

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>
9:00 AM	Call to Order – Dr. Augustus A. Petticolas, Jr., President	
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	• Ms. Pamela Kitner, Virginia Dental Hygienists’ Association	1
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COMMONWEALTH OF VIRGINIA

Board of Dentistry

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

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

Petition for Rule-making

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

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix,) Kitner, Pamuela A. on behalf of the Virginia Dental Hygienists' Association		
Street Address 5385 Woodstock Tower Road	540-933-6529	
City Fort Valley	State VA	22652
Email Address (optional) ftvlykit@shentel.net	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.

18VAC60-30-120. Educational requirements for dental assistants II.

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

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

On behalf of the Virginia Dental Hygienists' Association, I am requesting the Board to consider lifting the CDA requirement for the licensed dental hygienist to enable entry into the DA II training program.

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

Numerous states such as Ohio, Pennsylvania, New Mexico, Maine, Missouri and Arizona to name a few require *either* an RDH license or a CDA certificate. Recognizing the licensed, registered dental hygienist (RDH) credential as qualified in meeting the prerequisite entry requirement would help bridge the gap with access to care and remove a cumbersome burden for dental hygienists who have completed extensive coursework in the subject areas listed in 18VAC60-30-120 B. 1. To name a few didactic courses completed by the RDH would include histology, periodontology, dental materials, head, neck and oral anatomy, radiology, infection control, disease prevention and microscopic anatomy.

Recognition of accredited dental hygiene education confirms successful completion of extensive didactic coursework in the basic sciences, dental sciences and behavioral sciences as well as those listed in the Board's proposed regulation 18VAC60-30-116 B. 1. Successful completion of the rigors of the written national board in dental hygiene examination and dental hygiene clinical licensure exam also confirms attainment of critical competencies.

Additional didactic coursework requirements for the licensed dental hygienist to be trained as a DA II would be those listed in 18VAC60-30-116 B. 2.

Enabling the licensed dental hygienist entry into the educational program for preparing for registration to serve as a DA II removes the cumbersome burden of becoming certified as a CDA in order to complete the didactic coursework in operative dentistry requirements stated in *Didactic coursework B. 2, laboratory training B. 3. and clinical experience B. 4. and B. 5.*

Lifting of the CDA requirement for the licensed dental hygienist will broaden the licensed RDH's practitioner capacity of proficiently supporting Dentistry in its mission to enhance access to care and extend restorative care for all in need. Enabling the licensed dental hygienist to enter and complete training as a DA II serve as a member of the restorative team

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.

The Code listed above is sufficient legal authority for the board to take the action requested.

Signature: *Pamuela A Kitner, RDH*

Date: March 20, 2020

August 18, 2020

Dr. Augustus Petticolas
President
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dr. Petticolas and Members of the Virginia Board of Dentistry,

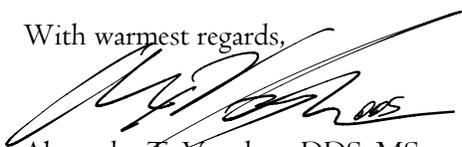
It is with great pride and honor that we write to you today regarding the recent decision by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) to recognize the field of orofacial pain as the 12th specialty of dentistry. While our specialty is already recognized by the American Board of Dental Specialties, we are excited that it has now received additional recognition by the American Dental Association through the NCRDSCB and we would like to take the opportunity to introduce ourselves and our specialty to you.

As specialists we provide comprehensive orofacial pain services, including assessment and treatment of temporomandibular disorders, oromotor and jaw behavior disorders, neuropathic and neurovascular pain disorders, related orofacial sleep disorders, and other chronic orofacial, head, and neck pain.

There are currently 4 orofacial pain specialists board certified by the American Board of Orofacial pain that are licensed to practice in Virginia. Dr. Vaughan is located on Broad Street (very near the Board) and Dr. McMahon is at VCU School of Dentistry. The other two practice with the Navy in Hampton Roads.

It is because of this recognition that we are extremely excited about improvements in our ability to provide the best and most conservative care for patients afflicted with orofacial pain, support our fellow dentists, and the Board of Dentistry in facilitating these efforts. Please feel free to reach out at any time if we can be of service to the Board, especially as it relates to standards of care, treatment modalities, access to care needs, or any other support the Board may desire.

With warmest regards,



Alexander T. Vaughan, DDS, MS
Dental Director, Orofacial Pain
Virginia Total Sleep



Shawn P. McMahon, DDS, MS
Associate Professor, Orofacial Pain
Department of Oral Diagnostic Sciences
VCU School of Dentistry

*Diplomate, American Board of Orofacial Pain
Fellow, American Academy of Orofacial Pain*

*Diplomate, American Board of Orofacial Pain
Fellow, American Academy of Orofacial Pain*



Dear Board of Dentistry Directors:

My name is John Will. I am a Dentist Anesthesiologist practicing primarily in Charlottesville, VA and I am writing you because I am concerned about the proposed development of regulatory procedures that intend to set an age restriction on pediatric patients in the dental setting.

Adverse and serious complications due to deep sedation or general anesthesia are a tragic, but rare, outcome in the field of dental anesthesiology. Unfortunately, when these awful outcomes do occur, the entire field of dental anesthesiology routinely gets called into question.

I have been practicing in the field of dental anesthesiology in the Commonwealth of Virginia since 2010. During my practice I have treated over 6,600 patients with deep sedation or general anesthesia all without any serious adverse outcomes. The vast majority of these patients are under the age of 6 years old. Most of these patients are from socially and economically disadvantaged backgrounds. Many of my patients have medical conditions including, but not limited to, intellectual and developmental delays, behavioral issues, Autism, seizure disorders. These medical conditions preclude seeking dental treatment in a conventional setting without sedation or general anesthesia and therefore make it very hard for patients to obtain the dental treatment that they need.

My primary practice is located in Charlottesville, VA, however I do travel occasionally to remote locations throughout the Commonwealth to help improve access to care. I have patients that travel to my dental practice from locations as remote as Bristol, Danville, Fredericksburg, and Harrisonburg because they are unable to meet their dental needs in their local communities.

Dental anesthesiology is a field that exists primarily to improve access to care for patients that are unable to obtain dental treatment through conventional means. The ADA finally recognized the field as a dental specialty in 2019. Our training and our skills make us competent and capable of providing high quality anesthesia with very few serious adverse complications. Dentist anesthesiologists are able to treat patients with significantly shorter waiting periods and in a cheaper, more economic fashion than hospitals. If the board wants to seriously address potential serious outcomes due to deep sedation and general anesthesia it needs to consult with one of the many dentist anesthesiologists in the Commonwealth of Virginia. We perform the vast majority of our procedures safely and with the utmost caution and competence. I urge you to consult with us when considering future regulations that concern our patient population and our practice. I will gladly make myself available to consult with the board as I'm sure all of my other colleagues would do as well.

If the board elects to impose age restrictions for anesthesia in the dental office it will severely impact the ability of people of disadvantaged socioeconomic status to obtain dental treatment for their children and will adversely impact the Commonwealth's financial responsibility in helping to provide care for these children.

My contact info is 931-212-3197 or drwill@cvillechildren.dental. Please don't hesitate to reach out.

John T. Will, DDS

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

MEMBERS PRESENT: Sandra J. Catchings, D.D.S., Vice President
Nathaniel C. Bryant, D.D.S., Secretary
Patricia B. Bonwell, R.D.H., PhD
Jamiah Dawson, D.D.S.
Tammy C. Ridout, R.D.H.
James D. Watkins, D.D.S.

MEMBERS ABSENT: Perry E. Jones, D.D.S.
Mike Nguyen, D.D.S.

STAFF PRESENT: Sandra K. Reen, Executive Director
Barbara Allison-Bryan, MD, DHP Chief Deputy Director
Elaine J. Yeatts, Senior Policy Analyst
Jamie C. Sacksteder, Deputy Executive Director
Kathryn E. Brooks, Executive Assistant

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

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

Ms. Reen read the emergency evacuation procedures.

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

Tracey Martin, RDH (Virginia Dental Hygienists Association) spoke in favor of adding this sentence to the definition of "Dentistry" brought forward by staff that reads: "*Dentistry includes blood glucose or HbA1c screening, which may be done prior to comprehensive, complex, or long term treatment.*" She added that the VDHA will also be commenting on the DA II regulatory action and the requirements for dental hygienists to qualify for DAII certification.

Dipa J. Patel, DDS (Virginia Society of Oral Maxillofacial Surgeons) sent a written comment against removing the requirement for a laryngoscope for the administration of deep sedation and general anesthesia. He indicated that it is critical to managing the airway.

**APPROVAL OF
MINUTES:**

Dr. Petticolas asked if there were any corrections to the draft minutes of the Board's December Business Meeting. Hearing none, Ms. Ridout moved to approve the minutes as presented; the motion was seconded and passed.

**LIAISON AND
COMMITTEE
REPORTS:**

Dr. Watkins directed attention to his written reports on the activities of the **Southern Regional Testing Agency** and the **Board of Health Professions**. He said the minutes of the recent **Exam Committee** meeting are provided in the agenda package for reference during the Board's discussion of clinical competency examination requirements.

Dr. Bryant and Dr. Petticolas reported on their participation in the **Southern Conference of Dental Deans and Examiners** sponsored by the University of Alabama at Birmingham. Both said the program was excellent, well organized and informative. Dr. Petticolas noted his appreciation for the opportunity to participate in a simulated OSCE examination with Dr. Bryant and Dr. Sarrett.

Ms. Ridout referenced the **Public Hearing** and the **Regulatory-Legislative Committee** draft minutes provided in the agenda package, highlighting that discussion regarding DAI were deferred to the full Board and that all recommendations from the Sedation RAP be recommended to the full Board.

**LEGISLATION AND
REGULATION:**

Ms. Yeatts referenced her **Status report on Regulatory Actions**, noting that 6 actions are at the Secretary's or Governor's office for review. She added that the pending regulatory actions are not likely to be considered in the current climate. She said a standard regulatory action will be needed to address the teledentistry legislation and to replace the emergency regulations for e-prescribing waivers.

She then referenced her **Report of the 2020 General Assembly** noting the results of the medical marijuana study; the new requirements for expediting issuance of credentials to military spouses and veterans; and legislation that allows pharmacists to initiate treatment in accordance with a protocol.

Ms. Yeatts explained the **Petition for Rulemaking** to change the definition of a "Dental Assistant I" is to add requirements for completion of coursework in Infection Control and in Radiation Health and Safety. She said the comments received on the petition were in favor of the requested

action. She explained that the Regulatory-Legislative Committee reviewed the petition, then requested that staff provide additional information for discussion at this board meeting. Ms. Sacksteder reviewed the chart of dental assistant requirements by state and the list of recent disciplinary cases addressing infection control violations. Following discussion of the need for this action, Ms. Ridout made a motion to initiate rulemaking to require infection control training for DAIs. The motion was seconded. More discussion followed on the need for this action, the supervising dentist being responsible, the availability of OSHA training and the possibility of creating an additional barrier for hiring DAIs. The question was called and the motion passed.

**BOARD DISCUSSION/
ACTION:**

Ms. Sacksteder gave an overview of the Regulatory Advisory Panel's work on improving **Sedation Inspections** and the recommended changes. Dr. Patel's comment on laryngoscopes being necessary when deep sedation or general anesthesia is administered was discussed. Ms. Sacksteder explained that the intent of the RAP was to no longer require a laryngoscope for moderate sedation. Ms. Yeatts advised that the proposals from the RAP would require significant changes to regulation. Counsel advised that the Board does not have the authority to require a practice location to have a facility permit. After lengthy discussion regarding the sedation permitting process, Dr. Catchings moved to advance the idea of a two-step permit process for dentists and give staff permission to develop proposed language for issuing a permit and inspecting a practice for readiness to provide sedation. The motion was seconded and passed. Ms. Reen said she will work with Counsel to develop the two-step permit process and the provisions for unannounced and announced inspections. She added that the RAP's recommendations will be reorganized and presented for discussion in a more structured manner.

The Examination Committee recommended criteria for acceptance of **Clinical Competency Examinations** which included acceptance of a passing score of 75%; not accepting examination results based on compensatory scoring; and adopting definitions for the terms "clinical" and "clinical competency examination" were discussed without opposition and adopted by consensus. Membership in a testing agency was also discussed. Mr. Rutkowski informed the Board that he researched this matter and determined that the Board could be a member of only one testing agency at a time and that current board members can only examine for the testing agency in which the Board holds membership. It was agreed by consensus

to formally withdraw from membership in SRTA and apply to become a member of CITA. Discussion on when to make this change followed. Dr. Bryant moved to postpone the date of withdrawal from SRTA until after its annual meeting in August of this year. The motion was seconded and passed.

Ms. Ridout initiated discussion on revising the **Definition of Dentistry** by adding a sentence addressing blood glucose screening. She presented the two proposed options for discussion. There was support for adding the sentence proposed by staff which reads: “Dentistry” includes blood glucose or HbA1C screening which may be done prior to comprehensive, complex or long term treatment. Dr. Bonwell moved to accept the staff definition; the motion was seconded and passed. The information pamphlet, How to obtain a CLIA Certificate of Waiver, was discussed as important information for licensees planning to do blood glucose screenings.

Dr. Catchings moved to have the Regulatory-Legislative Committee discuss HPV testing prior to issuing THC or marijuana prescriptions. The motion was seconded and passed.

Dr. Catchings moved to have the Regulatory-Legislative Committee develop separate regulations for pediatric sedation to include setting an age limit which requires sedation and treatment to be performed in a hospital setting. The motion was seconded and passed.

**BOARD COUNSEL
REPORT:**

Mr. Rutkowski advised that many answers in regards to the COVID-19 pandemic are not available, and asked that any questions or concerns about this be funneled through the Executive Director of the Board.

**DEPUTY EXECUTIVE
DIRECTOR’S
REPORT:**

Ms. Sacksteder reviewed the **Disciplinary Board Report** on case activity during calendar year 2019, giving an overview of the actions taken and a breakdown of the cases closed with violations. As requested by the Board, an additional report on unlicensed activity violations compared to 2018 and 2017 case activities was provided. Dr. Watkins requested that staff provide the number of current licensees for comparative use in Disciplinary reports moving forward.

**EXECUTIVE
DIRECTOR’S
REPORT:**

Ms. Reen addressed the 5 Board positions that are up for appointment or reappointment this year and noted that the citizen position is still vacant. She explained that 2 of the 5 positions this year will have limited terms in

order to better distribute appointments across 4 years. She explained that if the Secretary of the Commonwealth's Office asks for a recommendation, she would like to propose one of the dental hygienist appointments be for a 2 year term and one of the dentist appointments be for a 1 year term. The Board agreed to this proposal by consensus.

She recommended consideration of using the **Ethics and Boundaries Assessment Services** for reinstatement and disciplinary cases involving ethical violations.

Ms. Reen provided the **Oral Health Workforce Research Center Dental Hygiene Graph** for informational purposes only.

Ms. Reen reviewed the emergency regulation, which permits the Board to issue a one-time, one-year waiver for compliance with the **E-prescribing** requirements that go into effect on July1, 2020. She presented the draft form being used by multiple Boards in DHP in order to collect consistent information. She asked that the Board delegate waiver decisions to her or to a committee. She said that if it is delegated to her she would consult with the Board President before denying a waiver. Ms. Ridout moved to allow the Executive Director to grant waivers and to consult with the Board President before denying a waiver request. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 12:31 PM.

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

Sandra K. Reen, Executive Director

Date

Date

-
- TIME & PLACE:** This emergency telephonic meeting of the Virginia Board of Dentistry was called to order at 2:04 pM, on May 8, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.
- PRESIDING:** Augustus A. Petticolas, Jr., D.D.S., President
- CALL TO ORDER:** Augustus A. Petticolas, Jr., D.D.S., President
Dr. Petticolas called the emergency meeting to order. He explained this is an unusual manner to meet and asked for patience if a snag develops.
- MEMBER PRESENT AT THE PERIMETER CENTER:** Augustus A. Petticolas, Jr., D.D.S
- MEMBERS PRESENT BY TELEPHONE:** Sandra Catchings, D.D.S., Vice President
Nathaniel C. Bryant, D.D.S., Secretary
Patricia B. Bonwell, R.D.H., PhD
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Mike Nguyen, D.D.S.
Tammy C. Ridout, R.D.H.
James D. Watkins, D.D.S.
- STAFF PRESENT AT THE PERIMETER CENTER:** Sandra K. Reen, Executive Director
Jamie C. Sacksteder, Deputy Executive Director
Kathryn E. Brooks, Executive Assistant
- DHP LEADERS PRESENT BY TELEPHONE:** David E. Brown, DC
Barbara Allison-Bryan, MD, DHP Chief Deputy Director
Elaine J. Yeatts, Senior Policy Analyst
- COUNSEL PRESENT BY TELEPHONE :** James E. Rutkowski, Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With all members of the Board participating, a quorum was established.
- PUBLIC COMMENT:** Dr. Petticolas explained the parameters for public comment then opened the public comment period by calling on the three registered commenters.

David C. Sarrett, D.M.D., M.S. (Dean of the VCU School of Dentistry) explained that the school is working to resume minimal patient care by faculty when Executive Order 55 expires in June. He explained that dental and dental hygiene students won't be able to resume their education programs until late Summer or early Fall. He said an exception was made for graduating students to complete their coursework during the pandemic. He went on to explain that, CITA, the agency that administers the clinical examinations at VCU, does have a manikin based clinical examination option for dental students but it does not have a manikin based option for scaling for dental or dental hygiene students. He explained that the experience at VCU is that in past years 100% of dental students passed the scaling portion of the exam so Dr. Sarrett urged approval of the manikin-based examination component for dental students and urged waiving the scaling requirement for dental and dental hygiene candidates.

Richard D. Archer D.D.S., M.S. (Associate Dean of the VCU School of Dentistry) explained that the proposed manikin exam for dental students may be superior to the patient based exam because in the patient based exams the candidates choose patients with small caries while the manikin exam presents the tooth to be treated similar to what would happen in dental office. He spoke in favor of a manikin substitute for the live-patient portion of the dental exam and in favor of waiving the scaling portion of the dental exam. He also added his support for waiving the patient-based portion of the dental hygiene exam.

Mark Christensen, D.D.S., M.B.A. spoke on behalf of the WREB testing agency and its work to offer an alternative to the live patient components of its dental examination in the current environment. He said the simulated exam WREB is offering this year has been field tested with social distancing. He added that the simulated exam is not intended to replace the live-patient portion of the exam, but it is available as a provisional solution for this year.

Dr. Petticolas acknowledged the eight written comments included in the agenda package then closed the public comment period.

**BOARD DISCUSSION/
ACTION:**

Dr. Petticolas read the three questions before the Board on the agenda relating to issues stemming from the COVID-19 pandemic. The first question asks if the Board will modify its dental clinical examination requirements for 2020 dental graduates. The second question is whether the Board will modify its dental hygiene clinical examination requirement for 2020 dental hygiene

graduates. The third question is whether COVID-19 screening by a dentist prior to treating dental patients is within the scope of the practice of dentistry.

Dr. Petticolas called on Dr. Brown, who stated his appreciation of the work the Board did to organize the electronic meeting so quickly.

Dr. Petticolas then called on Dr. Allison-Bryan, who complimented the Board's leadership in addressing these matters.

Dr. Petticolas asked Ms. Yeatts to address the Board. She complimented Board staff for their planning for the meeting. She said that one of the options for action addressed in public comment is not authorized in the Code of Virginia. She stated that the Board is not authorized to issue temporary licenses pending passage of a live-patient exams. She added that statutory provisions, §54.1-2709 and §54.1-2722, prevent waiving the clinical exams in their entirety.

Dr. Petticolas congratulated staff on their work in preparing for the meeting and then addressed the serious nature of the three questions before the Board and the need for a specific answer for each of the questions. He also addressed the process to be followed to facilitate discussion.

Dr. Petticolas asked for a motion to accept for 2020 dental graduates clinical examinations with a simulated manikin exercise in restorative dentistry and to waive the scaling exercise with live patients in examinations taken in 2020 given by a testing agency accepted by the Board. Dr. Catchings so moved and the motion was seconded. Board members were called upon by roll call to speak to the motion. All Board members spoke in favor of accepting the manikin exercise this year. Dr. Bryant suggested amendment of the motion to use the term "candidates" instead of "graduates". Dr. Bonwell, Ms. Ridout and Dr. Watkins spoke in favor of requiring the scaling exercise.

Dr. Petticolas asked Mr. Rutkowski to address use of the term "graduates" or "candidates". Mr. Rutkowski responded that the statute does not specify that an individual must have graduated prior to taking the exam. Ms. Yeatts said deleting the term all together would address anyone taking the exam in 2020. Dr. Catchings moved to adopt the substitute motion as advised by Ms. Yeatts which is to accept for 2020 dental clinical examinations with a simulated manikin exercise in restorative dentistry and to waive the scaling exercise with live patients in examinations taken in 2020 given by a testing agency

accepted by the Board. The motion was seconded. Each board member spoke to the motion. Dr. Petticolas noted that the comments in favor of requiring the scaling exercise did not garner a consensus and asked Ms. Reen to call on each board member and record the votes. The substitute motion passed unanimously and the original motion died.

Dr. Petticolas - Yes
Dr. Catchings - Yes
Dr. Bryant - Yes
Dr. Bonwell - Yes
Dr. Dawson - Yes
Dr. Jones - Yes
Dr. Nguyen - Yes
Ms. Ridout - Yes
Dr. Watkins - Yes

Dr. Petticolas asked for a motion to accept for 2020 the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agencies (CITA) and equivalent clinical examinations given by a testing agency accepted by the Board in 2020 in addition to the written National Board Dental Hygiene Exam (NBDHE). Dr. Catchings so moved and the motion was seconded. Board members were called upon by roll call to speak to the motion. The majority of the members deferred to the two hygienists serving on the Board. When the hygienists disagreed, Dr. Petticolas restated the motion and asked that the members be polled again. Following the discussion, the question was called and the motion failed by roll call vote. Extensive discussion followed on several proposed motions then Dr. Watkins moved for the Board to accept, for 2020 dental hygiene candidates, passage of the written National Board Dental Hygiene Examination and passage of a manikin based scaling exercise given by a testing agency accepted by the Board. The motion was seconded. Following discussion of requiring a scaling exercise on a manikin, the availability of such an exam and not requiring the computer simulated section, Dr. Petticolas called on each member to address the motion again and then called the question. The motion passed by roll call vote.

Dr. Petticolas - No
Dr. Catchings - Yes
Dr. Bryant - Yes
Dr. Bonwell - Yes
Dr. Dawson - Yes
Dr. Jones - No
Dr. Nguyen - Yes
Ms. Ridout - No

Dr. Watkins - Yes

Dr. Petticolas asked if there is a motion to include COVID-19 screening within the scope of the practice of dentistry. Dr. Catchings so moved and the motion was seconded. Board members were called on by roll call to speak to the motion. In response to a questions about the terms “screening” and “testing”, Dr. Allison-Bryan clarified that the definition of “screening” includes testing. Ms. Ridout requested to include dental hygienists in the motion since it would not be a diagnostic test. Board counsel recommended including language to be clear that hygienists are included in the intent of the motion. Dr. Catchings made a substitute motion to include COVID-19 screening within the scope of the practice of dentistry and dental hygiene. The substitute motion was seconded. Following discussion of the substitute motion, a roll call vote was taken. The substitute motion passed and the original motion died.

Dr. Petticolas - Yes

Dr. Catchings - Yes

Dr. Bryant - Yes

Dr. Bonwell - Yes

Dr. Dawson - Yes

Dr. Jones - Yes

Dr. Nguyen - no longer on the call

Ms. Ridout - Yes

Dr. Watkins - Yes

ADJOURNMENT: With all business concluded, Dr. Petticolas adjourned the meeting at 4:35 PM.

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

Sandra K. Reen, Executive Director

Date

Date

- TIME & PLACE:** This emergency virtual meeting of the Virginia Board of Dentistry was called to order at 3:01 PM, on May 29, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.
- PRESIDING:** Augustus A. Petticolas, Jr., D.D.S., President
- CALL TO ORDER:** Augustus A. Petticolas, Jr., D.D.S., President
Dr. Petticolas called this emergency meeting to order. He explained the purpose of this meeting is the reconsideration of the Board of Dentistry's May 8, 2020 decision on the 2020 Dental Hygiene Clinical Examination Requirement.
- MEMBER PRESENT AT THE PERIMETER CENTER:** Augustus A. Petticolas, Jr., D.D.S
- MEMBERS PRESENT BY TELEPHONE:** Sandra Catchings, D.D.S., Vice President
Nathaniel C. Bryant, D.D.S., Secretary
Patricia B. Bonwell, R.D.H., PhD
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Mike Nguyen, D.D.S.
Tammy C. Ridout, R.D.H.
James D. Watkins, D.D.S.
- STAFF PRESENT AT THE PERIMETER CENTER:** Jamie C. Sacksteder, Deputy Executive Director
Kathryn E. Brooks, Executive Assistant
Donna Lee, Discipline Case Manager
- DHP LEADERS PRESENT AT THE PERIMETER CENTER:** Barbara Allison-Bryan, MD, DHP Chief Deputy Director
- DHP LEADERS PRESENT BY TELEPHONE:** David E. Brown, DC, DHP Executive Director
Elaine J. Yeatts, Senior Policy Analyst
- COUNSEL PRESENT AT THE PERIMETER CENTER:** James E. Rutkowski, Assistant Attorney General

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

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

Marina D. McGraw (Program Director, Dental Hygiene at NVCC) addressed the Board to express support for waiving the live patient portion of the clinical exam, noting that the manikin was not a viable option at this time.

Jan O'Brien (Associate Professor, Dental Hygiene at NVCC) addressed the Board to express support for reconsidering the previous decision; advised that students in her program had a combined total of 700 hours treating live patients and that the closest SRTA exam was in Tennessee.

Michelle McGregor (Director, Dental Hygiene Program at VCU) addressed the Board to express support for reconsidering the previous decision and to accept the ADEX Computer Simulated Clinical Exam (CSCE) as a substitute for the live-patient exam.

Richard D. Archer DDS (VCU School of Dentistry) addressed the Board to express support for reconsidering the previous decision, noting that VCU does not administer the SRTA exam. He then asked the Board to consider the CSCE exam as a substitute for the live-patient exam.

Elizabeth J. Di Silvio (Dental Hygiene Faculty, NVCC) addressed the Board to express support for waiving the required clinical boards for 2020.

Martha H. Sullivan (Dean of Health Professions, VWCC) addressed the Board to express her support and agreement with the previous commenters, noting that she trusts the competency of her students.

Meghan Webber (Student President, ADHA at ODU) addressed the Board to express support for waiving the clinical exam, citing that there is no reason to postpone licensure.

Tracey C. Martin, RDH, BSDH (VDHA President) addressed the Board to express support for reconsidering the previous decision and urged the acceptance of the Computer Simulated Clinical Examination (CSCE).

Beth Shaw (NVCC 2020 Graduate) addressed the Board to express support for reversing the Board decision, adding that a live patient exam at this time is impractical.

Courtney Brice (NVCC 2020 Graduate) addressed the Board to express support for reversing the Board decision, advising of financial hardships placed on her peers, that other states have waived or canceled this requirement, and that the Board has already waived this requirement for dental students.

Oxana Konopleva (NVCC 2020 Graduate) addressed the Board to express support for waiving the live patient portion of the clinical exam, noting the difficulty in finding live patients for the exam and that manikin exams aren't available until late July at the earliest.

Karina Jimenez (NVCC Class President) addressed the Board to express support for waiving the live patient portion of the clinical exam, highlighting the 700 live clinical hours in the program and the difficulty in securing PPE.

Tammy Swecker M.Ed, BSDH (VCU Dental Hygiene Clinical Coordinator) addressed the Board to express support for reversing the Board decision, noting that the SRTA exam is not accepted in North Carolina, Maryland, D.C., therefore portability is not as feasible.

Pamela Boyer (Student President, LFCC) addressed the Board to express support for waiving the clinical exam as the CODA program attests to competency and should suffice to obtain a license.

Ms. Sacksteder read for the Board four written comments provided by individuals who wanted their sentiments shared but were not available to attend the meeting as follows: Elizabeth C. Reynolds, DDS, President, VDA; David C. Sarrett, D.M.D., M.S. Dean, VCU School of Dentistry; Anna Culpepper, ODU 2020 Graduate; Laura Montemurro, Virginia Western Dental Hygiene Class of 2020.

Dr. Petticolas acknowledged all of the written comments received and then closed the public comment period and called to order the Full Board Meeting.

**BOARD DISCUSSION/
ACTION:**

Dr. Petticolas advised the Board that this meeting has only one agenda item: the reconsideration of the Board's May 8th decision to require a simulated typodont or manikin scaling examination for dental hygiene licensure in 2020. Dr. Petticolas clarified additional information available to the Board since the May 8th meeting:

- ADEX has confirmed that the hygiene exam is in the early stages of development, that the manikin manufacturer has not yet begun production of the new simulator, and that the new hygiene typodonts will not be ready for actual use until mid to late summer 2020 at the earliest.
- The Department of Health Professions has multiple waivers in place to expedite licensure during the current COVID crisis to ensure adequate health care professionals to meet the expanding needs of the public.

Dr. Petticolas opened the floor for discussion on reconsidering the May 8th decision. Ms. Yeatts advised the Board of the original request from schools to accept the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agencies (CITA). Dr. Watkins expressed concerns over the examination, adding that there was not enough information provided on this exam to allow it as a substitute, to which Dr. Catchings reminded the Board that as other states have done away with clinical exams all together, this waiver is for 2020 only, due to the pandemic. Dr. Bonwell added that she is in support of requiring the manikin exam, but can agree to a one-time only waiver because of the current circumstances. Ms. Ridout also supported the idea to waive the live patient clinical exam for this year only, to which Dr. Bryant also agreed, as the manikin is not yet available.

Dr. Petticolas asked for a motion to rescind the motion, which was adopted by the Board on May 8, 2020, which states: the Board accepts, for 2020 dental hygiene candidates, passage of the written National Board Dental Hygiene Examination and passage of a manikin-based scaling exercise given by a testing agency accepted by the Board, this motion was made by Dr. Dawson and seconded by Dr. Nguyen. After a comprehensive discussion, a roll call vote was taken, and the motion to rescind passed with a vote of 8:1.

Dr. Petticolas - Yes
Dr. Catchings - Yes
Dr. Bryant - Yes
Dr. Bonwell - Yes
Dr. Dawson - Yes
Dr. Jones - Yes
Dr. Nguyen - Yes

Ms. Ridout - Yes
Dr. Watkins - No

Dr. Petticolas asked if there was a motion that the Board accept for 2020 passage of the written National Board Dental Hygiene Examination and the Computer Simulated Clinical Examination for dental hygiene as administered by the Council of Interstate Testing Agencies and equivalent clinical examinations given by the testing agencies accepted by the Board. Dr. Dawson made the motion and it was seconded by Dr. Catchings. Each board member spoke to the motion. Following discussion of the motion, a roll call vote was taken. The motion passed by unanimous vote.

Dr. Petticolas - Yes
Dr. Catchings - Yes
Dr. Bryant - Yes
Dr. Bonwell - Yes
Dr. Dawson - Yes
Dr. Jones - Yes
Dr. Nguyen - Yes
Ms. Ridout - Yes
Dr. Watkins - Yes

ADJOURNMENT: With all business concluded, Dr. Petticolas adjourned the meeting at 4:55 PM.

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

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES

SPECIAL SESSION – TELEPHONE CONFERENCE CALL

- CALL TO ORDER:** The meeting of the Board of Dentistry was called to order at 5:17 p.m., on June 11, 2020, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Board Room 1, 9960 Mayland Drive, Henrico, VA 23233.
- PRESIDING:** Augustus A. Petticolas, Jr., D.D.S., President
- MEMBERS PRESENT:** Patricia B. Bonwell, R.D.H., PhD
Nathaniel C. Bryant, D.D.S.
Sandra J. Catchings, D.D.S.
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Tammy C. Ridout, R.D.H.
James D. Watkins, D.D.S.
- MEMBERS ABSENT:** Mike Nguyen, D.D.S.
- QUORUM:** With eight members present, a quorum was established.
- STAFF PRESENT:** Jamie C. Sacksteder, Deputy Executive Director
Donna M. Lee, Discipline Case Manager
Kathryn Brooks, Executive Assistant
- OTHERS PRESENT:** James E. Rutkowski, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Erin Weaver, Adjudication Specialist
- Chester J. Sokolowski,
D.D.S.
Case No.: 198939** The Board received information from Mr. Murphy in order to determine if Dr. Sokolowski's practice of dentistry constitutes a substantial danger to public health and safety. Mr. Murphy reviewed the case and responded to questions.
- Closed Meeting:** Dr. Catchings moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Case No. 198939. Additionally, Dr. Catchings moved that Ms. Sacksteder, Ms. Lee, Ms. Brooks, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.
- Reconvene:** Dr. Catchings moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION:

Dr. Catchings moved that the Board summarily suspend Dr. Sokolowski's license to practice dentistry in the Commonwealth of Virginia, and schedule him for a formal hearing. The motion passed unanimously.

ADJOURNMENT:

With all business concluded, the Board adjourned at 5:49 p.m.

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

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES

SPECIAL SESSION – TELEPHONE CONFERENCE CALL

- CALL TO ORDER:** The meeting of the Board of Dentistry was called to order at 5:20 p.m., on July 16, 2020, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Board Room 1, 9960 Mayland Drive, Henrico, VA 23233.
- PRESIDING:** Augustus A. Petticolas, Jr., D.D.S., President
- MEMBERS PRESENT:** Nathaniel C. Bryant, D.D.S.
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Tammy C. Ridout, R.D.H.
James D. Watkins, D.D.S.
- MEMBERS ABSENT:** Patricia B. Bonwell, R.D.H., PhD
Sandra J. Catchings, D.D.S.
Mike Nguyen, D.D.S.
- QUORUM:** With six members present, a quorum was established.
- STAFF PRESENT:** Sandra K. Reen, Executive Director
Jamie C. Sacksteder, Deputy Executive Director
Donna M. Lee, Discipline Case Manager
- OTHERS PRESENT:** James E. Rutkowski, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Erin Weaver, Adjudication Specialist
- Chester J. Sokolowski,
D.D.S.
Case No.: 198939** The Board received information from Mr. Murphy regarding a Consent Order signed by Dr. Sokolowski as a settlement proposal for the resolution of his case in lieu of proceeding with the scheduled Formal Hearing.
- Closed Meeting:** Dr. Bryant moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Case No. 198939. Additionally, Dr. Bryant moved that Ms. Reen, Ms. Sacksteder, Ms. Lee, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.
- Reconvene:** Dr. Bryant moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION:

Ms. Ridout moved that the Board reject the Consent Order that was signed by Dr. Sokolowski. The motion was seconded and passed unanimously.

Dr. Petticolas stated that since the Consent Order was rejected by the Board, the Formal Hearing for July 24, 2020 would go forward as scheduled.

ADJOURNMENT:

With all business concluded, the Board adjourned at 5:35 p.m.

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

Sandra K. Reen, Executive Director

Date

Date

REPORT OF THE 45th ANNUAL MEETING OF THE SOUTHERN REGIONAL TESTING AGENCY
Report from Dr. James D. Watkins

This meeting was held from July 30 through August 1, 2020 at the Lansdowne Resort and Spa in Leesburg, Virginia.

My attendance began on July 31 at 8am as I chaired the Dental Examination committee meeting. During our meeting we reviewed each page of the SRTA Candidate Manual for the manikin exam. We noted and highlighted any issues necessary for the live patient exam, if those become accepted again by dental boards and given at the schools. With input from educators present from UT and WVU; modifications were made where necessary. (see final report from that committee which is attached).

SRTA hired Hall Strategies out of Nashville, TN as a marketing agency for the organization. Ms. Abby Trotter from this agency made a presentation to the general assembly with a power point presentation of their plan to market the agency to state boards and dental licensure exam candidates; with emphasis on the Non-Patient exams for dentistry and dental hygiene. She showed prepared videos which give high points about the exam and its history.

SRTA is investigating developing its own software to use for its licensure exams.

Dr. George Martin, president of SRTA, announced at this annual session that the state of Oklahoma became a SRTA state as of August 1st.

New officers were elected. They are Dr. Chuck Holt from Tennessee as president-elect; Dr. Robert Hall of Virginia as treasurer and Ms. Jennifer Lamb, RDH of Arkansas as secretary.

Dr. Gerry Walker of Alabama is the incoming president of SRTA for 2020-2022.

No site was named for the 2021 annual meeting.

I have also attached the reports from SRTA's Dental & Dental Hygiene Exam committees, the Finance Committee and Strategic Planning Committee.

Thank you to DHP and our Board for allowing my attendance.

Dental Exam Committee Report

Chair: Dr. James Watkins

Present Member: Dr. Robert Carter, Dr. Adolphus Jackson

Members not present: Dr. Dennis Martin, Dr. Chuck Smith

The Dental Exam Committee met Friday July 31, 2020. There was not a quorum present. The committee will have conference call at a later determined date to vote on topics discussed.

The DEC approved the minutes from May 5, 2020 conference call. The DEC went through the non-patient manual and made necessary criteria changes. All changes are saved on a word document with highlights. They would also like for a criteria sheet of changes for the calibration team at the dental exam sites.

It was discussed that SRTA should have master stents to give to calibration team on the exam site. The stents would be used if the student presents stents that are unacceptable.

The committee discussed having one manual and to specify the differences from non-patient to patient. Dr. George Martin discussed asking Jeff to change the pulp in the manikin tooth and start making another version of the decay in the tooth.

DEC decided not to allow slot preps for the manikin restorative examination. Committee stated that this needs to be outlined in the non-patient manual in the restorative section.

DEC wants to have the candidate operatory number included on the perio selection worksheet.

The committee elected Dr. Mike McBride and Dr. Bob Hall to work on the photos for a non-patient calibration.

DEC voted to eliminate an hour for the restorative sections of the exam. This would allow students six hours to complete the two restorative sections. Perio would stay the same at 1.5 hours of treatment time.

Committee decided for manikin exam that no ITCs are necessary for the final restoration.

DEC also discussed to not have printed manuals. Allow candidates to access the manual by downloading it. They also discussed have one manual. They also suggested continuing to prohibit electronics however allow candidates to have hand written materials.

The committee voted to have Dr. James Watkins remain as chair of the Dental Exam Committee. Dr. Gerry Walker can vote Dr. Watkins as a voting consultant member once Dr. Walker is elected President. Then Dr. Watkins is eligibility to be elected as chair of the dental exam committee.

Respectfully Submitted by,
James Watkins

2020 SRТА Dental Hygiene Examination Committee Annual Report

July 31, 2020

The 2020 Dental Hygiene Examination Committee met with two committee members, three educators and four dental hygiene examiners. We also had the pleasure of having three CFM's with us.

As we did not have a quorum, only recommendations were made, and the full committee will be meet via conference call and vote on changes at a later determined date.

Discussion was had on the concerns of the typodont/manikin exam. The members suggest that someone familiar with the dental and dental hygiene exam go to the Acadental headquarters in Kansas and work with Jeff on the calculus so that is more lifelike, and discuss teeth as the dental hygiene teeth material is soft and can easily be damaged during the examination. It has been suggested that the teeth from the dental exam be used for the hygiene exam with the tissue from dental hygiene typodont. These teeth from the dental typodont seem to be harder material and may not be damaged during treatment as this has been noted from previous examinations.

Due to the variance in calculus, the committee will request that all criteria calculus be heavy and then a few areas of moderate. Changes to the locations of the calculus be made so that the exam is more challenging.

It was suggested that all typodonts have shrouds/cheeks placed prior to shipped from the office. This will save time and make setting up easier and shorter.

Reviewed the list of CFMs, DHAs, and SACs and new names were added to each list. For CFM, Michelle Bedell, SAC-Jacki Pace, Dianne Cardwell, Beth Mobilian, and Kristan Gordon. DHA: Mary Warner and Kristan Gordon.

The IEO exam will continue to be optional with the addition of radiology questions. The educators present offered to help with the questions. The testing provider, PSI, will not be renewing the contract with SRТА, and if the request for the computer portion is made, it will be given the same day at the site of the clinical exam.

Discussion was held on editorial changes to the candidate guide and examiner manual for the 2021 testing year.

Beth Mobilian gave a report from the Educators Meeting that was held July 30. The areas of concern addressed were teeth coming out of the typodont, tooth structure being soft, and them enjoying the DH webinar presented at the ADHA virtual exhibits. While candidates and educators are accepting of the manikin-based exam, educators feel that a patient-based exam is best.

Sherie Barbare was nominated for the Board of Directors dental hygiene representative. This is a two-year term. Marlene Fullilove will remain chair of the DHEC and Sherie Barbare will remain chair of the DHEDC.

Respectfully Submitted

Sherie Williams Barbare, RDH

Finance Committee Report

July 30, 2020

The Finance Committee met on July 30, 2020. Members present were Dr. Bob Hall, chair, Dr. Chuck Holt and Dr. Gerry Walker. There was not a quorum so no voting occurred.

The committee reviewed the financials as of July 24, 2020.

Dental and Hygiene fees for 2021 were discussed and the committee offers 2 recommendations:

1. To have a patient based exam fee and manikin based exam fee (manikin fee to include the cost of the typodonts).
2. Increase SRTA exam fees to:

A. Match the lowest amount of the 2021 fees of the other testing agencies and include 1 free re-takes. Cost of sectionals after free re-take is 1/3 of exam fee.

B. Increase the SRTA exam fees to minimum of fees below, to include 1 free re-take.

Dental Patient \$2100

Dental Manikin \$2500

Hygiene Patient \$900

Hygiene Manikin \$1100

Cost of sectionals after free re-take is 1/3 of exam fee.

This would result in \$45,000 additional income.

Fees will be adjusted according to 2A.

3. The committee is projecting a loss of \$225,000 to \$245,000.
4. The committee is projecting a loss of approximately \$265,000 for 2020-2021.

Strategic Planning Committee Report

Chair: Dr. Gerry Walker
Present Member: Dr. Bruce Cunningham
Guests: Abby Trotter (Hall Strategies)

The strategic planning committee met Thursday July 30, 2020. There was not a quorum therefore, no voting occurred.

Abby Trotter gave a presentation on an overview of projects accomplished thus far. This includes brochures, one pagers, dental manikin presentations, and hygiene presentations. She discussed the branding of SRTA, taglines, and other ideas that will be presented in depth when they are finalized and agreed upon.

The committee brainstormed new marketing ideas for the company. (see attached Possible Marketing Ideas Sheet).

The committee also discussed redesigning the SRTA website. The website would focus on being more mobile friendly and visual appealing. The approx. cost for the web designer would be \$2500.

There were many other thoughts for the future that were discussed at length. There was discussion on how to increase the market share for dental and hygiene. In the coming year, these ideas will be discussed in further depth.

Respectfully submitted by
Gerry Walker

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of August 24, 2020**

Board of Dentistry		
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 - Register Date: 12/23/19 Board to adopt proposed replacement regulations 9/11/20</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 344 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 - Register Date: 9/14/20 Comment period: 9/14/20 to 11/13/20 Public hearing: 10/9/20</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 281 days</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Handling fee/returned check</u> [Action 5451]</p> <p>Fast-Track - Register Date: 8/31/20 Effective: 10/15/20</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Change in renewal schedule</u> [Action 4975]</p> <p>Final - Register Date: 7/20/20 Effective: 8/19/20</p>
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	<p><u>Protocols for remote supervision of VDH and DBHDS dental hygienists</u> [Action 5323]</p> <p>Proposed - Register Date: 9/14/20 Comment period: 9/14/20 to 11/13/20 Public hearing: 10/9/20</p>
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<p><u>Training in infection control</u> [Action 5505]</p> <p>NOIRA - At Secretary's Office for 119 days</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 - Register Date: 1/20/20 Board to adopt final regulations: 9/11/20</p>

Agenda Item: Regulatory Action – Waiver of requirement for electronic prescribing

Staff note:

This action is to replace emergency regulations, which went into effect on 12/2/19, with permanent regulations. A Notice of Intended Regulatory Action was published on 1/22/20; there was one comment on the NOIRA, which was unrelated to this action.

Included in agenda package:

Copy of Notice on Regulatory Townhall

Copy of comment on the NOIRA (unrelated to the regulatory action)

Copy of proposed amendments (Note: there is one difference between the proposed regulation and the emergency regulation. In subsection A, there is an added reference to the exemptions from electronic prescribing in the Code.)

Board action:

To adopt the proposed amendments



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

Action	Waiver for e-prescribing
Stage	Emergency/NOIRA
Comment Period	Ends 1/22/2020

[Back to List of Comments](#)

Commenter: Rod Rogge

1/14/20 10:37 am

Digital final impressions strongly agree

teledentistry is practicing dentistry without a license. There is no patient evaluation, and great harm can occur and has occurred, if dental devices are delivered with no examination and treatment planning of the patient. No Digital exam can ever come close to matching an actual clinical exam by a trained professional

CommentID: 78855

Board of Dentistry – Proposed regulations Replacement of Emergency Text

Action: Waiver for e-prescribing

Emergency Effective: 12/2/19 to 6/1/21

18VAC60-21-107. Waiver for electronic prescribing.

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in subsection C of that section.

B. Upon written request, the board may grant a one-time waiver of the requirement of subsection A of this section, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Agenda Item: Adoption of final regulations: Education & training of DAII

Included in your agenda package are:

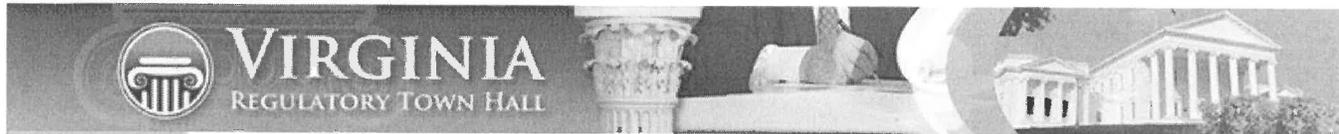
Copy of comments on proposed regulations

Copy of proposed amendments as published

Board action:

Adopt the regulations as proposed or as amended by the Board.

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Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dental Assistants [18 VAC 60 - 30]

Action: Education and training for dental assistants II

Proposed Stage

Action 4916 / Stage 8508

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

Documents

<input type="radio"/> Proposed Text	1/21/2020 10:54 am	Sync Text with RIS
Agency Background Document	12/28/2018	Upload / Replace
Attorney General Certification	3/19/2019	
DPB Economic Impact Analysis	5/3/2019	
Agency Response to EIA	5/6/2019	Upload / Replace
<input type="radio"/> Governor's Review Memo	12/17/2019	
<input type="radio"/> Registrar Transmittal	12/17/2019	

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: 12/28/2018 Review Completed: 3/19/2019 Result: Certified
DPB Review	Submitted on 3/19/2019 Economist: Larry Getzler Policy Analyst: Jeannine Rose Review Completed: 5/3/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 9/10/2019
Governor's Review	Review Completed: 12/17/2019 Result: Approved
Virginia Registrar	Submitted on 12/17/2019 The Virginia Register of Regulations Publication Date: 1/20/2020 Volume: 36 Issue: 11
Public Hearings	02/28/2020 9:00 AM

Comment Period	<u>Ended 3/20/2020</u> <u>1 comments</u>
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Contact Information	
Name / Title:	Sandra Reen / <i>Executive Director</i>
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Email Address:	<u>sandra.reen@dhp.virginia.gov</u>
Telephone:	(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 12/28/2018

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Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dental Assistants [18 VAC 60 - 30]

Action	<u>Education and training for dental assistants II</u>
Stage	<u>Proposed</u>
Comment Period	Ends 3/20/2020

[Back to List of Comments](#)
Commenter: Rachel Stanley

3/19/20 10:43 pm

Open the DAII requirements to hygienists by creating regulations where they don't need a CDA

The Virginia Dental Hygienists' Association is requesting the Board of Dentistry to consider lifting the CDA requirement for dental hygienists to enter the DA II training program. This is a very reasonable request by the VDHA, and I myself sent this question to the board a few years ago, figuring a RDH should most certainly be able to bypass the CDA requirement, given our school prerequisites, hygiene education requirements and ability to pass both regional clinical and national written exams. Given the call to increase access to care in many areas of the state and country, this would remove a roadblock for practicing hygienists who have already completed extensive coursework in dental materials, dental anatomy, radiology, infection and immunity and microscopic anatomy. Creating specific additional requirements for RDHs which would address necessary didactic content within restorative dentistry and its materials would be an excellent place to start building this dental community resource.

Further discussion and consideration by the VA BOD would be greatly appreciated regarding the DAII prerequisites in regards to hygienists. Thank you for your time.

CommentID: 79936

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

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

March 15, 2020

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 and request for the Board to consider lifting the CDA requirement for the licensed dental hygienist to enable entry into the DA II training program. Ohio, Pennsylvania, New Mexico, Maine, Missouri and Arizona already require an RDH license or a CDA certificate.

Recognition of accredited dental hygiene education confirms completion of extensive didactic coursework in the basic sciences, dental sciences and behavioral sciences as well as those listed in the Board's proposed regulation *18VAC60-30-116 (1.)*. Successful completion of the rigors of the written national board examination and clinical licensure exam also connotes attainment of critical competencies.

Enabling RDH entry into the educational program for preparing for registration to serve as a DA II removes the cumbersome burden of becoming certified as a CDA in order to complete the didactic coursework in operative dentistry of requirements #2. *Didactic coursework, laboratory training and clinical experience*. Lifting of the CDA requirement for the licensed dental hygienist will broaden the RDH's practitioner capacity of supporting Dentistry in its mission to enhance access to care for all in need.

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 enabling this amended regulation.

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

Should you have any questions or need for further information, please contact me at mgreenrdh@gmail.com or 757-503-1516.

Respectfully and with gratitude for your public service,

Margaret Lappan Green

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

Cc: Emilie Bonovitch, BSDH, RDH VDHA President

Julie F Simms, RDH, BSDH
4811 Walney Knoll Ct.
Chantilly, VA 20151

December 30, 2019

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

Dear Honorable Board Members,

My name is Julie Simms and have been a licensed dental hygienist in Virginia since 1983. I have worked as a clinical hygienist all these years. Recently, accepted an adjunct staff position at Hagerstown Community College.

I write in support of regulation of Dental Assistant I and II's to have educational requirements to comply with the standards of Infection Control as defined by the Centers for Disease Control and Prevention guidelines for preventing the transmission of infectious disease.).

The following is VDHA Policy regarding our standards.

R 4-05

STANDARD PRECAUTIONS

The Virginia Dental Hygienists' Association advocates the utilization of universal infection and exposure control precautions, and maximum work site safety and training to protect the health and safety of both practitioner and patient.

R 6-80

RADIATION STANDARDS

The Virginia Dental Hygienists' Association supports educational standards and proven minimal competency in radiation, physics, safety, and technique for all dental office personnel responsible for exposing radiographic films in the dental environment.

R 7-80

RADIATION SAETY STANDARDS

The Virginia Dental Hygienists' Association supports the active involvement of the dental profession: dentists, dental hygienists, and dental assistants, in reviewing, revising, maintaining and monitoring quality standards for radiation safety and health of the public.

R 4-97

INFECTIOUS DISEASE TRANSMISSION GUIDELINES

The Virginia Dental Hygienists' Association supports the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious disease.

18VAC60-21-170. Radiation certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

I have been an active member of the Virginia Dental Hygienists' Association since graduating from Old Dominion University in 1983. My interest in a dental hygiene career started as a high school senior in which a dentist hired me to perform dental assistant duties. I was trained in the office. I took radiographs, gave fluoride treatments and performed "prophylaxis" on children not realizing the potential risks and hazards to the patients and me. I worked while going to college to become a hygienist. I became very aware of the need for dental assistants to become trained, certified and licensed. Not only do these regulations protect the community we are serving, but raises the standards of the dental assistants and gives this profession the recognition it deserves. In my experience, dental assistants are given numerous responsibilities regardless of their professional training. I refer to professional training, as a certification from a dental assistant program. I have considerable respect for dental assistants. They play a major role in the dental team. But they should have educational requirements to safely continue their role.

Again, I support regulations of Dental Assistant I and II's to have educational requirements to comply with the standards of Infection Control as defined by the Centers for Disease Control and Prevention guidelines for preventing the transmission of infectious disease.).

Respectfully,

Julie F Simms, RDH, BSDH
VDHA Trustee

Project 5287 - Final**BOARD OF DENTISTRY****Education and training for dental assistants II****18VAC60-30-60. Delegation to dental assistants II.**

The following ~~duties~~ Duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-30-120:

- ~~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.~~

18VAC60-30-116. Requirements for educational programs.

In order to train persons for registration as a dental assistant II, an educational program shall meet the following requirements:

1. The program shall be provided by an educational institution that maintains a program accredited by the Commission on Dental Accreditation of the American Dental Association.
2. The program shall have a program coordinator who is registered in Virginia as a dental assistant II or is licensed in Virginia as a dental hygienist or dentist. The program coordinator shall have administrative responsibility and accountability for operation of the program.
3. The program shall have a clinical practice advisor who is a licensed dentist in Virginia and who may also serve as the program coordinator. The clinical practice advisor shall assist in

the laboratory training component of the program and conduct the program's calibration exercise for dentists who supervise the student's clinical experience.

4. A dental assistant II, registered in Virginia, who assists in teaching the laboratory training component of the program shall have a minimum of two years of clinical experience in performing duties delegable to a dental assistant II.

5. The program shall enter into a participation agreement with any dentist who agrees to supervise clinical experience. The dentist shall successfully complete the program's calibration exercise on evaluating the clinical skills of a student. The dentist supervisor may be the employer of the student.

6. Each program shall enroll practice sites for clinical experience, which may be a dental office, a nonprofit dental clinic, or an educational institution clinic.

7. All treatment of patients shall be under the immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to the successful completion of the clinical competencies and restorative experiences.

18VAC60-30-120. Educational requirements for dental assistants II.

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

B. To be registered as a dental assistant II, a person shall complete ~~the following requirements a~~ competency-based program from an educational institution that ~~maintains a program in dental assisting, dental hygiene or dentistry accredited by CODA~~ meets the requirements of 18VAC60-30-116 and includes all of the following:

1. ~~At least 50 hours of didactic course work~~ Didactic coursework in dental anatomy and ~~operative dentistry that may be completed online~~ that includes basic histology, understanding of the periodontium and temporal mandibular joint, pulp tissue and nerve innervation, occlusion and function, muscles of mastication, and any other item related to the restorative dental process.

2. Didactic coursework in operative dentistry to include materials used in direct and indirect restorative techniques, economy of motion, fulcrum techniques, tooth preparations, etch and bonding techniques and systems, and luting agents.

3. ~~Laboratory training that may to be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:~~

a. ~~At least 40~~ No less than 15 hours of placing, packing, carving, and polishing of amalgam restorations, placement of a non-epinephrine retraction cord, and pulp capping procedures and no less than six class I and six class II restorations completed on a manikin simulator to competency;

b. ~~At least 60~~ No less than 40 hours of placing and shaping composite resin restorations, placement of a non-epinephrine retraction cord, and pulp capping procedures, and no less than 12 class I, 12 class II, five class III, five class IV, and five class V restorations completed on a manikin simulator to competency; and

c. ~~At least 20~~ 10 hours of ~~taking~~ making final impressions ~~and use,~~ placement of a non-epinephrine retraction cord; and, final cementation of crowns and bridges after preparation, and adjustment and fitting by the dentist, and no less than four crown impressions, two placements of retraction cord, five crown cementations, and two bridge cementations on a manikin simulator to competency.

d. ~~At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.~~

3- 4. ~~Clinical experience applying the techniques learned in the preclinical coursework and laboratory training that may be completed in a dental office,~~ in the following modules:

a. ~~At least 80~~ 30 hours of placing, packing, carving, and polishing of amalgam restorations, placement of a non-epinephrine retraction cord, and no less than six class I and six class II restorations completed on a live patient to competency;

b. ~~At least 120~~ 60 hours of placing and shaping composite resin restorations, placement of a non-epinephrine retraction cord, and no less than six class I, six class II, five class III,

three class IV, and five class V restorations completed on a live patient to competency; and

c. ~~At least 40~~ 30 hours of ~~taking~~ making final impressions ~~and use;~~ placement of a non-epinephrine retraction cord; ~~and~~ final cementation of crowns and bridges after preparation, adjustment, and fitting by the dentist; and no less than four crown impressions, two placements of retraction cord, five crown cementations, and two bridge cementations on a live patient to competency.

d. ~~At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.~~

4. 5. Successful completion of the following competency examinations given by the accredited educational programs:

a. ~~A written examination at the conclusion of the 50 hours of didactic coursework;~~ and

b. ~~A practical examination at the conclusion of each module of laboratory training; and~~

c. ~~A comprehensive written examination at the conclusion of all required coursework, training, and experience for each of the corresponding modules~~ clinical competency exam.

C. ~~All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences. An applicant may be registered as a dental assistant II with specified competencies set forth in subdivision a, b, or c of subdivisions B 3 and B 4 of this section.~~

Agenda Item: Board Action on Digital Scan Technician

Included in agenda package:

Copy of HB165 (SB122 was identical) passed by the 2020 General Assembly – it is Chapter 37 of the 2020 Acts of the Assembly.

Staff note:

Legislation does not authorize a new licensure category for “digital scan technicians” but does define them and requires the Board to approve training for them

Board action:

Adoption of a Notice of Intended Regulatory Action to propose regulations that:

- Establish requirements for a “training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues for use in teledentistry”
- Set out the responsibilities of the dentist for the practice of teledentistry and the training and supervision of a digital scan technician
- Other amendments as necessary to implement provisions of Chapter 37 of the 2020 Acts of the Assembly

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 37

An Act to amend and reenact §§ 54.1-2700, 54.1-2711, and 54.1-2719 of the Code of Virginia and to amend the Code of Virginia by adding in Article 2 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.5, relating to teledentistry.

[H 165]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2700, 54.1-2711, and 54.1-2719 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 2 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.5 as follows:

§ 54.1-2700. Definitions.

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

"Appliance" means a permanent or removable device used in a plan of dental care, including crowns, fillings, bridges, braces, dentures, orthodontic aligners, and sleep apnea devices.

"Board" means the Board of Dentistry.

"Dental hygiene" means duties related to patient assessment and the rendering of educational, preventive, and therapeutic dental services specified in regulations of the Board and not otherwise restricted to the practice of dentistry.

"Dental hygienist" means a person who is licensed by the Board to practice dental hygiene.

"Dentist" means a person who has been awarded a degree in and is licensed by the Board to practice dentistry.

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

"Digital scan" means digital technology that creates a computer-generated replica of the hard and soft tissues of the oral cavity using enhanced digital photography.

"Digital scan technician" means a person who has completed a training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues for use in teledentistry.

"Digital work order" means the digital equivalent of a written dental laboratory work order used in the construction or repair of an appliance.

"License" means the document issued to an applicant upon completion of requirements for admission to practice dentistry or dental hygiene in the Commonwealth or upon registration for renewal of license to continue the practice of dentistry or dental hygiene in the Commonwealth.

"License to practice dentistry" means any license to practice dentistry issued by the Board.

"Maxillofacial" means pertaining to the jaws and face, particularly with reference to specialized surgery of this region.

"Oral and maxillofacial surgeon" means a person who has successfully completed an oral and maxillofacial residency program, approved by the Commission on Dental Accreditation of the American Dental Association, and who holds a valid license from the Board.

"Store-and-forward technologies" means the technologies that allow for the electronic transmission of dental and health information, including images, photographs, documents, and health histories, through a secure communication system.

"Teledentistry" means the delivery of dentistry between a patient and a dentist who holds a license to practice dentistry issued by the Board through the use of telehealth systems and electronic technologies or media, including interactive, two-way audio or video.

§ 54.1-2708.5. Digital scans for use in the practice of dentistry; practice of digital scan technicians.

A. No person other than a dentist, dental hygienist, dental assistant I, dental assistant II, digital scan technician, or other person under the direction of a dentist shall obtain dental scans for use in the practice of dentistry.

B. A digital scan technician who obtains dental scans for use in the practice of teledentistry shall work under the direction of a dentist who is (i) licensed by the Board to practice dentistry in the Commonwealth, (ii) accessible and available for communication and consultation with the digital scan technician at all times during the patient interaction, and (iii) responsible for ensuring that the digital scan technician has a program of training approved by the Board for such purpose. All protocols and procedures for the performance of digital scans by digital scan technicians and evidence that a digital scan technician has complied with the training requirements of the Board shall be made available to the Board upon request.

§ 54.1-2711. Practice of dentistry.

A. Any person shall be deemed to be practicing dentistry who (i) uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the practice of dentistry; (ii) holds himself out, advertises, or permits to be advertised that he can or will perform dental operations of any kind; (iii) diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the oral cavity, its contents, or contiguous structures; or (iv) extracts teeth, corrects malpositions of the teeth or jaws, takes or causes to be taken digital scans or impressions for the fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as substitutes for natural teeth, or places in the mouth and adjusts such substitutes. Taking impressions for mouth guards that may be self-fabricated or obtained over-the-counter does not constitute the practice of dentistry.

B. No person shall practice dentistry unless a bona fide dentist-patient relationship is established in person or through teledentistry. A bona fide dentist-patient relationship shall exist if the dentist has (i) obtained or caused to be obtained a health and dental history of the patient; (ii) performed or caused to be performed an appropriate examination of the patient, either physically, through use of instrumentation and diagnostic equipment through which digital scans, photographs, images, and dental records are able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services or store-and-forward technologies; (iii) provided information to the patient about the services to be performed; and (iv) initiated additional diagnostic tests or referrals as needed. In cases in which a dentist is providing teledentistry, the examination required by clause (ii) shall not be required if the patient has been examined in person by a dentist licensed by the Board within the six months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the dentist providing teledentistry.

C. No person shall deliver dental services through teledentistry unless he holds a license to practice dentistry in the Commonwealth issued by the Board and has established written or electronic protocols for the practice of teledentistry that include (i) methods to ensure that patients are fully informed about services provided through the use of teledentistry, including obtaining informed consent; (ii) safeguards to ensure compliance with all state and federal laws and regulations related to the privacy of health information; (iii) documentation of all dental services provided to a patient through teledentistry, including the full name, address, telephone number, and Virginia license number of the dentist providing such dental services; (iv) procedures for providing in-person services or for the referral of patients requiring dental services that cannot be provided by teledentistry to another dentist licensed to practice dentistry in the Commonwealth who actually practices dentistry in an area of the Commonwealth the patient can readily access; (v) provisions for the use of appropriate encryption when transmitting patient health information via teledentistry; and (vi) any other provisions required by the Board. A dentist who delivers dental services using teledentistry shall, upon request of the patient, provide health records to the patient or a dentist of record in a timely manner in accordance with § 32.1-127.1:03 and any other applicable federal or state laws or regulations. All patients receiving dental services through teledentistry shall have the right to speak or communicate with the dentist providing such services upon request.

D. Dental services delivered through use of teledentistry shall (i) be consistent with the standard of care as set forth in § 8.01-581.20, including when the standard of care requires the use of diagnostic testing or performance of a physical examination, and (ii) comply with the requirements of this chapter and the regulations of the Board.

E. In cases in which teledentistry is provided to a patient who has a dentist of record but has not had a dental wellness examination in the six months prior to the initiation of teledentistry, the dentist providing teledentistry shall recommend that the patient schedule a dental wellness examination. If a patient to whom teledentistry is provided does not have a dentist of record, the dentist shall provide or cause to be provided to the patient options for referrals for obtaining a dental wellness examination.

F. No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist.

§ 54.1-2719. Persons engaged in construction and repair of appliances.

A. Licensed dentists may employ or engage the services of any person, firm, or corporation to construct or repair an appliance, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth in accordance with a written or digital work order. Any appliance constructed or repaired by a person, firm, or corporation pursuant to this section shall be evaluated and reviewed by the licensed dentist who submitted the written or digital work order, or a licensed dentist in the same dental practice. A person, firm, or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm, or corporation shall perform any direct dental service for a patient, but they may assist a dentist in the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written or digital work order.

B. Any licensed dentist who employs the services of any person, firm, or corporation not working in a dental office under his the dentist's direct supervision to construct or repair, an appliance extraorally, prosthetic dentures, bridges, replacements, or orthodontic appliances for a part of a tooth, a tooth, or teeth, shall furnish such person, firm, or corporation with a written or digital work order on forms

prescribed by the Board, which shall, at minimum, contain: (i) the name and address of the person, firm, or corporation; (ii) the patient's name or initials or an identification number; (iii) the date the work order was written; (iv) a description of the work to be done, including diagrams, if necessary; (v) specification of the type and quality of materials to be used; and (vi) the signature and address of the dentist.

The person, firm, or corporation shall retain the original *written work order or an electronic copy of a digital work order*, and the dentist shall retain a duplicate *of the written work order or an electronic copy of a digital work order*, for three years.

C. If the person, firm, or corporation ~~receiving~~ *receives* a written *or digital* work order from a licensed dentist ~~engages a subcontractor to perform services relative to the work order~~, a written *disclosure and* subwork order shall be furnished *to the dentist* on forms prescribed by the Board, which shall, at minimum, contain: (i) the name and address of the *person, firm, or corporation and* subcontractor; (ii) a number identifying the subwork order with the original work order; (iii) the date ~~the~~ *any* subwork order was written; (iv) a description of the work to be done *and the work to be done* by the subcontractor, including diagrams *or digital files*, if necessary; (v) a specification of the type and quality of materials to be used; and (vi) the signature of the person issuing the *disclosure and* subwork order.

The subcontractor shall retain the subwork order, and the issuer shall retain a duplicate *of the subwork order, which shall be* attached to the work order received from the licensed dentist, for three years.

D. No person, firm, or corporation engaged in the construction or repair of appliances shall refuse to allow the Board or its agents to inspect the files of work orders or subwork orders during ordinary business hours.

The provisions of this section shall not apply to a work order for the construction, reproduction, or repair, ~~extraorally~~, of prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, done by a person, firm or corporation pursuant to a written work order received from a licensed dentist who is residing and practicing in another state.

UNAPPROVED - DRAFT

BOARD OF DENTISTRY
MINUTES of the NOMINATING COMMITTEE MEETING

Thursday, August 27, 2020
Telephone Conference Call

Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
Board Room 1

- CALL TO ORDER:** The meeting was called to order at 5:20 P.M.
- PRESIDING:** Jamiah Dawson, D.D.S., Chair
- MEMBERS PRESENT:** Patricia B. Bonwell, RDH, PhD
Mike Nguyen, D.D.S.
- STAFF PRESENT:** Sandra K. Reen, Executive Director for the Board
- QUORUM:** With three members present, a quorum was established.
- NOMINATIONS:** The Committee discussed possible candidates and agreed by consensus to nominate Dr. Petticolas for president, Dr. Catchings for Vice-President and Dr. Bryant for Secretary-Treasurer for second terms.
- ADJOURNMENT:** With all business concluded, the Committee adjourned at 5:37 P.M.

Jamiah Dawson, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

DRAFT

Virginia's Dental Hygienist Workforce: 2020

Healthcare Workforce Data Center

May 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 5,500 Dental Hygienists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Rajana Siva, MBA
Research Analyst

Christopher Coyle
Research Assistant

Virginia Board of Dentistry

President

Augustus A. Petticolas, DDS
Forest

Vice-President

Sandra J. Catchings, DDS
Staunton

Secretary-Treasurer

Nathaniel C. Bryant, DDS
Chesapeake

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Patricia B. Bonwell, RDH, PhD
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Tammy C. Ridout, RDH
Chesterfield

Perry E. Jones, DDS
Richmond

James D. Watkins, DDS
Hampton

Jamiah Dawson, DDS
Newport News

Mike Nguyen, DDS
Gainesville

Executive Director

Sandra K. Reen

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The Dental Hygienist Workforce: At a Glance:

The Workforce

Licensees:	6,109
Virginia's Workforce:	5,063
FTEs:	3,351

Background

Rural Childhood:	35%
HS Diploma in VA:	59%
Prof. Degree in VA:	66%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	55%
Satisfied?:	94%

Survey Response Rate

All Licensees:	90%
Renewing Practitioners:	97%

Education

Associate:	55%
Baccalaureate:	40%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs:	62%

Demographics

Female:	98%
Diversity Index:	36%
Median Age:	44

Finances

Median Inc.:	\$60k-\$70k
Retirement Benefits:	54%
Under 40 w/ Ed. Debt:	47%

Time Allocation

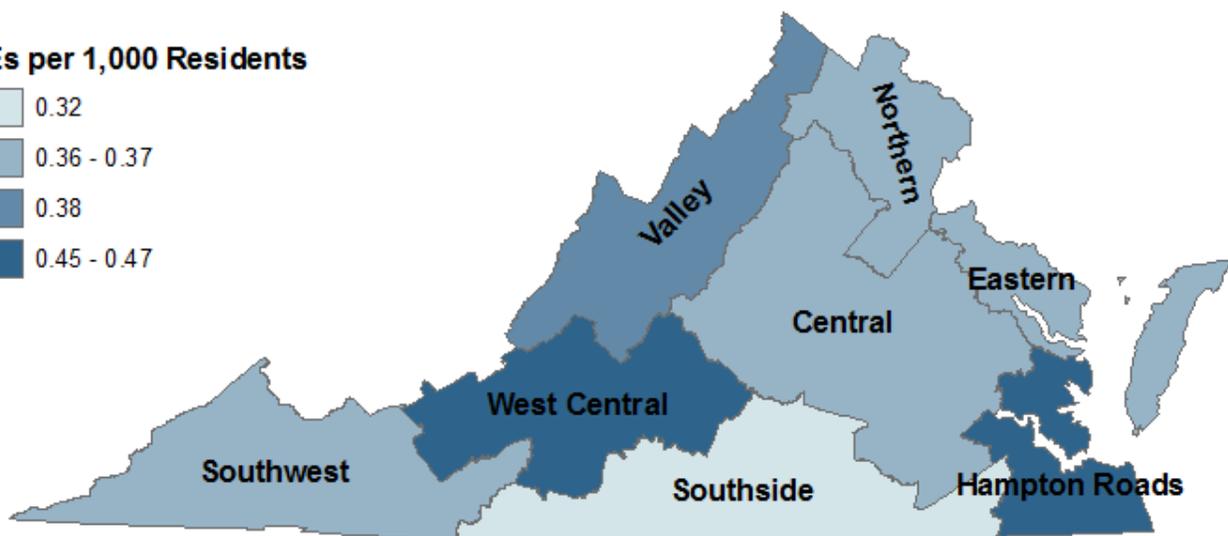
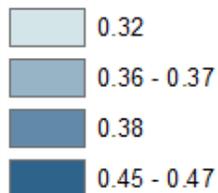
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	92%

Source: Va. Healthcare Workforce Data Center

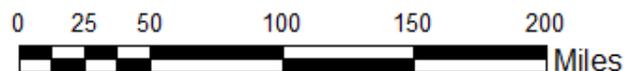
Full-Time Equivalency Units Provided by Dental Hygienists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2020 Dental Hygienist Workforce Survey. Nearly 5,500 dental hygienists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for dental hygienists. These survey respondents represent 90% of the 6,109 dental hygienists who are licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 5,063 dental hygienists participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's dental hygienist workforce provided 3,351 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

The dental hygienist workforce is predominantly female. In addition, the median age of this workforce is 44. In a random encounter between two dental hygienists, there is a 36% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes the dental hygienist workforce considerably less diverse than the state's overall population, which has a diversity index of 57%. More than one-third of all dental hygienists grew up in a rural area, and 20% of this group currently work in non-metro areas of Virginia. In total, nearly 10% of all dental hygienists work in non-metro areas of the state.

More than 90% of all dental hygienists are currently employed in the profession, 55% have one full-time job, and 52% work between 30 and 39 hours per week. Meanwhile, 7% of all dental hygienists experienced involuntary unemployment at some point in the past year, and 6% have experienced underemployment. More than 90% of dental hygienists work in the for-profit sector. As their primary work location, 71% of dental hygienists are employed at solo dental practices, while 17% work at group dental practices. The typical dental hygienist earns between \$60,000 and \$70,000 per year. In addition, nearly 80% of dental hygienists receive at least one employer-sponsored benefit, including 54% who have access to a retirement plan. More than 90% of all dental hygienists indicate that they are satisfied with their current work situation, including 61% who indicate that they are "very satisfied".

Summary of Trends

In this section, all statistics for this year are compared to the 2015 dental hygienist workforce. The number of licensed dental hygienists in Virginia has increased by 8% (6,109 vs. 5,631). In addition, the size of the dental hygienist workforce has increased by 10% (5,063 vs. 4,623), and the number of FTEs provided by this workforce has increased by 11% (3,351 vs. 3,024). Virginia's licensed dental hygienists are also more likely to respond to this survey (97% vs. 91%).

The state's dental hygienist workforce has become more diverse (36% vs. 32%), which is consistent with the increasing diversity of the state's overall population (57% vs. 55%) in the same period. Dental hygienists are slightly more likely to earn an associate degree as their highest professional degree (55% vs. 53%) instead of a baccalaureate degree (40% vs. 41%). While the percentage of dental hygienists with education debt has fallen (28% vs. 29%), the median debt burden among those dental hygienists with education debt has increased (\$20k-\$30k vs. \$10k-\$20k).

The percentage of dental hygienists employed in the profession has fallen (91% vs. 92%). The rate of involuntary unemployment has increased (7% vs. 3%), although the rate of underemployment has declined (6% vs. 10%). Dental hygienists are more likely to hold one full-time job (55% vs. 50%) instead of two or more positions simultaneously (14% vs. 17%). Dental hygienists are less likely to work at their primary work location for more than two years (62% vs. 68%).

The median annual income of Virginia's dental hygienists has increased (\$60k-\$70k vs. \$50k-\$60k), and dental hygienists are more likely to receive this income in the form of an hourly wage (81% vs. 76%). In addition, dental hygienists are also more likely to receive at least one employer-sponsored benefit (78% vs. 73%). Dental hygienists indicate that they are more satisfied with their current work situation (94% vs. 92%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	5,396	88%
New Licensees	279	5%
Non-Renewals	434	7%
All Licensees	6,109	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing dental hygienists submitted a survey. These represent 90% of all dental hygienists who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	65	635	91%
30 to 34	80	686	90%
35 to 39	83	774	90%
40 to 44	73	659	90%
45 to 49	61	661	92%
50 to 54	48	622	93%
55 to 59	63	580	90%
60 and Over	150	869	85%
Total	623	5,486	90%
New Licenses			
Issued in Past Year	59	220	79%
Metro Status			
Non-Metro	45	541	92%
Metro	405	3,989	91%
Not in Virginia	173	955	85%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in March 2020.
- 2. Target Population:** All dental hygienists who held a Virginia license at some point between April 2019 and March 2020.
- 3. Survey Population:** The survey was available to dental hygienists who renewed their licenses online. It was not available to those who did not renew, including some dental hygienists newly licensed in 2020.

Response Rates	
Completed Surveys	5,486
Response Rate, All Licensees	90%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Dental Hygienists

Number: 6,109
 New: 5%
 Not Renewed: 7%

Response Rates

All Licensees: 90%
 Renewing Practitioners: 97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Dental Hygienist Workforce: 5,063
 FTEs: 3,351

Utilization Ratios

Licensees in VA Workforce: 83%
 Licensees per FTE: 1.82
 Workers per FTE: 1.51

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between April 2019 and March 2020 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

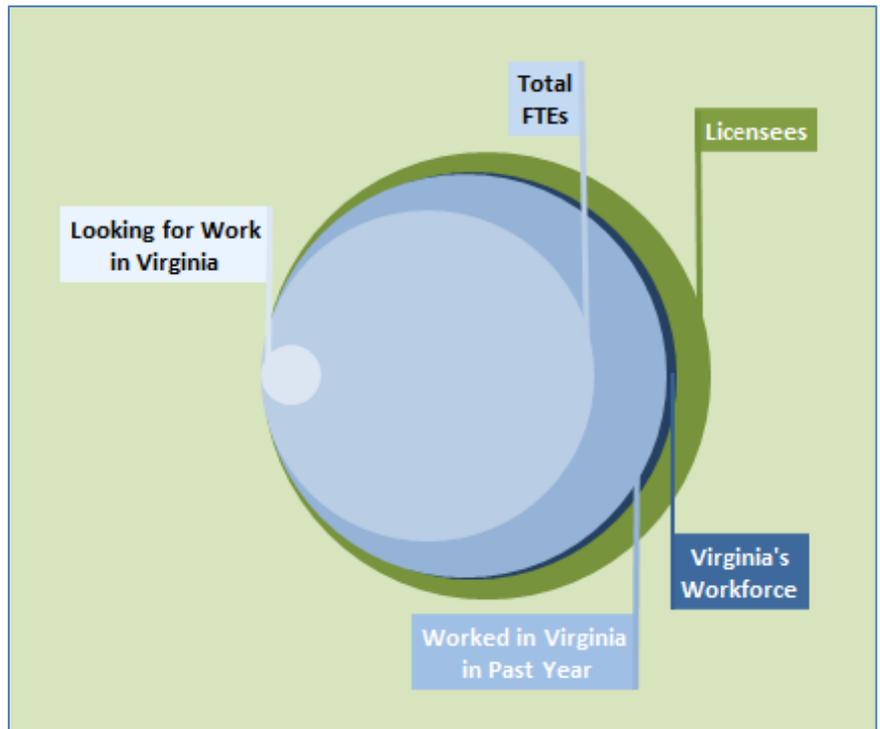
Virginia's Dental Hygienist Workforce

Status	#	%
Worked in Virginia in Past Year	4,954	98%
Looking for Work in Virginia	108	2%
Virginia's Workforce	5,063	100%
Total FTEs	3,351	
Licensees	6,109	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	15	3%	564	97%	580	13%
30 to 34	22	4%	581	96%	603	14%
35 to 39	13	2%	607	98%	621	14%
40 to 44	11	2%	508	98%	520	12%
45 to 49	12	2%	500	98%	512	12%
50 to 54	9	2%	474	98%	483	11%
55 to 59	2	1%	422	100%	424	10%
60 and Over	5	1%	641	99%	646	15%
Total	89	2%	4,299	98%	4,388	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Dental Hygienists		Hygienists Under 40	
	%	#	%	#	%
White	61%	3,489	79%	1,372	76%
Black	19%	233	5%	103	6%
Asian	7%	296	7%	151	8%
Other Race	0%	48	1%	13	1%
Two or More Races	3%	100	2%	56	3%
Hispanic	10%	231	5%	114	6%
Total	100%	4,397	100%	1,809	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 98%
% Under 40 Female: 97%

Age

Median Age: 44
% Under 40: 41%
% 55+: 24%

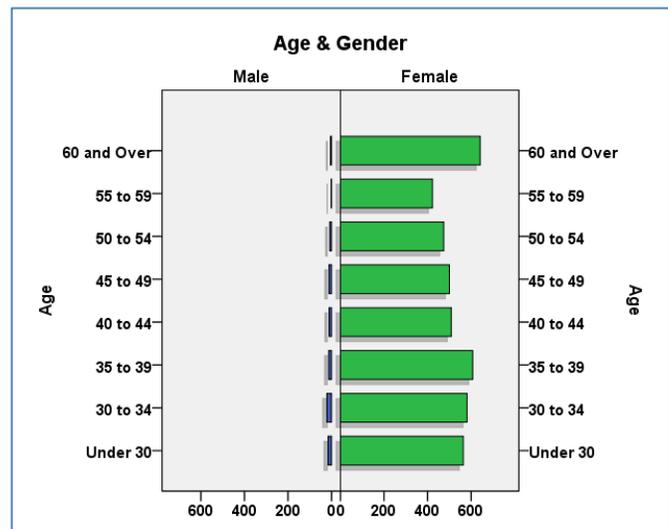
Diversity

Diversity Index: 36%
Under 40 Div. Index: 41%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two dental hygienists, there is a 36% chance that they would be of a different race or ethnicity (a measure known as the diversity index).

Among the 41% of dental hygienists who are under the age of 40, 97% are female. In addition, the diversity index among these professionals is 41%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 13%
Rural Childhood: 35%

Virginia Background

HS in Virginia: 59%
Prof. Edu. in VA: 66%
HS or Prof. Edu. in VA: 72%

Location Choice

% Rural to Non-Metro: 20%
% Urban/Suburban to Non-Metro: 4%

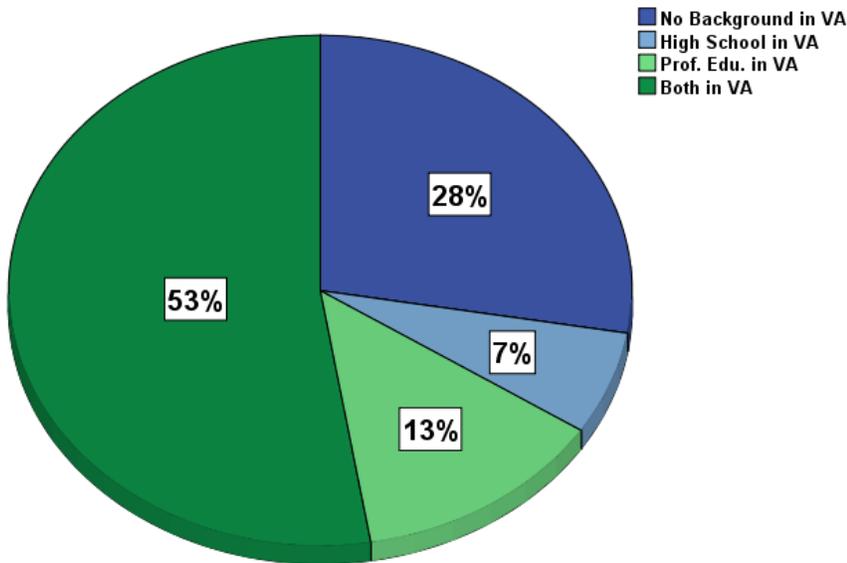
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	24%	61%	16%
2	Metro, 250,000 to 1 Million	53%	38%	9%
3	Metro, 250,000 or Less	62%	31%	7%
Non-Metro Counties				
4	Urban Pop., 20,000+, Metro Adjacent	67%	22%	11%
6	Urban Pop., 2,500-19,999, Metro Adjacent	70%	26%	3%
7	Urban Pop., 2,500-19,999, Non-Adjacent	92%	3%	5%
8	Rural, Metro Adjacent	69%	20%	10%
9	Rural, Non-Adjacent	67%	28%	6%
Overall		35%	52%	13%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-third of dental hygienists grew up in a rural area, and 20% of this group currently work in non-metro areas of the state. Overall, 9% of dental hygienists currently work in non-metro areas of Virginia.

Top Ten States for Dental Hygienist Recruitment

Rank	All Dental Hygienists			
	High School	#	Professional Degree	#
1	Virginia	2,595	Virginia	2,838
2	Outside U.S./Canada	265	North Carolina	201
3	Pennsylvania	158	Maryland	145
4	West Virginia	130	West Virginia	131
5	North Carolina	127	New York	106
6	New York	127	Pennsylvania	105
7	Maryland	124	Florida	93
8	Florida	89	Tennessee	73
9	New Jersey	64	Washington, D.C.	64
10	Michigan	62	Michigan	52

Source: Va. Healthcare Workforce Data Center

Nearly 60% of all dental hygienists earned their high school degree in Virginia, and 66% received their initial professional degree in the state.

Among dental hygienists who received their initial license in the past five years, 52% earned their high school degree in Virginia, while 59% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional Degree	#
1	Virginia	544	Virginia	610
2	Outside U.S./Canada	79	North Carolina	64
3	Pennsylvania	43	Maryland	51
4	North Carolina	41	Florida	28
5	Maryland	41	Pennsylvania	28
6	West Virginia	27	West Virginia	27
7	Florida	27	New York	18
8	New York	20	Tennessee	17
9	Georgia	16	California	15
10	Ohio	15	Connecticut	15

Source: Va. Healthcare Workforce Data Center

More than 15% of Virginia's licensees were not a part of the state's dental hygienist workforce. Four out of every five of these licensees worked at some point in the past year, including 68% who currently work as dental hygienists.

At a Glance:

Not in VA Workforce

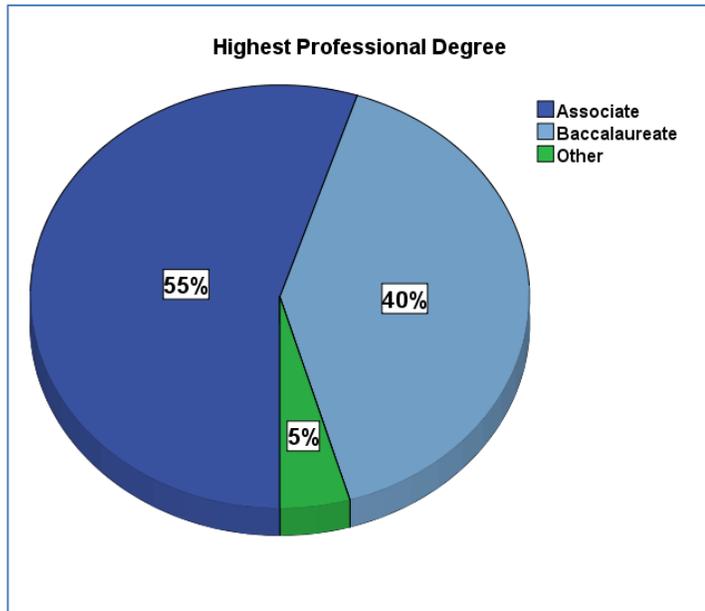
Total:	1,046
% of Licensees:	17%
Federal/Military:	6%
Va. Border State/D.C.:	21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Certificate	84	2%
Associate Degree	2,364	55%
Baccalaureate Degree	1,738	40%
Post-Graduate Cert.	11	0%
Master's Degree	93	2%
Doctorate	7	0%
Total	4,297	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate: 55%

Baccalaureate: 40%

Education Debt

Carry Debt: 28%

Under Age 40 w/ Debt: 47%

Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Nearly all dental hygienists hold either an associate or a baccalaureate degree as their highest professional degree.

Nearly 30% of dental hygienists carry education debt, including 47% of those dental hygienists who are under the age of 40. For those dental hygienists with education debt, their median debt burden is between \$20,000 and \$30,000.

Education Debt				
Amount Carried	All Dental Hygienists		Hygienists Under 40	
	#	%	#	%
None	2,841	72%	874	53%
Less Than \$10,000	318	8%	203	12%
\$10,000-\$19,999	233	6%	178	11%
\$20,000-\$29,999	205	5%	142	9%
\$30,000-\$39,999	94	2%	62	4%
\$40,000-\$49,999	81	2%	58	4%
\$50,000-\$59,999	60	2%	45	3%
\$60,000-\$69,999	36	1%	28	2%
\$70,000-\$79,999	18	0%	10	1%
\$80,000-\$89,999	25	1%	21	1%
\$90,000-\$99,999	14	0%	8	0%
\$100,000 or More	41	1%	16	1%
Total	3,966	100%	1,644	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: 2%

Positions Held

1 Full-Time: 55%
 2 or More Positions: 14%

Weekly Hours:

40 to 49: 12%
 60 or More: 1%
 Less than 30: 27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Capacity Related to Dental Hygiene	3,985	91%
Employed, NOT in a Capacity Related to Dental Hygiene	112	3%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	82	2%
Voluntarily Unemployed	144	3%
Retired	50	1%
Total	4,374	100%

Source: Va. Healthcare Workforce Data Center

More than 90% of Virginia's dental hygienists are currently employed in the profession, while 2% are involuntarily unemployed. In addition, 55% of dental hygienists currently hold one full-time job, and 52% work between 30 and 39 hours per week.

Current Positions		
Positions	#	%
No Positions	276	6%
One Part-Time Position	1,058	25%
Two Part-Time Positions	307	7%
One Full-Time Position	2,355	55%
One Full-Time Position & One Part-Time Position	250	6%
Two Full-Time Positions	4	0%
More than Two Positions	64	1%
Total	4,314	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	276	6%
1 to 9 Hours	147	3%
10 to 19 Hours	333	8%
20 to 29 Hours	684	16%
30 to 39 Hours	2,244	52%
40 to 49 Hours	529	12%
50 to 59 Hours	35	1%
60 to 69 Hours	13	0%
70 to 79 Hours	9	0%
80 or More Hours	9	0%
Total	4,279	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	26	1%
Less Than \$20,000	203	6%
\$20,000-\$29,999	193	5%
\$30,000-\$39,999	286	8%
\$40,000-\$49,999	421	12%
\$50,000-\$59,999	672	19%
\$60,000-\$69,999	718	20%
\$70,000-\$79,999	553	15%
\$80,000-\$89,999	316	9%
\$90,000-\$99,999	136	4%
\$100,000 or More	79	2%
Total	3,603	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$60k-\$70k

Benefits
Paid Vacation: 69%
Retirement: 54%

Satisfaction
Satisfied: 94%
Very Satisfied: 61%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,607	61%
Somewhat Satisfied	1,389	33%
Somewhat Dissatisfied	204	5%
Very Dissatisfied	61	1%
Total	4,261	100%

Source: Va. Healthcare Workforce Data Center

The typical dental hygienist makes between \$60,000 and \$70,000 per year. In addition, 78% of dental hygienists receive at least one employer-sponsored benefit, including 54% who have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,758	69%	67%
Retirement	2,150	54%	52%
Paid Sick Leave	1,461	37%	35%
Dental Insurance	748	19%	18%
Group Life Insurance	561	14%	13%
Signing/Retention Bonus	119	3%	3%
At Least One Benefit	3,098	78%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In The Past Year, Did You . . .?	#	%
Work Two or More Positions at the Same Time?	760	15%
Experience Involuntary Unemployment?	379	7%
Switch Employers or Practices?	371	7%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	319	6%
Experience Voluntary Unemployment?	298	6%
Experienced At Least One	1,636	32%

Source: Va. Healthcare Workforce Data Center

Over the past year, 7% of dental hygienists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 2.7% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working At This Location	201	5%	125	13%
Less Than 6 Months	275	7%	132	14%
6 Months to 1 Year	403	10%	144	15%
1 to 2 Years	718	17%	182	19%
3 to 5 Years	784	19%	170	18%
6 to 10 Years	554	13%	81	8%
More Than 10 Years	1,237	30%	121	13%
Subtotal	4,172	100%	954	100%
Did Not Have Location	141		4,055	
Item Missing	749		53	
Total	5,063		5,063	

Source: Va. Healthcare Workforce Data Center

More than 80% of all dental hygienists receive an hourly wage at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 7%
Underemployed: 6%

Turnover & Tenure

Switched Jobs: 7%
New Location: 23%
Over 2 Years: 62%
Over 2 Yrs., 2nd Location: 39%

Employment Type

Hourly Wage: 81%
Salary/Commission: 18%

Source: Va. Healthcare Workforce Data Center

More than 60% of all dental hygienists have been employed at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	2,602	81%
Salary/Commission	592	18%
By Contract	14	0%
Unpaid	11	0%
Business/Practice Income	10	0%
Subtotal	3,230	100%
Did Not Have Location	141	
Item Missing	1,691	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.3%. At the time of publication, the unemployment rate from March 2020 was still preliminary.

At a Glance:

Concentration

Top Region:	32%
Top 3 Regions:	74%
Lowest Region:	1%

Locations

2 or More (Past Year):	23%
2 or More (Now*):	20%

Source: Va. Healthcare Workforce Data Center

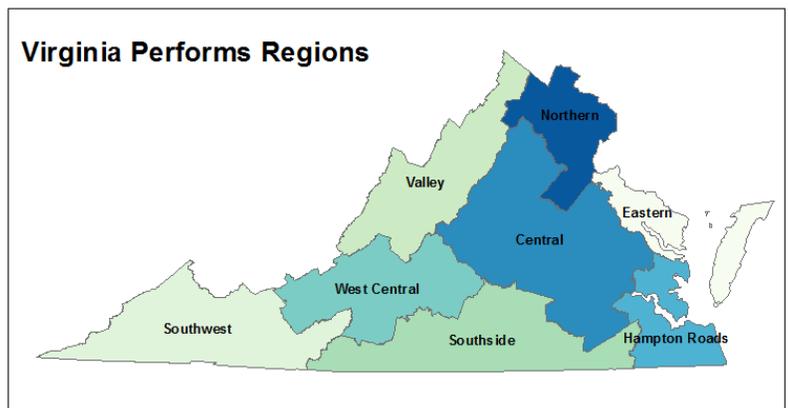
Nearly three-quarters of all dental hygienists work in Northern Virginia, Hampton Roads, and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	1,350	32%	379	38%
Hampton Roads	1,003	24%	204	21%
Central	730	18%	160	16%
West Central	429	10%	90	9%
Valley	253	6%	44	4%
Southwest	172	4%	30	3%
Southside	128	3%	28	3%
Eastern	57	1%	14	1%
Virginia Border State/D.C.	15	0%	18	2%
Other U.S. State	17	0%	28	3%
Outside of the U.S.	0	0%	0	0%
Total	4,154	100%	995	100%
Item Missing	769		11	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

One out of every five dental hygienists currently have multiple work locations, while 23% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	112	3%	289	7%
1	3,160	74%	3,140	73%
2	618	15%	568	13%
3	251	6%	232	5%
4	41	1%	12	0%
5	23	1%	4	0%
6 or More	69	2%	29	1%
Total	4,275	100%	4,275	100%

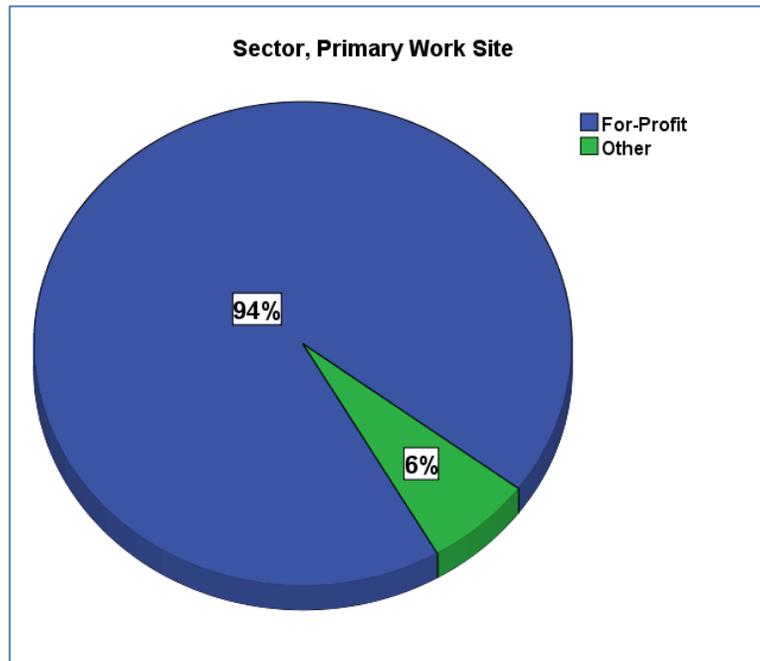
*At the time of survey completion, March 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,757	94%	847	92%
Non-Profit	77	2%	30	3%
State/Local Government	100	2%	36	4%
Veterans Administration	8	0%	0	0%
U.S. Military	61	2%	4	0%
Other Federal Government	14	0%	3	0%
Total	4,017	100%	920	100%
Did Not Have Location	141		4,055	
Item Missing	904		86	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all dental hygienists, 6% work under the remote supervision of a public health dentist, and 4% work under the remote supervision of a dentist.

At a Glance: (Primary Locations)

Sector

- For-Profit: 94%
- Federal: 2%

Top Establishments

- Solo Practice: 71%
- Group Practice: 17%
- Dental/Health Clinic: 7%

Remote Supervision

- Public Health Dentistry: 6%
- Dentistry: 4%

Source: Va. Healthcare Workforce Data Center

Nearly all dental hygienists work in the private sector, including 94% who work in the for-profit sector.

Remote Supervision				
Response	Primary Location		Secondary Location	
	#	%	#	%
Public Health Dentistry				
Yes	238	6%	46	5%
No	3,789	94%	876	95%
Total	4,027	100%	922	100%
Dentistry				
Yes	159	4%	67	7%
No	3,841	96%	863	93%
Total	4,000	100%	930	100%

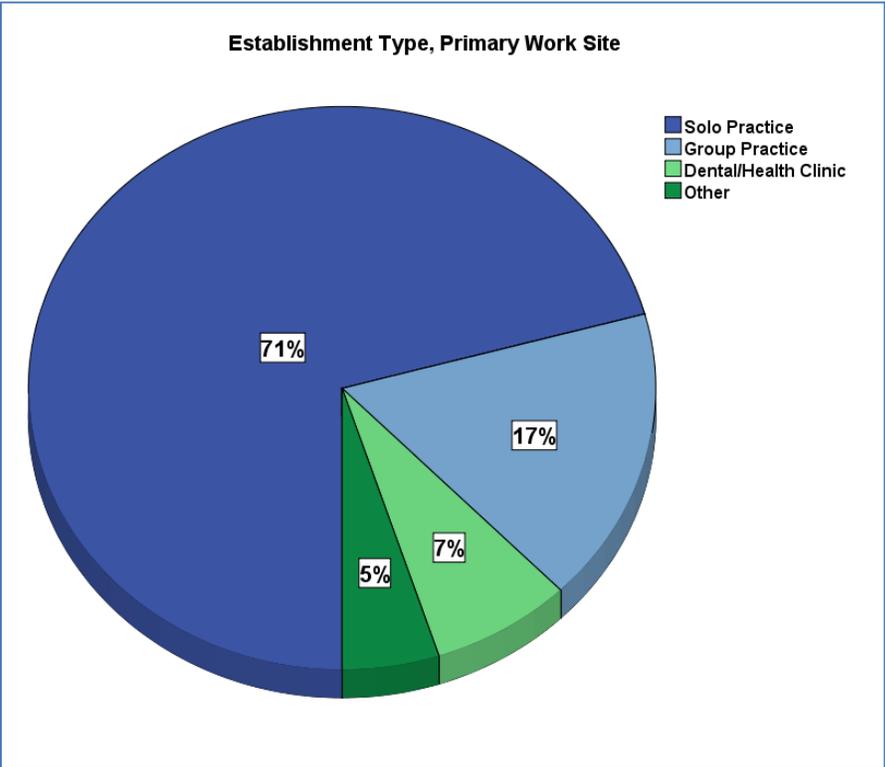
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,794	71%	648	72%
Group Practice	670	17%	106	12%
Dental/Health Clinic	287	7%	67	7%
Dental School (Including Combined Dental/Dental Hygiene)	58	1%	36	4%
Public Health Program	27	1%	7	1%
Hospital/Health System	24	1%	0	0%
Corrections	13	0%	2	0%
Insurance	13	0%	1	0%
K-12 School or Non-Dental College	8	0%	3	0%
Nursing Home/Long-Term Care Facility	5	0%	5	1%
Supplier Organization	4	0%	7	1%
Other	46	1%	15	2%
Total	3,949	100%	897	100%
Did Not Have a Location	141		4,055	

More than 70% of dental hygienists work at a solo dental practice as their primary work location, while another 17% work at a group dental practice.

Source: Va. Healthcare Workforce Data Center

Among those dental hygienists who also have a secondary work location, 72% work at a solo dental practice, and 12% work at a group dental practice.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

Roles

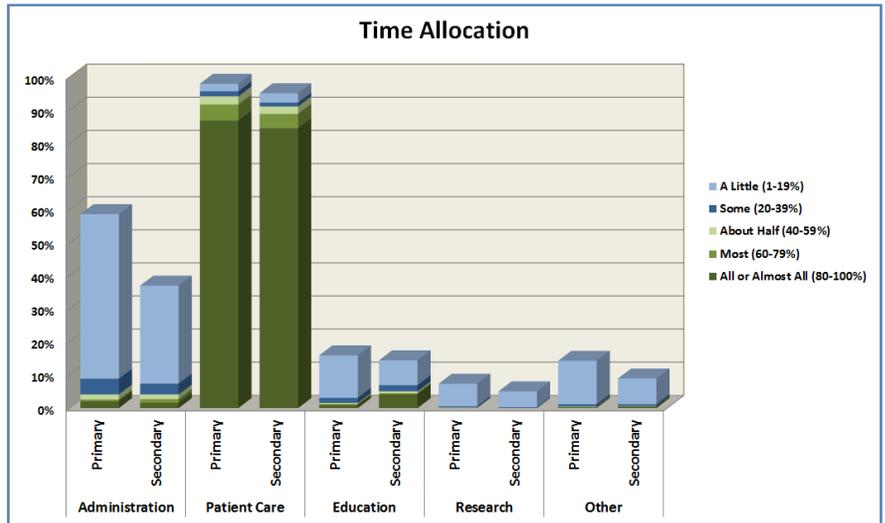
Patient Care: 92%
Administrative: 3%
Education: 1%

Patient Care Hygienists

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



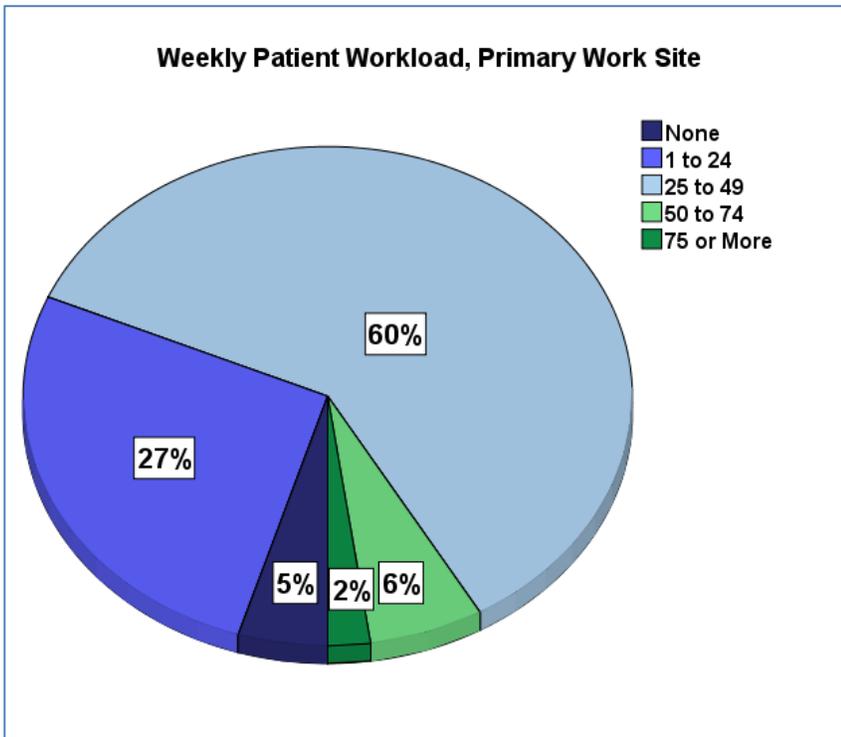
Source: Va. Healthcare Workforce Data Center

A typical dental hygienist spends nearly all of her time treating patients. In particular, 92% of dental hygienists fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	87%	84%	1%	4%	0%	0%	0%	0%
Most (60-79%)	1%	1%	5%	4%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	2%	1%	2%	2%	0%	1%	0%	0%	0%	0%
Some (20-39%)	5%	3%	2%	1%	2%	2%	0%	0%	1%	1%
A Little (1-19%)	50%	30%	2%	3%	13%	8%	7%	5%	13%	8%
None (0%)	41%	63%	2%	5%	84%	85%	93%	95%	86%	91%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 25-49
 Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

The typical dental hygienist treats between 25 and 49 patients per week at her primary work location. For those dental hygienists who also have a secondary work location, the median patient workload is between 1 and 24 patients per week.

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
None	193	5%	85	9%
1-24	1,087	27%	623	67%
25-49	2,445	60%	185	20%
50-74	247	6%	16	2%
75-99	39	1%	9	1%
100-124	17	0%	3	0%
125-149	12	0%	1	0%
150-174	9	0%	2	0%
175-199	6	0%	0	0%
200 or More	9	0%	3	0%
Total	4,064	100%	927	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Dental Hygienists		Hygienists Over 50	
	#	%	#	%
Under Age 50	374	10%	-	-
50 to 54	363	9%	21	2%
55 to 59	717	19%	144	11%
60 to 64	1,068	28%	405	30%
65 to 69	923	24%	518	39%
70 to 74	221	6%	141	11%
75 to 79	34	1%	25	2%
80 or Over	12	0%	7	1%
I Do Not Intend to Retire	160	4%	75	6%
Total	3,874	100%	1,336	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Dental Hygienists

Under 65: 65%

Under 60: 38%

Hygienists 50 and Over

Under 65: 43%

Under 60: 12%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 25%

Half the Workforce: By 2040

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of dental hygienists expect to retire by the age of 65. Among dental hygienists who are already at least age 50, 43% still expect to retire by the age of 65.

Within the next two years, 9% of Virginia's dental hygienists expect to increase their patient care hours, and 7% expect to pursue additional educational opportunities.

Future Plans

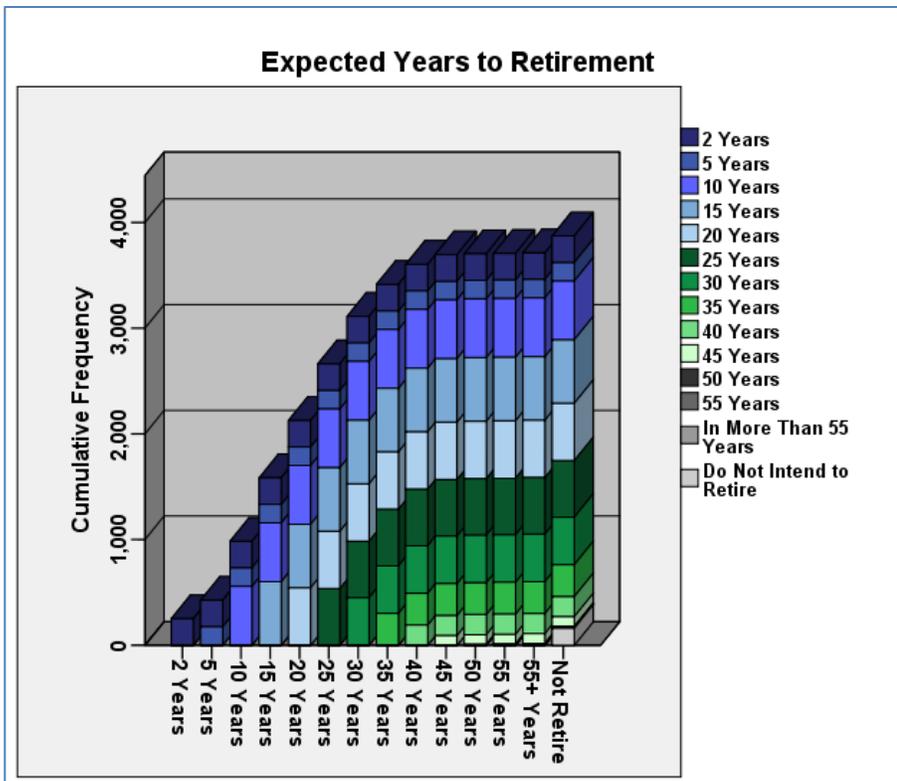
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	538	11%
Leave Virginia	149	3%
Leave Profession	119	2%
Decrease Teaching Hours	10	0%
Increase Participation		
Increase Patient Care Hours	475	9%
Pursue Additional Education	372	7%
Increase Teaching Hours	123	2%
Return to Virginia's Workforce	32	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for dental hygienists. While only 7% of dental hygienists expect to retire in the next two years, 25% expect to retire within the next decade. More than half of the current workforce expect to retire by 2040.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	252	7%	7%
5 Years	175	5%	11%
10 Years	557	14%	25%
15 Years	601	16%	41%
20 Years	543	14%	55%
25 Years	535	14%	69%
30 Years	450	12%	80%
35 Years	302	8%	88%
40 Years	190	5%	93%
45 Years	90	2%	95%
50 Years	10	0%	96%
55 Years	3	0%	96%
In More Than 55 Years	5	0%	96%
Do Not Intend to Retire	160	4%	100%
Total	3,874	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2030. Retirement will peak at 16% of the current workforce around 2035 before declining to under 10% again around 2055.

At a Glance:

FTEs

Total: 3,351
 FTEs/1,000 Residents²: 0.393
 Average: 0.68

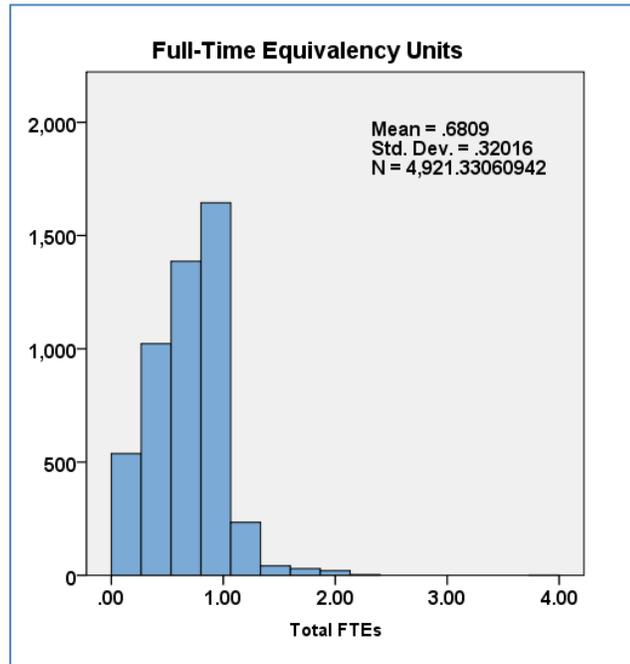
Age & Gender Effect

Age, Partial Eta²: Negligible
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

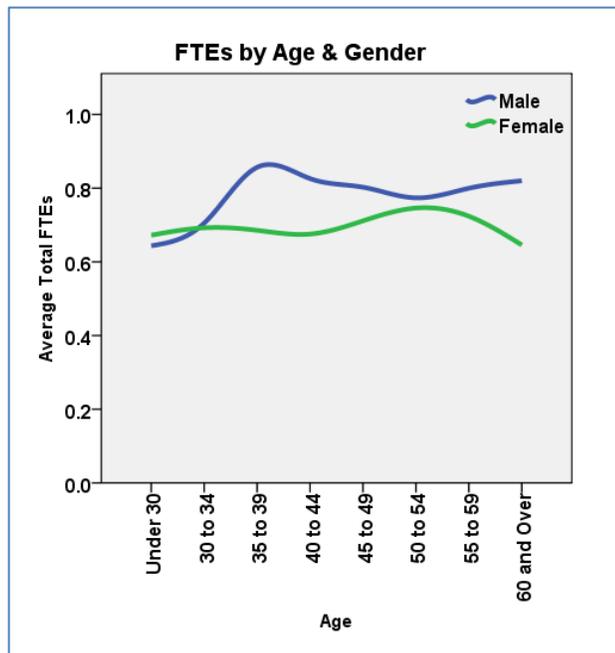


Source: Va. Healthcare Workforce Data Center

The typical dental hygienist provided 0.74 FTEs in the past year, or approximately 30 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.

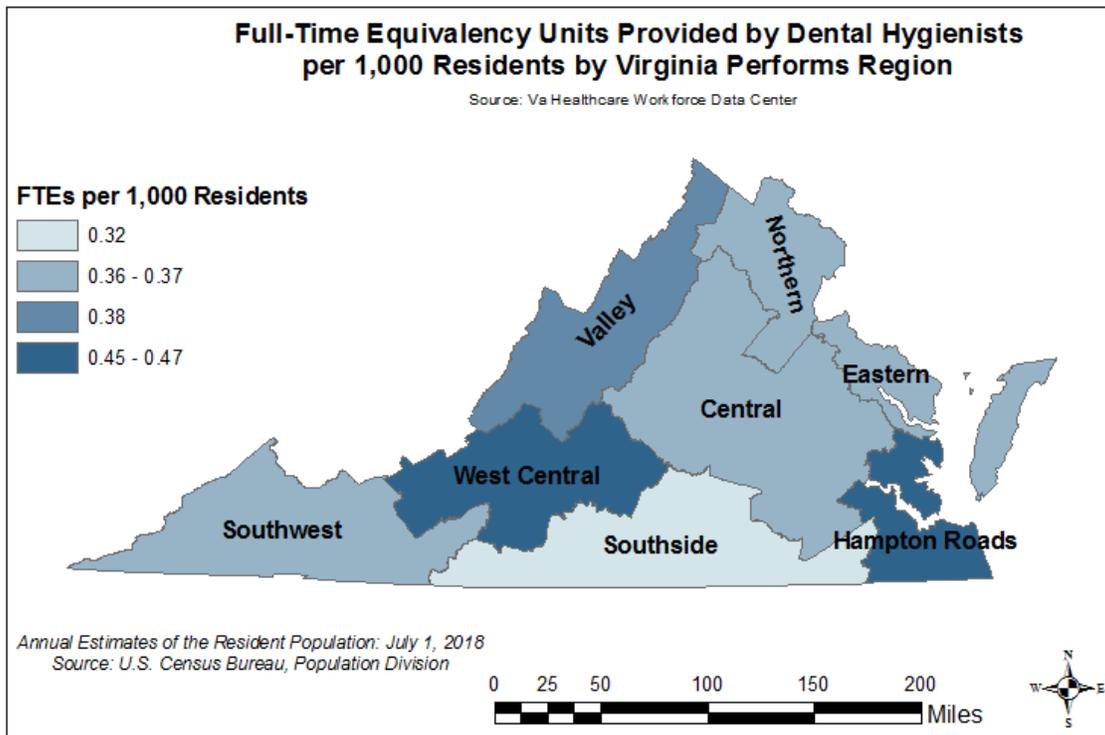
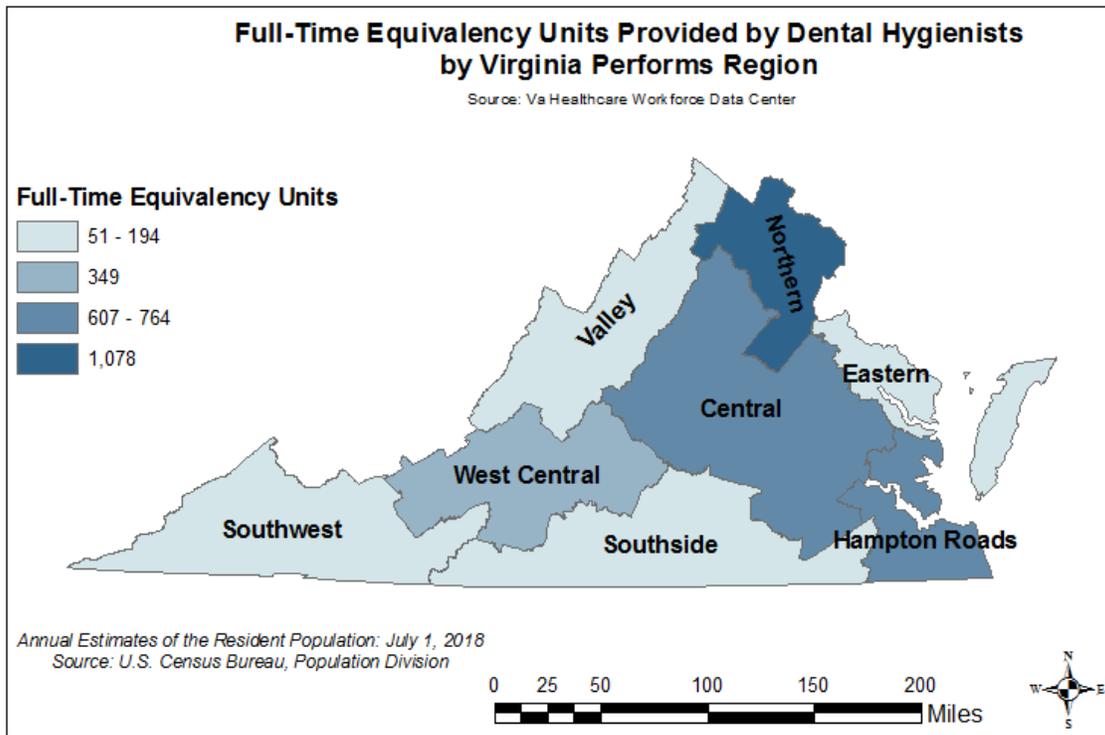
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.65	0.71
30 to 34	0.70	0.78
35 to 39	0.66	0.70
40 to 44	0.67	0.68
45 to 49	0.68	0.69
50 to 54	0.75	0.75
55 to 59	0.75	0.83
60 and Over	0.63	0.55
Gender		
Male	0.76	0.80
Female	0.69	0.76

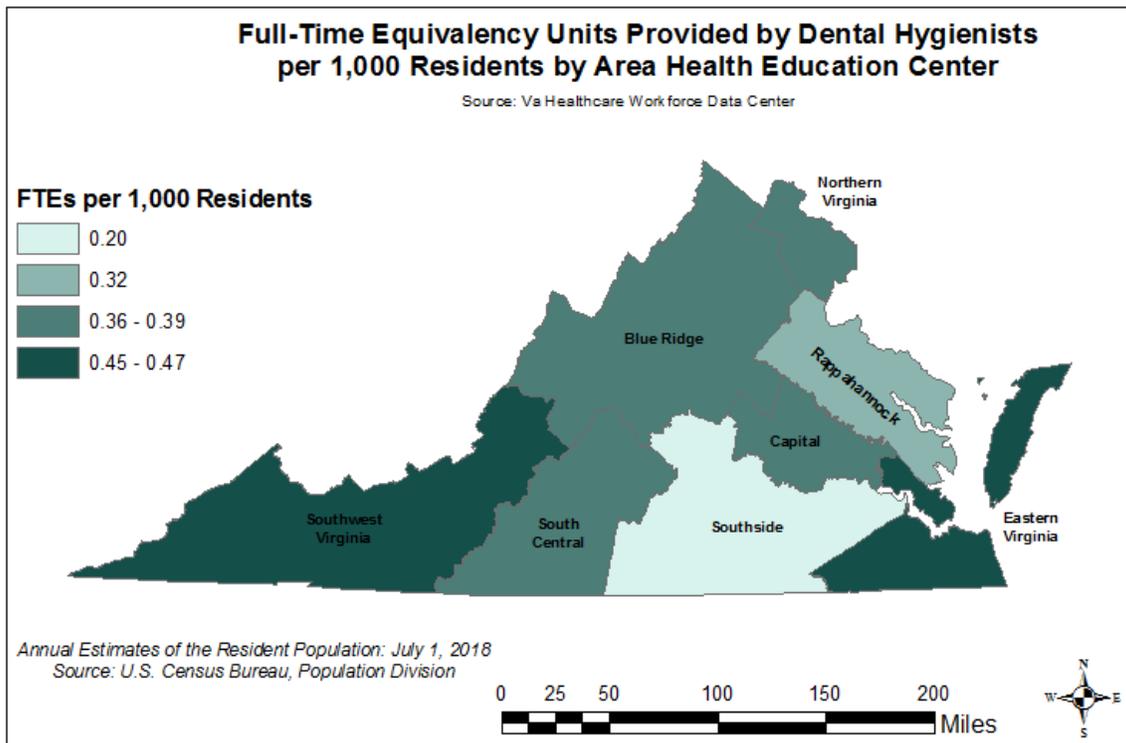
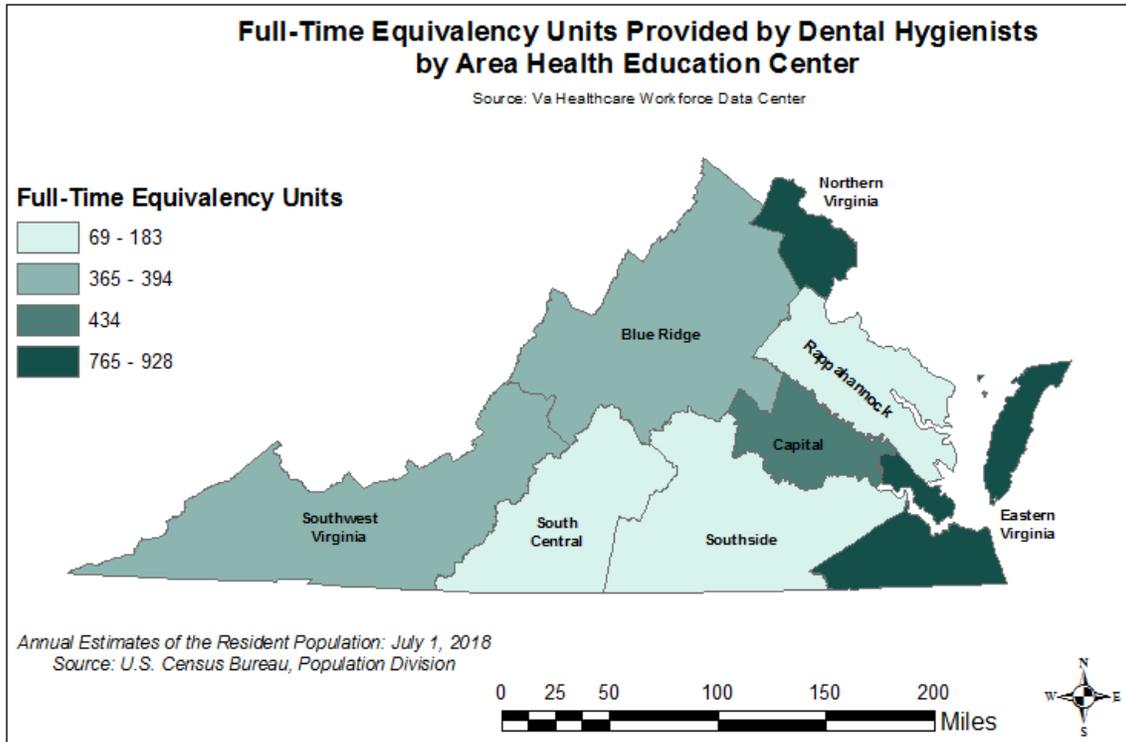
Source: Va. Healthcare Workforce Data Center

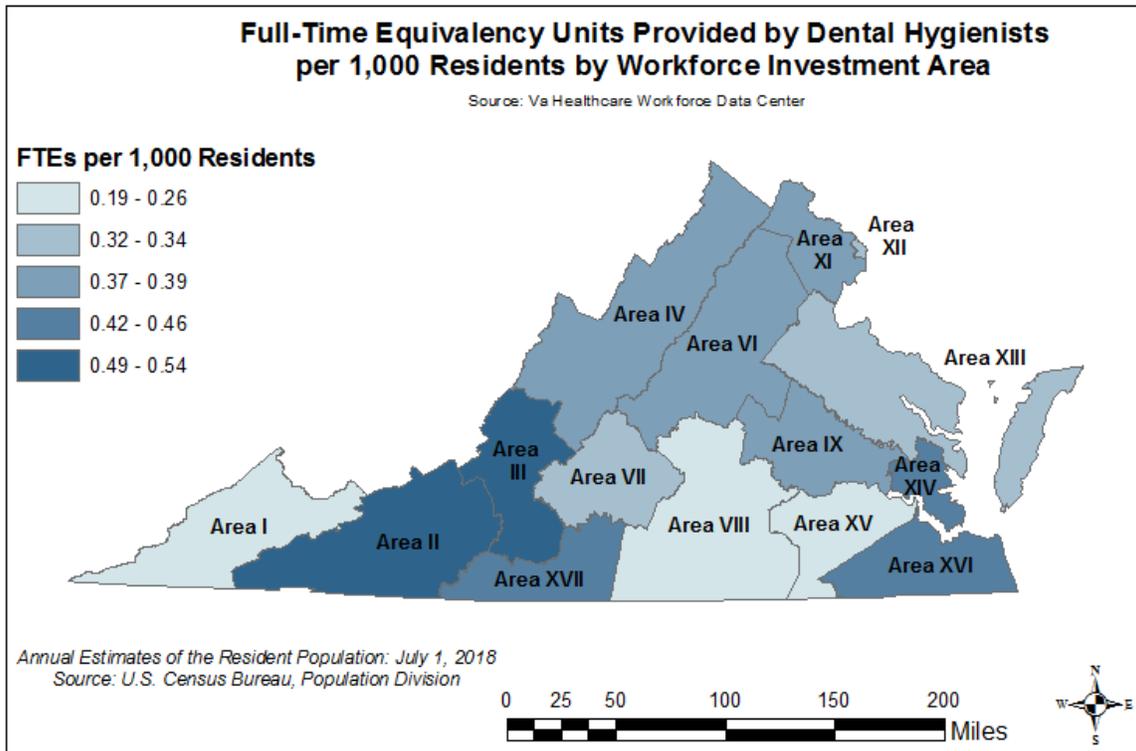
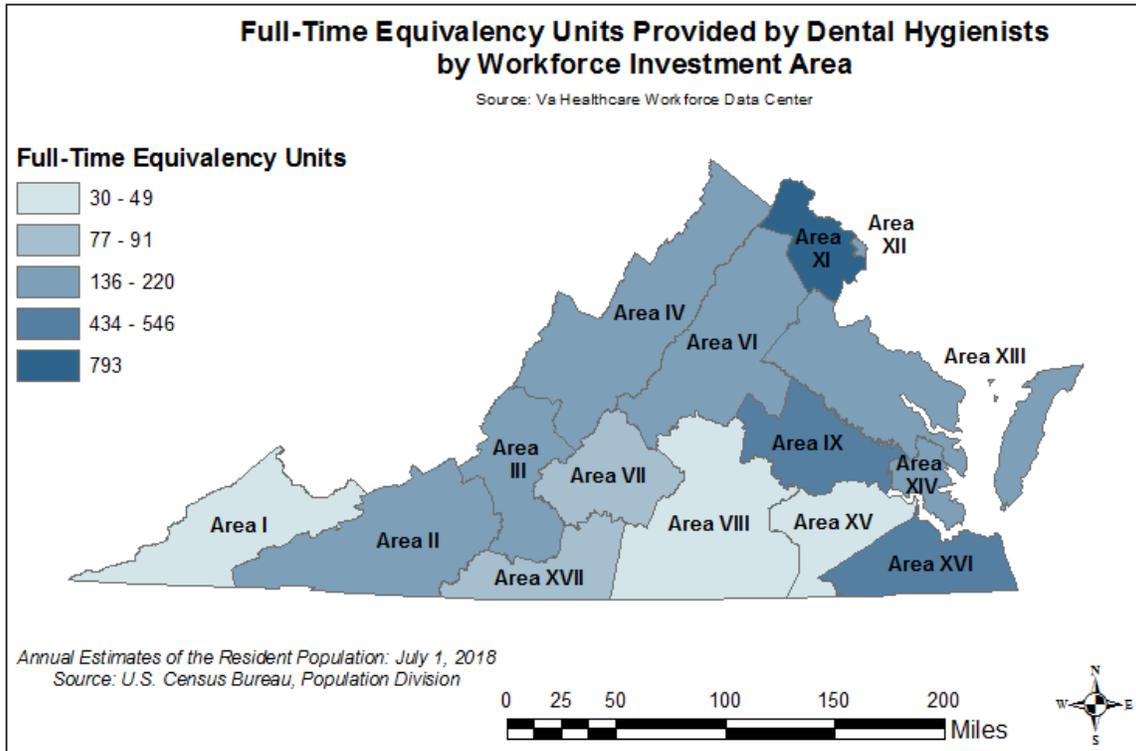


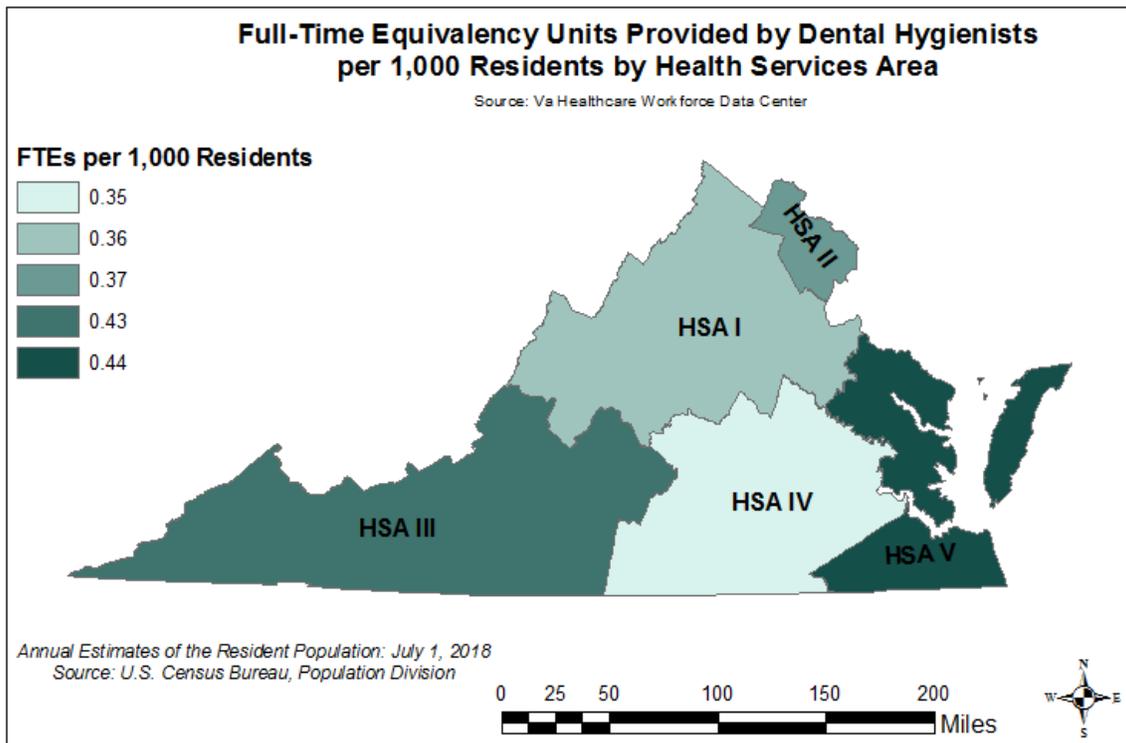
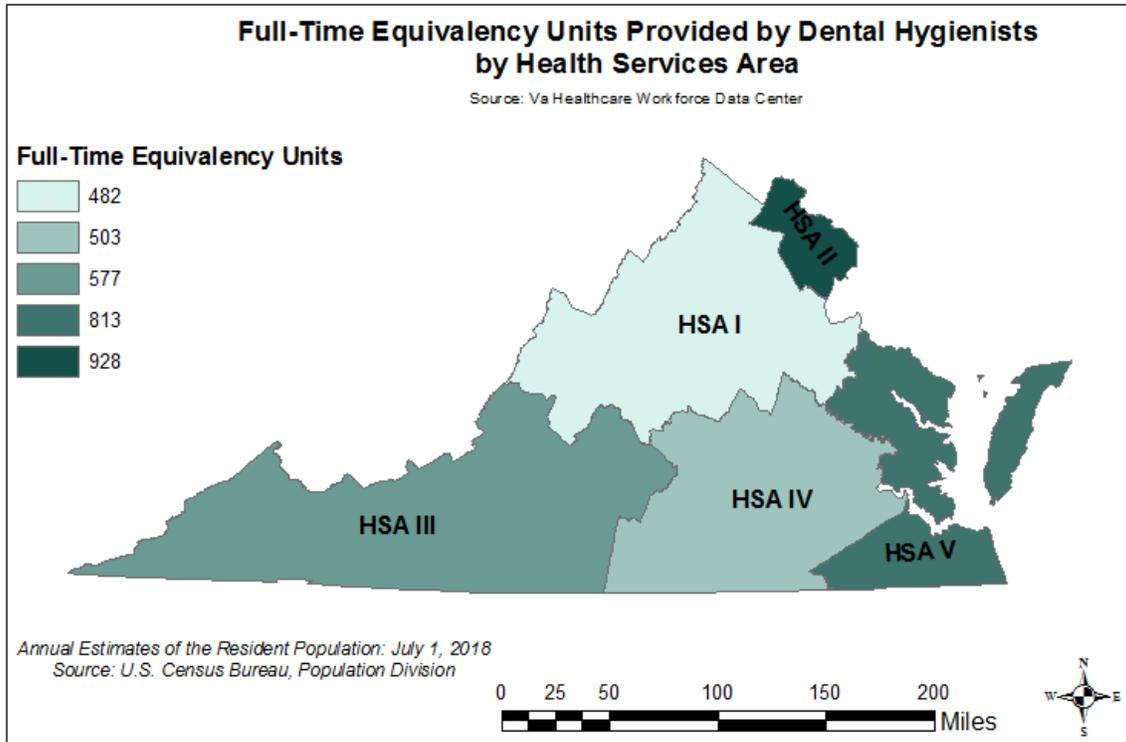
Source: Va. Healthcare Workforce Data Center

² Number of residents in 2018 was used as the denominator.









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,553	90.26%	1.107889	1.07168	1.16664
Metro, 250,000 to 1 Million	423	92.44%	1.081841	1.04649	1.13921
Metro, 250,000 or Less	418	93.54%	1.069054	1.03412	1.12574
Urban Pop., 20,000+, Metro Adj.	98	94.90%	1.053763	1.01933	1.10964
Urban Pop., 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	204	91.67%	1.090909	1.05526	1.14876
Urban Pop., 2,500-19,999, Non-Adj.	153	94.12%	1.0625	1.02778	1.11884
Rural, Metro Adj.	86	88.37%	1.131579	1.0946	1.19159
Rural, Non-Adj.	45	91.11%	1.097561	1.06169	1.15576
Virginia Border State/D.C.	523	85.66%	1.167411	1.12926	1.22932
Other U.S. State	605	83.80%	1.193294	1.1543	1.25657

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	700	90.71%	1.102362	1.04317	1.18129
30 to 34	766	89.56%	1.116618	1.05666	1.19657
35 to 39	857	90.32%	1.107235	1.04778	1.18651
40 to 44	732	90.03%	1.110774	1.05113	1.19031
45 to 49	722	91.55%	1.092284	1.03363	1.17049
50 to 54	670	92.84%	1.07717	1.01933	1.1543
55 to 59	643	90.20%	1.108621	1.04909	1.188
60 and Over	1,019	85.28%	1.172612	1.10964	1.25657

Source: Va. Healthcare Workforce Data Center

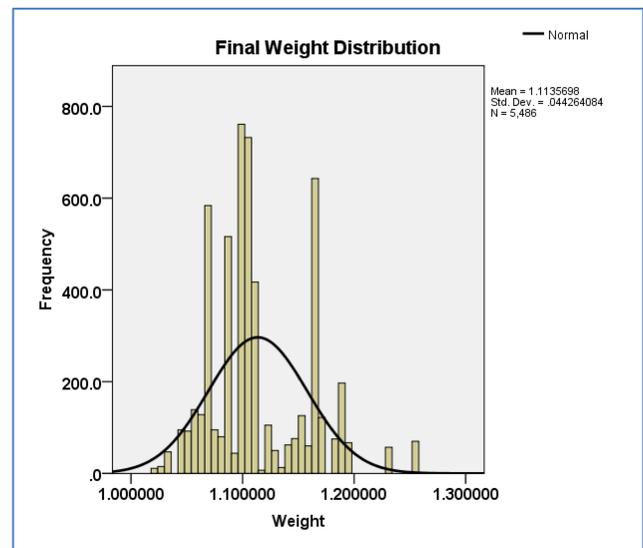
See the Methods section on the HWDC website for details on HWDC Methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.898019



Source: Va. Healthcare Workforce Data Center

2021 BOARD OF DENTISTRY CALENDAR

January							February							March							April						
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa
					1	2	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31	28	29	30	31	25	26	27	28	29	30	25	26	27	28	29	30	
31																											

May							June							July							August							
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	
						1	1	2	3	4	5	1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
23	24	25	26	27	28	29	27	28	29	30	25	26	27	28	29	30	31	29	30	31	29	30	31	29	30	31		
30	31																											

September							October							November							December							
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	
						1	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	
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19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	26	27	28	29	30	31	26	27	28	29	30	31

SCHEDULE

Formal Hearings	Board Business Meetings	Committee Meetings	SCC - A	SCC - B	SCC - C
MAR 18	MAR 19	FEB 26	JAN 25	AUG 6	FEB 5
JUN 10	JUN 11	MAY 7	MAR 8	SEP 27	MAR 26
SEP 9	SEP 10	OCT 22	APR 19	NOV 8	APR 30
DEC 9	DEC 10		MAY 24	DEC 13	JUN 4
			JUL 12		JUL 23
			AUG 16		AUG 27
			SEP 27		OCT 8
			NOV 8		NOV 19
			DEC 13		DEC 17

VIRGINIA BOARD OF DENTISTRY

Disciplinary Report

July 1, 2019 through June 30, 2020

The table below includes all cases that have received Board action since July 1, 2019 through June 30, 2020.

July 1, 2019- June 30, 2020	Cases Received	Cases Closed -No Violation	Cases Closed W/Violation	Total Cases Closed
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
Dec	34	24	4	28
Jan	44	26	4	30
Feb	45	35	6	41
March	38	27	10	37
April	49	30	1	31
May	36	34	0	34
June	34	48	0	48
TOTALS	476	385	39	424

Closed Case with Violations consisted of the following:

Patient Care Related

- **15 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.
- **1 Fraud-Patient Care:** Performing unwarranted/unjust services or the falsification/alteration of patient records.
- **1 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.
- **2 Abuse/Abandonment/Neglect:** Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation.
- **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.

VIRGINIA BOARD OF DENTISTRY

Disciplinary Report

Non-Patient Care Related:

- **7 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.

Application Related:

- **2 Reinstatement:** An application or request for re-issuance of a previously held license. Reinstatement was denied.

CCA's

There were **4** CCA's issued from July 1, 2019 to June 30, 2020. The CCA's issued consisted of the following violations (one CCA had more than one violation and the others just had one violation):

- **1 had Business Practice Issues**
- **4 had Standard of Care: Diagnosis/Treatment**

Suspensions/Revocations

There has been **5** Suspensions issued from July 1, 2019 to June 30, 2020.

- **2 Mandatory Suspension for Criminal Activity:** 2 Felonies
- **1 Indefinite Suspension for Inability to Safely Practice**
- **1 Suspension for dismissal of HPMP**
- **1 Summary Suspension Inability to Safely Practice**

From July 1, 2019 to June 30, 2020, the Board received 476 complaints against its licensees and closed 424 cases. Of the 424 cases closed, 385 were closed with no violation and 57 were closed as undetermined. The outcomes in the remaining cases included 62 advisory letters; 5 confidential consent agreements; and 21 consent orders. During this time period, the Board held 3 formal hearings and 16 informal conferences. The formal hearings concluded with:

- Two dentists being denied reinstatement because their license was revoked in another state and had not been reinstated as required by §54.1-2408 of the Code of Virginia.
- Another dentist was reinstated and placed on indefinite suspension with the suspension stayed conditioned upon compliance with the terms for practice set out in the Board Order. After 3 years, if there is no violations of the order, the dentist may then petition for an unrestricted license.

The allegations the Board addressed in the 16 informal conferences and 21 consent orders included:

- Failing to properly diagnosis and treat a fracture in the mandible, a dry socket and a failing implant.
- Failing to document a diagnosis to support treatment.
- Failing to maintain monitoring results of a patient's vital signs and physiological measures when administering sedation.

VIRGINIA BOARD OF DENTISTRY

Disciplinary Report

- Failing to maintain proper equipment and training regarding sedation.
- Allowing an individual who had not completed a radiation safety course to expose radiographs.
- Improper billing regarding high noble crown vs. semi-precious metal crown.
- Failing to provide proper notice of practice closing to current patients.
- Allowing Dental Assistants I to use a scaler to perform scaling and calculus removal.
- Failing to maintain records regarding the diagnosis and options discussed, including the risks and benefits of treatment or nontreatment.
- Failing to utilize a rubber dam when performing a root canal
- Failing to remove never from mesial canal
- Prepped, impressed, and temporized the wrong tooth
- Failed to access and locate the fourth canal and perforated the pulpal floor
- Allowing dental assistants to utilize cavitron
- Failed to consult with treating physician for a patient that had a cardiac history and was on Coumadin prior to treatment and as a result there were complications
- Prescribing medication without a patient relations, documenting a dental need for medications, and for medications outside the scope of dentistry
- Failing to diagnosis and treat decay
- While performing an extraction on one tooth, pressure was placed on another tooth also causing loss of tooth

July 1, 2018 through June 30, 2019

The table below includes all cases that have received Board action July 1, 2018 through June 30, 2019.

July 1, 2019- June 30, 2020	Cases Received	Cases Closed -No Violation	Cases Closed W/Violation	Total Cases Closed
	715	284	36	674

Virginia Board of Dentistry

Periodic Office Inspections for Administration of Sedation and Anesthesia

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. Each OMSs 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 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 **and register, with the Board,** 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.
- Permit holders shall notify the Board within 30 days of a change in location.
- 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.
- Permit holders will receive a copy of their inspection report with listed deficiencies that does not include a record review, at the time of inspection. The permit holder will be asked to correct those deficiencies within 30 days and provide proof of correction to the inspector.
- 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.

Recordkeeping

- The patient record shall document the intended level of sedation for each patient and procedure.

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. 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.

An announced pre-permit inspection shall be conducted and verify compliance with appropriate equipment, training of staff, physical plant, and drug control act requirements are met prior to issuing a permit.

If a permit holder, who is an OMS, receives certification from AAMOS after they have a permit with the Board, the permit holder shall notify and provide evidence to the Board within 30 days of receiving AAMOS certification. The permit will then be closed to prevent further inspection. OMSs shall submit AAMOS office examination reports within 30 days of receiving the report from AAMOS.

Costs Related to Inspections

Permit holders will not be charged an inspection fee for a pre-permit inspection or 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. 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 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
Sedation Permits

Applicants for Permit

- Applicants must complete an application for permit in either moderate or deep sedation/general anesthesia. Applicants for a permit for the administration of sedation and anesthesia shall identify every location that the applicant will be administering sedation and anesthesia.
- The applicant shall provide the Board with the address of each facility where he intends to practice with sedation so that a pre-permit inspection can be conducted.
- Once the application is deemed complete, an employee of the Department of Health Professions (inspector) will conduct an announced inspection(s) at all applicable locations.

Pre-permit Inspection

- An employee of the Department of Health Professions (inspector) will conduct an announced inspection, at all applicable locations, to review compliance with required sedation equipment (18VAC60-21-291 (B) and 18VAC60-21-301 (C)), appropriate training of staff (18VAC60-21-260.H (2), 18VAC60-21-260 (I), 18VAC60-21-260 (J), 18VAC60-21-290 (D) (E), 18VAC60-25-100, and 18VAC60-21-300 (C)), physical plant requirements (18VAC60-21-60.A (1), and drug control act requirements (§54.1-3404).
- If an applicant is compliant with all applicable regulations, then the applicant will receive a permit. However, if the applicant is found to be in non-compliance with applicable regulations, then the applicant will receive a report listing the non-compliance. Depending upon the non-compliance, the applicant will be required to submit evidence of the correction or another announced inspection will be scheduled. When the applicant is in compliance, the applicant will receive a permit.

Periodic Office Inspection for Administration of Sedation and Anesthesia*

- Periodic Office Inspections will be announced if there was no previous disciplinary action taken by the Board. The announcement of the inspection will occur approximately 5 business days or less prior to the inspection.
- Periodic Office Inspections that are unannounced will occur if there was previous disciplinary action taken by the Board.
- The permit holder will receive a copy of their onsite inspection report with listed deficiencies at the time of inspection. The permit holder shall correct and provide proof of correction of those deficiencies to the inspector within 15 business days. The inspector may grant an extension, for up to an additional 10 business days.

Recordkeeping

- The permit holder shall comply with all applicable regulations regarding sedation recordkeeping (18VAC-21-260 (C) (D) (K), 18VAC60-21-291(D) (E) 18VAC60-21-301 (E) (G)).
- The permit holder shall document within the patient record the intended level of sedation for each patient and each procedure.

OMS Requirements

- The requirement for a sedation permit shall not apply to an oral and maxillofacial surgeon (OMS) who maintains membership in AAOMS and who provides the board with reports that result from the periodic office examinations required by AAOMS (18VAC60-21-300 (A)).

- An OMS shall hold a sedation permit if not a member of AAOMS. If the OMS holds a sedation permit and then becomes a member of AAOMS, the OMS shall notify the Board within 30 days of becoming a member of AAOMS.
- An OMS, that is a member of AAOMS, shall submit AAOMS office examination reports to the Board within 30 days of receipt.

DRAFT

American Association of Dental Boards
211 E Chicago Avenue
Suite 760
Chicago, IL 60611

INVOICE 1326



Virginia Board of Dentistry

Invoice # 1326
Invoice Date 06/29/2020
Invoice Due 06/29/2020

Amount Due	\$ 2,235.00
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Transactions

Description	Amount
Membership Renewal - Agency Member - Virginia Board of Dentistry - (through June 30, 2021) Sandra K. Reen	\$ 2,235.00

Total Amount	\$ 2,235.00
Amount Paid	-\$ 0.00
Amount Due	\$ 2,235.00