, the dentist is responsible for discharging the patient. See section 18VAC60- 21-280.G.
- When conscious/moderate sedation has been administered, the dentist or the designated licensed professional who administered the drugs or another practitioner qualified to administer the drugs is responsible for assessing and discharging the patient. See sections 18VAC60-21-291.D.3 and E.
- When deep sedation or general anesthesia has been administered, the dentist or the designated licensed professional who administered the drugs or another practitioner

qualified to administer the drugs is responsible for assessing and discharging the patient. See sections 60-21-301.E.3. and G.

**WHAT REGULATIONS APPLY WHEN A PATIENT WANTS SEDATION FOR SCALING AND ROOT PLANING TREATMENT BY A DENTAL HYGIENIST? DOES THE DDS WHO HOLDS A CONSCIOUS/MODERATE SEDATION PERMIT HAVE TO STAY IN THE TREATMENT ROOM AFTER PROVIDING THE SEDATION WHILE THE RDH TREATS THE PATIENT?**

- The treatment team for conscious/moderate sedation must include the operating dentist. There is no statute or regulation which permits a dental hygienist to treat patients under conscious/moderate sedation, deep sedation or general anesthesia with or without a dentist present during treatment. See the staffing requirements in section 18VAC60-21-291.C and 301.D.

**DOES INFORMED CONSENT HAVE TO BE GIVEN PRIOR TO EACH SEDATION ADMINISTRATION OR IF A LONG-STANDING PATIENT, CAN THERE BE A BLANKET SEDATION INFORMED CONSENT?**

- To meet the requirement in 18 VAC 60-21-260.D.2 and 3, written informed consent must be obtained each time sedation will be administered.

## Practice of a Dental Hygienist under Remote Supervision

### References from § 54.1-2722.E and F. and § 54.1-3408 of the Code of Virginia

- **What is meant by “remote supervision”?**  
~~“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 the supervising dentist may not have conducted an initial examination of the patients who are seen and treated by the dental hygienist. The dentist need not be present with the hygienist when hygiene services are being provided.~~  
 There are two definitions of "Remote Supervision" in §54.1-2722 of the Code of Virginia (see text below).
  - The definition in **subsection E** addresses practice under remote supervision in the Virginia Department of Health (VDH) and in the Department of Behavioral Health and Developmental Services (DBHDS). In these two state agencies “remote supervision” means a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment...
  - The definition in **subsection F** means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services...
- **Where can remote supervision be practiced?**
  - **Subsection E** permits a dental hygienist employed by VDH to practice under the remote supervision of a public health dentist in providing hygiene treatment in VDH public health facilities.
  - **Subsection E** also permits a dental hygienist employed by DBHDS to practice under the remote supervision of a DBHDS dentist in providing hygiene treatment in DBHDS’s mobile/remote supervision program.
  - **Subsection F** permits a qualified dental hygienist to practice under the remote supervision of a qualified dentist at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; mobile dentistry program for adults with developmental disabilities operated by the Department of Behavioral Health and Developmental Services' Office of Integrated Health; or women, infants, and children (WIC) program.
- **Who can supervise a dental hygienist’s practice of dental hygiene under remote supervision?**
  - **Subsection E** requires that the supervising dentist be an employee of VDH or an employee of DBHDS.
  - ~~A dentist who holds~~ **Subsection F** requires that the supervising dentist have an active, license issued by the Virginia Board of Dentistry and ~~who has have~~ a dental office practice physically located in the Commonwealth, including Consistent with the provisions of the statute, the Board has determined that a dental office practice maintained by a federally qualified health center, charitable safety net facility, free clinic, long-term care facility, elementary or secondary school, Head Start program, or women, infants, and children (WIC) program, including a mobile dental clinic or portable dental



operation that is operated by one of these settings would qualify as a dental office practice physically located in the Commonwealth.

- **What qualifications are necessary for a dental hygienist to practice under remote supervision?**

The hygienist must have (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at least 2,500 hours.

- **What is required for a continuing education course in remote supervision?**

The Board requires a remote supervision course to be no less than two hours in duration and to be offered by an accredited dental education program or an approved sponsor listed in the regulation. The required course content is: a) Intent and definitions of remote supervision; b) Review of dental hygiene scope of practice and delegation of services; c) Administration of controlled substances; d) Patient records/documentation/risk management; e) Remote supervision laws for dental hygienists and dentists; f) Written practice protocols; and g) Settings allowed for remote supervision.

- **Are there other requirements for practice under remote supervision?**

A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist.

- **In what settings can a dental hygienist practice under remote supervision?**

A hygienist can only practice dental hygiene under remote supervision at a federally qualified health center, charitable safety net facility, free clinic, long-term care facility, elementary or secondary school, Head Start program, or women, infants, and children (WIC) program, including a mobile facility or portable dental operation that is operated by one of these settings.

- **What tasks can a dental hygienist practicing under remote supervision perform?**

A hygienist practicing under remote supervision may (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer Schedule VI topical drugs including topical oral fluorides, topical oral anesthetics and topical and directly applied antimicrobial agents pursuant to subsections J and V of §54.1-3408 of the Code of Virginia, and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation.

Under the provisions of § 54.1-3408.V as referenced above, a dental hygienist is authorized to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

**Is the dental hygienist allowed to administer local anesthetic or nitrous oxide?**

A dental hygienist practicing under remote supervision is not allowed to administer local anesthetic parenterally or to administer nitrous oxide.



**What disclosures and permissions are required?**

Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.

- **How is the dental hygienist required to involve the dentist when practicing under remote supervision?**
  - a) After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.
  - b) A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient.
  - c) The supervising dentist shall review a patient's records at least once every 10 months.
- **Can a dental hygienist see a patient beyond 90 days if the patient has not seen a dentist?**

Only if the supervising dentist authorizes such treatment to address an emergent circumstance requiring dental hygiene treatment. The practice protocol developed by the supervising dentist is the initial authorization for a hygienist to provide hygiene treatment under remote supervision for 90 days of treatment. After that 90 day period (absent emergent circumstances), the supervising dentist (or another dentist) must examine the patient, develop a diagnosis and establish the treatment plan for the patient which might address both future dental treatment and dental hygiene treatment and the time spans for such treatment. The dentist decides how often he will see a patient in accord with his professional judgment of the patient's dental needs and the resulting treatment plan. In addition, by statute the dentist must review the patient's records at a minimum of every 10 months. Treatment planning and record review are two distinct requirements.
- **Is a dental hygienist who is practicing under remote supervision allowed to also practice dental hygiene under general supervision whether as an employee or as a volunteer?**

Yes, § 54.1-2722.F specifically states that “nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general supervision whether as an employee or as a volunteer.”

- **Are the requirements for remote supervision different for a public health dental hygienist employed by the Virginia Department of Health and the Department of Behavioral Health and Developmental Services?**

Yes, remote supervision in a public health setting is defined in § 54.1-2722 E:

E. For the purposes of this subsection, "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.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral Health and Developmental Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental Hygienists' Association. Such protocols shall be adopted by the Board as regulations.

The protocols are available in the "Laws & Regulations" tab on the Virginia Board of Dentistry web page.

#### **Law on remote supervision - Code of Virginia:**

##### ***§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report.***

*E. For the purposes of this subsection, "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.*

*Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral Health and Developmental Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental Hygienists' Association. Such protocols shall be adopted by the Board as regulations.*

*A report of services provided by dental hygienists employed by the Virginia Department of Health pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Health, and a report of services provided by dental hygienists employed by the Department of Behavioral Health and*

*Developmental Services shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Behavioral Health and Developmental Services. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.*

*F. For the purposes of this subsection, "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.*

*Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the remote supervision of a dentist who holds an active license by the Board and who has a dental practice physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless he has (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; mobile dentistry program for adults with developmental disabilities operated by the Department of Behavioral Health and Developmental Services' Office of Integrated Health; or women, infants, and children (WIC) program.*

*A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § 54.1-3408, and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation. No dental hygienist practicing under remote supervision shall administer local anesthetic or nitrous oxide.*

*Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.*

*After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.*

*A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall review a patient's records at least once every 10 months.*

*Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general supervision whether as an employee or as a volunteer.*

DRAFT

## 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, 2019, 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 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 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:
  - ~~\$ 130.25~~ **143.75** Base cost to open, review and close a compliance case
  - ~~\$ 73.25~~ **80.00** For each continuing education course ordered
  - ~~\$ 49.00~~ **21.25** For each monetary penalty and cost assessment payment
  - ~~\$ 49.00~~ **21.25** For each practice inspection ordered
  - ~~\$ 38.00~~ **42.50** For each records audit ordered
  - ~~\$ 114.00~~ **127.50** For passing a clinical examination
  - ~~\$ 108.50~~ **117.50** For each practice restriction ordered
  - ~~\$ 89.50~~ **96.25** 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 14, 2018

**Sandra Reen**

---

**From:** Charles Giles <[charles.giles@dhp.virginia.gov](mailto:charles.giles@dhp.virginia.gov)>  
**Sent:** Wednesday, August 21, 2019 11:07 AM  
**To:** Sandra Reen <[sandra.reen@dhp.virginia.gov](mailto:sandra.reen@dhp.virginia.gov)>  
**Subject:** FY20 Billable Hourly Rates

Sandy,

Listed below are the FY20 hourly rates for billing purposes.

Please pass the information to members of your staff that require it.

<b>DHP</b>	
<b>Billable Hourly Rates</b>	
<b>FY20</b>	
Investigative Hour	\$ 125
Senior Investigators	188
Pharmacy Inspectors	181
Board of Dentistry's Executive Director	150
Board of Dentistry's Administrative Assistant	85

# Virginia Board of Dentistry Calculation of Costs for Recovery

<u>Compliance with Sanctions</u>	<u>Compliance Case Manager</u>		<u>Executive Director</u>		<u>Combined Costs</u>	<u>FY20 Proposed Charge</u>
	\$ per hr	Charge per 1.25 hrs	\$ per hr	Charge per .25 hr		
Base cost to open, review, and close compliance case	\$ 85.00	\$ 106.25	\$ 150.00	\$ 37.50	\$ 143.75	\$ 143.75
	\$ per hr	charge per .5 hr	\$ per hr	charge per .25 hr		
For each continuing education course order	\$ 85.00	\$ 42.50	\$ 150.00	\$ 37.50	\$ 80.00	\$ 80.00
	\$ per hr	Charge per .25 hr				
For each monetary penalty and cost assessment payment	\$ 85.00	\$ 21.25			\$ 21.25	\$ 21.25
	\$ per hr	Charge per .25 hr				
For each practice inspection ordered	\$ 85.00	\$ 21.25			\$ 21.25	\$ 21.25
	\$ per hr	Charge per .5 hr				
For each records audit ordered	\$ 85.00	\$ 42.50			\$ 42.50	\$ 42.50
	\$ per hr	Charge per 1.5 hrs				
For passing a clinical examination	\$ 85.00	\$ 127.50			\$ 127.50	\$ 127.50
	\$ per hr	charge per .5 hr	\$ per hr	charge per .5 hr		
For each practice restriction ordered	\$ 85.00	\$ 42.50	\$ 150.00	\$ 75.00	\$ 117.50	\$ 117.50
	\$ per hr	Charge per .25 hr	\$ per hr	charge per .5 hr		
For each report required	\$ 85.00	\$ 21.25	\$ 150.00	\$ 75.00	\$ 96.25	\$ 96.25

\*Based on FY19 Expenditures



## Virginia Board of Dentistry

### Teledentistry

#### **Section One: Preamble.**

The Virginia Board of Dentistry ("Board") recognizes that using teledentistry services in the delivery of dental services offers potential benefits in the provision of dental care. The appropriate application of these services can enhance dental care by facilitating communication between practitioners, other health care providers, and their patients, prescribing medication, medication management, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying dental advice. The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of teledental services. Therefore, practitioners must apply existing laws and regulations to the provision of teledentistry services. The Board issues this guidance document to assist practitioners with the application of current laws to teledentistry service practices.

These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method used to enable practitioner-to-patient communications. For clarity, a practitioner using teledentistry services in the provision of dental services to a patient (whether existing or new) must take appropriate steps to establish the practitioner-patient relationship as defined in Virginia Code § 54.1-3303 and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of teledentistry services as a component of, or in lieu of, in-person provision of dental care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The Board has developed these guidelines to educate licensees as to the appropriate use of teledentistry services in the practice of dentistry. The Board is committed to ensuring patient access to the convenience and benefits afforded by teledentistry services, while promoting the responsible provision of health care services.

It is the expectation of the Board that practitioners who provide dental care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of patients first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the applicable profession;
- Adhere to applicable laws and regulations;
- In the case of dentists, properly supervise non-dentist clinicians when required to do so by statute; and
- Protect patient confidentiality.

**Section Two: Definitions.**

For the purpose of these guidelines, the Board defines “teledentistry services” consistent with the definition of “telemedicine services” in § 38.2-3418.16 of the Code of Virginia. “Teledentistry services,” as it pertains to the delivery of dental services, means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient’s diagnosis or treatment. “Teledentistry services” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

**Section Three: Establishing the Practitioner-Patient Relationship.**

The practitioner-patient relationship is fundamental to the provision of acceptable dental care. It is the expectation of the Board that practitioners recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a practitioner-patient relationship.

Where an existing practitioner-patient relationship is not present,<sup>1</sup> a practitioner must take appropriate steps to establish a practitioner-patient relationship consistent with the guidelines identified in this document, with Virginia law, and with any other applicable law.<sup>2</sup> While each circumstance is unique, such practitioner-patient relationships may be established using telemedicine services provided the standard of care is met.

Specifically, Virginia Code § 54.1-3303(A) provides the requirements to establish a practitioner-patient relationship. *See* Va. Code § 54.1-3303(A).

A practitioner is discouraged from rendering dental advice and/or care using teledentistry services without (1) fully verifying and authenticating the location and, to the extent possible, confirming the identity of the requesting patient; (2) disclosing and validating the practitioner’s identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of teledental services. An appropriate practitioner-patient relationship has not been established when the identity of the practitioner may be unknown to the patient.

**Section Four: Guidelines for the Appropriate Use of Teledentistry Services.**

The Board has adopted the following guidelines for practitioners utilizing teledentistry services in the delivery of patient care, regardless of an existing practitioner-patient relationship prior to an encounter.

**Licensure:**

The practice of dentistry occurs where the patient is located at the time teledentistry services are used, and insurers may issue reimbursements based on where the practitioner is located. Therefore, a practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the patient is located and the state where the practitioner is located. Practitioners who treat

---

<sup>1</sup> This guidance document is not intended to address existing patient-practitioner relationships established through in-person visits.

<sup>2</sup> The practitioner must adhere not only to Virginia law defining a practitioner-patient relationship, but the law in any state where a patient is receiving services that defines the practitioner-patient relationship.

or prescribe through online service sites must possess appropriate licensure in all jurisdictions where patients receive care. To ensure appropriate insurance coverage, practitioners must make certain that they are compliant with federal and state laws and policies regarding reimbursements.

#### Evaluation and Treatment of the Patient:

A documented dental evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contraindications to the treatment recommended/provided must be obtained prior to providing treatment, which treatment includes the issuance of prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.

#### Informed Consent:

Evidence documenting appropriate patient informed consent for the use of teledentistry services must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the patient, the practitioner, and the practitioner's credentials;
- Types of activities permitted using teledentistry services (e.g. prescription refills, appointment scheduling, patient education, etc.);
- Agreement by the patient that it is the role of the practitioner to determine whether or not the condition being diagnosed and/or treated is appropriate for a teledentistry encounter;
- Details on security measures taken with the use of teledentistry services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a third party.

#### Dental Records:

The dental record should include, if applicable, copies of all patient-related electronic communications, including patient-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of teledentistry services. Informed consents obtained in connection with an encounter involving teledentistry services should also be filed in the dental record. The patient record established during the use of teledentistry services must be accessible to both the practitioner and the patient, and consistent with all established laws and regulations governing patient healthcare records.

#### Privacy and Security of Patient Records and Exchange of Information:

Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using teledentistry services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee)

who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

#### Prescribing:

Prescribing medications, in-person or via teledentistry services, is at the professional discretion of the prescribing practitioner. The indication, appropriateness, and safety considerations for each prescription provided via teledentistry services must be evaluated by the practitioner in accordance with applicable law and current standards of practice and consequently carries the same professional accountability as prescriptions delivered during an in-person encounter. Where such measures are upheld, and the appropriate clinical consideration is carried out and documented, the practitioner may exercise their judgment and prescribe medications as part of teledentistry encounters in accordance with applicable state and federal law.

Prescriptions must comply with the requirements set out in Virginia Code §§ 54.1-3408.01 and 54.1-3303(A). Additionally, practitioners issuing prescriptions as part of teledentistry services should include direct contact for the prescriber or the prescriber's agent on the prescription. This direct contact information ensures ease of access by pharmacists to clarify prescription orders, and further facilitates the prescriber-patient-pharmacist relationship.

#### **Section Five: Guidance Document Limitations.**

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of teledentistry services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

## CLINICAL COMPETENCY EXAMINATION REQUIREMENTS

### Code of Virginia

#### § 54.1-2709. License application; qualifications; examinations.

A. No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character; (ii) is a graduate of an accredited dental school or college, or dental department of a university or college; (iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; **(iv) has successfully completed a clinical examination acceptable to the Board**; and (v) has met other qualifications as determined in regulations promulgated by the Board.

C. 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; (ii) holds a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) has been in continuous clinical practice for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the Board to satisfy this requirement.

D. The Board shall provide for an inactive license for those dentists who hold a current, unrestricted dental license in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. The Board shall promulgate regulations requiring continuing education for any dental license renewal or reinstatement. The Board may grant extensions or exemptions from these continuing education requirements.

### Regulations Governing the Practice of Dentistry

#### 18VAC60-21-210. Qualifications for an unrestricted license.

A. Dental licensure by examination.

1. All applicants for licensure by examination shall have:

a. Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and

b. **Passed a dental clinical competency examination that is accepted by the board.**

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

3. 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.

B. Dental licensure by credentials. All applicants for licensure by credentials shall:

1. Have passed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations;

**2. Have successfully completed a clinical competency examination acceptable to the board;**

3. Hold a current, unrestricted license to practice dentistry in another jurisdiction of the United States and be certified to be in good standing by each jurisdiction in which a license is currently held or has been held; and
4. Have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

**18VAC60-21-230. Qualifications for a restricted license.**

A. Temporary permit for public health settings. A temporary permit shall be issued only for the purpose of allowing dental practice in a dental clinic operated by a state agency or a Virginia charitable organization as limited by § 54.1-2715 of the Code.

1. **Passage of a clinical competency examination is not required, but the applicant cannot have failed a clinical competency examination accepted by the board.**

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

**Code of Virginia § 54.1-2722. License; application; qualifications; practice of dental hygiene.**

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on Dental Examinations, and (iv) **has successfully completed a clinical examination acceptable to the Board.**

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

**Regulations Governing the Practice of Dental Hygiene**

**18VAC60-25-140. Licensure by examination.**

A. An applicant for licensure by examination shall have:

1. Graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;
2. Successfully completed the National Board Dental Hygiene Examination given by the Joint Commission on National Dental Examinations; and

**3. Successfully completed a board-approved clinical competency examination in dental hygiene.**

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

C. Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by the board may be required to retake a board-approved examination or take board-approved continuing education that meets the requirements of 18VAC60-25-190, unless they

demonstrate that they have maintained clinical, unrestricted, and active practice in a jurisdiction of the United States for 48 of the past 60 months immediately prior to submission of an application for licensure.

**18VAC60-25-150. Licensure by credentials.**

An applicant for dental hygiene licensure by credentials shall:

1. Have graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;
  2. Be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure;
  3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;
- 4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination;**
5. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code; and
  6. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to the board.

Today's report reviews the 2019 Calendar year case activity.

### 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
<b>TOTALS</b>	<b>426</b>	<b>400</b>	<b>29</b>	<b>429</b>

### **Closed Case with Violations consisted of the following:**

#### **Patient Care Related:**

- **10 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.
- **4 Cases of 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, expired license, as well as aiding and abetting the practice of unlicensed activity.
- **4 Standard of Care-Malpractice Reports:** a judgement or settlement as well as other malpractice related issues.
- **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 Inability to Safely Practice:** Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions.
- **1 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.



Disciplinary Board Report

- **1 Fraud-Patient Care:** Performing unwarranted/unjust services or the falsification/alteration of patient records.
- **1 Standard of Care- Surgery:** Improper/unnecessary performance of surgery, improper patient management, and other surgery-related issues.

**Non-Patient Care Related:**

- **2 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.
- **1 HPMP:** Dismissal, vacated stay and non-compliance.
- **1 Compliance:** Violation of a board order term or probation violation.
- **1 Record Release:** Failure or delay in the release of patient records. Charging excessive fees for records requests.

**CCA's**

There were **7** CCA's issued so far in 2019. The CCA's issued consisted of the following violations (some CCA's had several violations and some just had one violation):

- **All 7 had Business Practice Issues**
- **2 had Standard of Care: Diagnosis/Treatment**
- **1 had Unlicensed Activity:**
- **1 had Fraud-Non-Patient Care:** Improper patient billing

**Summary Suspensions/Suspensions/Revocations**

There were **4** Summary Suspension, Suspensions, or Revocations issued so far in 2019. The Summary Suspensions, Suspensions, and Revocations consisted of the following violations:

- **1 Mandatory Suspension for Criminal Activity:** 4 Felonies
- **1 Stayed Suspension for Inability to Safely Practice and Drug Related- Patient Care**
- **1 Revocation for Drug Related-Patient Care**
- **1 Indefinite Suspension for Inability to Safely Practice**