

VIRGINIA BOARD OF DENTISTRY
BOARD REGULATORY MEETING AGENDA
MAY 16, 2025

<u>TIME</u>		<u>PAGE</u>
10:00 a.m.	Call to Order – Sidra Butt D.D.S., Secretary-Treasurer	—
	Public Comment – Dr. Butt	—
	Approval of Minutes	1-2
	<ul style="list-style-type: none"> • October 27, 2023, Regulatory Committee Meeting Minutes 	
	Legislation and Regulation - Ms. Barrett	
	<ul style="list-style-type: none"> • Discussion of regulatory changes necessary to create a pathway for dental hygienists to perform restorative procedures without registering as a DAIH 	3-18
	<ul style="list-style-type: none"> • Dental Hygienists Restorative Duties – State Chart 	19-23
	<ul style="list-style-type: none"> • Recommendation of next steps for regulatory action from 2022 Petition for Rulemaking 	24-39
	<ul style="list-style-type: none"> • Refresher Course Program Information 	40
	Committee Discussion Topics	
	<ul style="list-style-type: none"> • Consideration of Public Comments 	—
	<ul style="list-style-type: none"> • Review of the need of adding more radiological providers – Jamie Sacksteder, Executive Director 	—
	<ul style="list-style-type: none"> ○ December 13, 2024, Board Business Meeting Minutes 	41-45
	Recommendations	—
	Adjourn	—

**VIRGINIA BOARD OF DENTISTRY
REGULATORY MEETING MINUTES
October 27, 2023**

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 10:01 a.m., on October 27, 2023, at the Perimeter Center, 9960 Mayland Drive, in Board Room 4, Henrico, Virginia 23233.

PRESIDING: Jamiah Dawson, D.D.S.

MEMBERS PRESENT: William C. Bigelow, D.D.S.
Aif Hendricksen, D.D.S.

STAFF PRESENT: Jamie C. Sacksteder, Executive Director
Erin Weaver, Deputy Executive Director
Sarah Moore, Executive Assistant
Erin Barrett, Director of Legislative and Regulatory Affairs

OTHERS PRESENT: Dr. William Harp, Executive Director, Board of Medicine
Dr. Cindy Southern, Virginia Dental Association (VDA)
Dr. Robert A. Straus, VCU Medical Center
Dr. Reza Mirali, Plastic Surgery and Dermatology Associates
Kelsey Wilkinson, Medical Society of Virginia

QUORUM: With three members of the Board present, a quorum was established.

Ms. Sacksteder read the emergency evacuation procedures.

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

Scott Frey, D.D.S., from Hampton Roads area signed up for Public Comment and spoke regarding the need for dentists' approval for use of Botulinum toxin injections.

Dr. Dawson closed the Public Comment Period.

APPROVAL OF MINUTES: Dr. Dawson asked for a motion to approve the October 14, 2022, Regulatory Meeting Minutes. Dr. Bigelow made the motion, it was seconded and passed unanimously.

LEGISLATION, REGULATION AND GUIDANCE: **Senate Bill 1539** - Ms. Barrett discussed the passing of SB1539 during the 2023 Commonwealth of Virginia General Assembly, and the subsequent passed budget bill amendment which calls for emergency regulations to be established by the Board for the use of Botulinum toxin injections by dentists for cosmetic purposes. The Board is to establish specific recommendations for training and education requirements to be approved during the December 2023, Board Meeting. These requirements will be used to establish permanent regulations to be included in the Regulations Governing the Practice of Dentistry.

**COMMITTEE DISCUSSION
TOPICS:**

Consideration of Public Comments – Dr. Dawson asked for any Board Member's wanting to discuss the Public Comments and none were requested.
Review of educational requirements of a Dentist vs. and OMS – Dr. Strauss

Dr. Strauss advised on educational requirements of Dentists and Oral and maxillofacial surgeons (OMS).

Review of different states training requirements for botulinum toxin injections – Ms. Sacksteder

Ms. Sacksteder presented a chart of different states requirements for the administration of cosmetic botulinum toxin for the Board's reference during discussion.

Discussion of recommended requirements for regulation and training – Ms. Sacksteder

Ms. Sacksteder led the Board in discussion of 16 topic points for consensus of recommendation for the regulations and training of Dentists prior to their certification to provide botulinum toxin injections for cosmetic purposes. She stressed that these regulations are for cosmetic purposes only and not for therapeutic purposes. The Board discussed and confirmed training requirements, recommended hours of training, continuing education requirements and universal precautions to be upheld for the purpose of public safety. The draft regulatory language will be presented at the December Board Meeting.

ACTION:

Ms. Sacksteder and Ms. Barrett will use the topic points approved by the regulatory committee to create the emergency regulations to be approved during the December 2023, Board Meeting. Erin Barrett, Director of Legislative and Regulatory Affairs, will then submit the Notice of Intended Regulatory Action (NOIRA), along with the description of the changes being considered, to be published. The Board will subsequently receive comments from the public. If comments are received, this can be used to amend the proposed regulations, if needed, prior to the proposed and final regulations being completed.

ADJOURNMENT:

With all business concluded, the panel adjourned at 12:11 p.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

Agenda Item: Discussion of regulatory changes necessary to create a pathway for dental hygienists to perform restorative procedures without registering as a DA II

Included in your agenda package:

- Draft amendments to Chapters 21, 25, and 30

Action needed:

- Discussion of changes needed;
- Upon conclusion of discussion, recommendation to full board to adopt fast-track regulatory amendments to create a pathway for dental hygienists to perform restorative procedures without registering as a DA II.

Project 8213 - Fast-Track

Board of Dentistry

Revision of dental hygienist training and duties to eliminate need for dual licensure as a dental hygienist and registration as a DAII

18VAC60-21-10. Definitions.

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

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

"Maxillofacial"

"Oral and maxillofacial surgeon"

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

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

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, the dentist's facility, the dentist's partner or associate, or any dentist affiliated with the dentist or the dentist's facility

by any means or method for the purpose of inducing purchase, sale, or use of dental methods, services, treatments, operations, procedures, or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures, or products.

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

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

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

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

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

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

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

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

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

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

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

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

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist, a dental assistant, or a certified registered nurse anesthetist who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist,

(iii) preparing the patient for dismissal following treatment, or (iv) administering topical local anesthetic, sedation, or anesthesia as authorized by law or regulation.

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

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

"Analgesia" means the diminution or elimination of pain.

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

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

"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to independently maintain ventilatory function may be impaired.

Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

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

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

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

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

"Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilator and cardiovascular functions are unaffected. Minimal sedation includes the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness and includes "inhalation analgesia" when used in combination with any such sedating agent administered prior to or during a procedure.

"Moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light

tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

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

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

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

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

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

"Vital signs" means clinical measurements, specifically pulse rate, respiration rate, and blood pressure, that indicate the state of a patient's essential body functions.

18VAC60-21-130. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;
3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100, may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;
4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;
5. Operation of high speed rotary instruments in the mouth;
6. Administering and monitoring moderate sedation, deep sedation, or general anesthetics except as provided for in § 54.1-2701 of the Code and Part VII (18VAC60-21-260 et seq.) of this chapter;
7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental hygienists or dental assistants II with advanced training as specified in 18VAC60-25-100 E or 18VAC60-30-120;
8. Final positioning and attachment of orthodontic bonds and bands; and
9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

18VAC60-25-100. ~~Administration of controlled substances~~ Requirements for delegation to a dental hygienist.

A. A licensed dental hygienist may:

1. Administer topical oral fluoride varnish under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § 54.1-3408 of the Code of Virginia;

2. Administer topical Schedule VI drugs, including topical oral fluorides, topical oral anesthetics, and topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions pursuant to subsection J of § 54.1-3408 of the Code of Virginia; **and**

3. If qualified in accordance with subsection B or C of this section, administer Schedule VI nitrous oxide/inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia parenterally under the indirect supervision of a dentist; **and**

4. If qualified in accordance with subsection F of this section, perform restorative procedures under the direct supervision of a dentist.

B. To administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a CODA accredited dental or dental hygiene program, which includes didactic and clinical instruction in the following topics:

- a. Patient physical and psychological assessment;
- b. Medical history evaluation;
- c. Equipment and techniques used for administration of nitrous oxide;
- d. Neurophysiology of nitrous oxide administration;
- e. Pharmacology of nitrous oxide;
- f. Recordkeeping, medical, and legal aspects of nitrous oxide;
- g. Adjunctive uses of nitrous oxide for dental patients; and
- h. Clinical experiences in administering nitrous oxide, including training with live patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

C. To administer local anesthesia parenterally to patients 18 years of age or older, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia that is offered by a CODA accredited dental or dental hygiene program, which includes didactic and clinical instruction in the following topics:

- a. Patient physical and psychological assessment;
- b. Medical history evaluation and recordkeeping;
- c. Neurophysiology of local anesthesia;
- d. Pharmacology of local anesthetics and vasoconstrictors;
- e. Anatomical considerations for local anesthesia;
- f. Techniques for maxillary infiltration and block anesthesia;
- g. Techniques for mandibular infiltration and block anesthesia;
- h. Local and systemic anesthetic complications;
- i. Management of medical emergencies; and
- j. Clinical experiences in administering local anesthesia injections on patients.

2. Successfully complete an examination with a minimum score of 75% in the parenteral administration of local anesthesia given by the accredited program.

D. A dental hygienist who holds a certificate or credential issued by the licensing board of another jurisdiction of the United States that authorizes the administration of nitrous

oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:

1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or
2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.

E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.

F. To perform restorative procedures, a dental hygienist shall:

1. Successfully complete a course in restoration procedures that is offered by a CODA accredited dental, dental hygiene, or dental assistant program which includes didactic and clinical instruction in the following topics:

a. 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. 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 10 hours of making final impressions, placement of a non-epinephrine retraction cord, 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.

2. Successfully complete clinical experience applying the techniques learned in the preclinical coursework and laboratory training in the following modules:

a. At least 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 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 30 hours of making final impressions; placement of non-epinephrine retraction cord; 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.

3. Successful completion of the following competency examinations given by the accredited educational program:

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

b. A clinical competency exam.

G. A dental hygienist who holds a certificate or credential issued by the licensing board of another jurisdiction of the United States that authorizes performance of restoration procedures may be authorized for such practice in Virginia if:

1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections F 2 and F 3 of this section; or

2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such restoration procedures for at least 24 of the past 48 months preceding application for licensure in Virginia.

H. A dentist who provides direction for restoration procedures shall ensure that the dental hygienist has met the qualifications for such restoration procedures as set forth in this section.

18VAC60-30-116. Requirements for educational programs. (Repealed.)

~~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 or active licensure as a dental hygienist.~~

B. To be registered as a dental assistant II, a person shall complete a competency-based program from an educational institution that meets the requirements of 18VAC60-30-116. An applicant may be registered as a dental assistant II with specified competencies completed in education as described in this subsection:

1. Didactic coursework in dental anatomy 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 to be completed in the following modules:

a. 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. 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 10 hours of making final impressions, placement of a non-epinephrine retraction cord, 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.

4. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training in the following modules:

a. At least 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 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 30 hours of making final impressions; placement of non-epinephrine retraction cord; 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.
5. Successful completion of the following competency examinations given by the accredited educational programs:
- a. A written examination at the conclusion of didactic coursework; and
 - b. A clinical competency exam.

Dental Hygienists Restorative Duties – State Chart

State	Apply Cavity- Liners and Bases	Place/Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
AL	Allowed*	Allowed*	Place Only*	Prohibited	Prohibited	
AK				Allowed*	Allowed*	Board Approved Course WREB or Equivalent Exam
AZ		Place*				
AR				Prohibited	Prohibited	Program
CA	Allowed**	Allowed**	Allowed**	Allowed* Requires RDAEF License	Allowed* Requires RDAEF License	
CO		Allowed				
CT		Prohibited		Prohibited	Prohibited	
DE		Prohibited	Prohibited	Prohibited	Prohibited	
DC	Prohibited	Allowed		Prohibited	Prohibited	
FL	Allowed	Allowed	Allowed	Allowed	Allowed	Board Approved Course
GA	Allowed*		Allowed*			
HI				Prohibited	Prohibited	



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State	Apply Cavity-Liners and Bases	Place/Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
ID	Allowed*	Place Only	Place Only*	Allowed	Allowed	Restorative Endorsement. WREB or Equivalent Restorative Exam.
IL		Place Only		Allowed	Allowed	
IN						
IA	Allowed	Allowed		Allowed	Allowed	Expanded Function Training
KS		Place Only				Extended Care Permit III
KY	Allowed*		Allowed*	Allowed*	Allowed*	Proof of competency.
LA				Prohibited	Prohibited	
ME		Allowed	Allowed*	Allowed*	Allowed*	Board approved EFDA program
MD		Allowed	Allowed	Prohibited	Prohibited	
MA	Prohibited	Remove Only*	Allowed*	Prohibited	Prohibited	
MI	Allowed*	Allowed*	Allowed	Allowed*		Registered Dental Assistant took approved course
MN		Allowed*	Allowed*	Allowed	Allowed*	Board approved course to place/adjust permanent restorations

MN also permits RDH to place, contour, and adjust glass ionomer



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Dental Hygienists Restorative Duties by State

State	Apply Cavity- Liners and Bases	Place/Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
MS						
MO		Allowed*	Place Only	Allowed	Allowed	Expanded Functions Permit
MT		Allowed*		Prohibited	Prohibited	
NE				Prohibited	Prohibited	
NV		Place Only	Allowed			
NH	Allowed	Allowed	Allowed*	Place		Expanded Duty Course
NJ		Allowed		Place Only	Place Only	
NM		Allowed	Allowed	Allowed	Allowed	EFDA Certification
NY		Allowed*		Allowed*	Allowed*	Approved Course
NC	Allowed*	Place Only*				
ND	Prohibited	Allowed*	Allowed	Allowed	Allowed	Board approved course, WREB or Equivalent Exam, Restorative function component of the DANB-certified restorative functions dental assistant examination



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Dental Hygienists Restorative Duties by State

State	Apply Cavity-Liners and Bases	Place/Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
OH		Allowed*	Place Only	Place Only	Place Only	
OK		Place Only				
OR	Allowed	Place Only	Allowed	Allowed	Allowed*	Board approved course, WREB or Equivalent Exam, Restorative Function Endorsement.
PA	Allowed*			Allowed*	Allowed*	
RI		Allowed		Prohibited	Prohibited	
SC		Place Only*		Prohibited	Prohibited	
SD		Place Only		Prohibited	Prohibited	
TN	Allowed	Allowed		Place Only		Restorative Function Permit
TX	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	
UT						
VT						Trainings expanded function
VA			Place Only	Place/Carve	Place/Carve	Dental Assistant II Program



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Dental Hygienists Restorative Duties by State

State	Apply Cavity-Liners and Bases	Place/Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
WA		Allowed*	Allowed*	Allowed*	Allowed*	Restorative services in curriculum of WA DH programs. WREB restorative required for dental hygiene license.
WV	Allowed*	Allowed*	Allowed			
WI		Place Only				Replacement of temporary restorations in emergency situations only.
WY		Place Only		Allowed (with EP Certificate)	Allowed (with EP certificate)	Expanded function certificate no longer offered, but existing certificates honored.

*Can do services by virtue of inclusion in dental assistants' scope of practice
 **Allowed for an RDH, RDHEF, or RDHAP licensed prior to 2006



This document is intended for informational purposes only and does not constitute a legal opinion regarding dental practice in any state. To verify any information, please contact your state's dental board.

Revised July 2024
 www.adha.org

Agenda Item: Consideration of next steps following publication of NOIRA related to 2022 petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received in January 2022;
- Minutes from the May 2022 Regulatory Committee meeting;
- Pertinent part of minutes from the June 2022 Full Board meeting;
- NOIRA related to acceptance of petition for rulemaking, which completed Executive Branch review and was published on August 21, 2024;
- Public comments received during the public comment period following publication of the NOIRA; and
- Pertinent part of fast-track regulatory action which became effective in October 2024.

Action needed:

- Discussion regarding next step for regulatory action following effective date of fast-track regulatory action.
- Motion to recommend committee decision to full Board for action at the March 2025 Board Meeting.



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 (§ 5.2-4007) 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)

Joyce Ann Turcotte

Street Address

2010 Sharon St.

Area Code and Telephone Number

203-261-2857

City

Boca Raton

State

FL

Zip Code

33486

Email Address (optional)

jturcotte@pls.org

Fax (optional)

203-459-2911

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.

Section 18VAC80-25-210A3(B) Reinstatement or reactivation of a license

Acceptable Clinical Examinations Effective March 16, 2021

Definitions to Applied Terms

"Clinical Competency Exam" means a formal test of knowledge and competence in the evaluation, diagnosis, and treatment of dental conditions and the prevention of dental diseases which includes live patient and/or manikin based testing methods to demonstrate the skills needed to safely provide care and treatment of patients.

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

Summary of Substance: Dental Hygiene Refresher Programs accepted by the American Dental Association and the American Academy of Dental Hygiene are evaluated according to their established standards and guidelines for didactic and clinical competency.

Rationale: The current regulation Section 18VAC80-25-210A3(II) does not include Dental Hygiene Programs recognized by the ADA and AADH for license reinstatement for experienced dental hygienists.

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

§ 54.1-2400

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates

Signature:

Joyce Ann Turcotte

Date:

1/26/2022

March 2019

**VIRGINIA BOARD OF DENTISTRY
REGULATORY-LEGISLATIVE COMMITTEE MEETING MINUTES
May 20, 2022**

TIME AND PLACE: The meeting of the Regulatory-Legislative Committee was called to order at 1:02 a.m., on May 20, 2022 at the Perimeter Center, 9960 Mayland Drive, in Board Room 3, Henrico, Virginia 23233.

PRESIDING: Patricia B. Bonwell, R.D.H., PhD.

COMMITTEE MEMBERS PRESENT: Jamiah Dawson, D.D.S.
Alf Hendricksen, D.D.S.
J. Michael Martinez de Andino, J.D.

COMMITTEE MEMBERS ABSENT: Joshua Anderson, D.D.S.

OTHER PARTICIPATING BOARD MEMBERS: Nathaniel C. Bryant, D.D.S.

STAFF PRESENT: Jamie C. Sacksteder, Acting Executive Director
Donna M. Lee, Discipline Case Manager
Erin Barrett, Senior Policy Analyst, Department of Health Professions

ESTABLISHMENT OF A QUORUM: With four members of the Committee present, a quorum was established.
Ms. Sacksteder read the emergency evacuation procedures.

PUBLIC COMMENT: Dr. Bonwell explained the parameters for public comment and opened the public comment period. There was no public comment.

APPROVAL OF MINUTES: Dr. Bonwell asked if there were any edits or corrections to the February 18, 2022 minutes. Dr. Dawson moved to approve the minutes as presented. The motion was seconded and passed.

COMMITTEE DISCUSSION TOPICS: **Removal of Pulp Capping as a Delegable Task for a Dental Assistant II** - Ms. Barrett explained that a previous NOIRA was submitted for removal of direct pulp capping from tasks delegable to a Dental Assistant II; however, the NOIRA should have been for indirect pulp capping. The Committee would make a recommendation that the Board at its June Board Business meeting for the approved regulatory language of adding the word "indirect" pulp capping procedures to be delegable to a Dental Assistant II.

Ms. Sacksteder stated that she spoke with Board Counsel and he recommended that Dental Assistant II's that have the delegable duty of pulp capping on their registration to be grandfathered in.

The Committee agreed by consensus to recommend to the Board that Dental Assistant II's, approximately 38 of them, that currently have the delegation of pulp capping be grandfathered in.

The Committee agreed by consensus to recommend to the Board to accept the regulatory language adding "indirect" pulp capping procedures to be a task delegable to a Dental Assistant II; and also recommend that a guidance document be created to explain the regulation change.

Petition for Rulemaking: Reinstatement Applications – Ms. Barrett informed the Committee that a Petition for Rulemaking was submitted to allow refresher courses provided by the ADA and AADH for dental hygienists applying for reinstatement in accordance with 18VAC60-25-210(B) of the Regulations Governing Dental Hygiene.


Ms. Sacksteder stated reinstatement applicants for dentists should also be considered regarding refresher courses, in order to be consistent.

The Committee agreed by consensus to recommend to the Board to initiate rulemaking and issue a NOIRA to revise 18VAC60-24-210 and 18VAC60-21-240 to allow refresher courses provided by the ADA and AADH for reinstatement applicants; and also recommend that a guidance document be created on defining what a refresher course is that is acceptable to the Board. It is recommended for both the dentist and dental hygiene reinstatement applicants to require 15 hours of CE per each calendar year that the applicant has no active practice or 1.25 hour per month. The refresher course to be at least 75% clinical hands-on and the rest can be didactic. The certificate of the approved refresher course must reflect the number of hours that are hands-on clinical.

Digital Scan Technician Regulations - Ms. Barrett stated that the Board at its June 11, 2021 meeting voted to adopt the proposed regulations for Digital Scan Technicians. Ms. Barrett explained that she and Ms. Sacksteder, while working on the comments of the final regulations, realized that the incorrect draft regulations were posted on Town Hall, submitted to the Secretary's Office, and the Governor's office so the process has to start again. Therefore, the regulatory action had to be withdrawn and a new proposed stage has begun that reflected the accurate final draft that was approved by the Board in June 2021. This proposed stage will be submitted for public comment after Executive Branch review. There was no motion required by the committee since the Board already previously approved the final draft in June 2021.


NEXT MEETING: No date scheduled.

ADJOURNMENT: With all business concluded, the Committee adjourned at 1:27 p.m.



 Jamiah Dawson, DDS Chair
 10/14/22

 Date



 Jamie C. Sacksteder, Acting Executive Director
 10/14/22

 Date

**VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
June 10, 2022**

- TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 9:03 a.m., on June 10, 2022 at the Perimeter Center, 9960 Mayland Drive, in Board Room 4, Henrico, Virginia 23233.
- PRESIDING:** Nathaniel C. Bryant, D.D.S., President
- MEMBERS PRESENT:** Jamiah Dawson, D.D.S., Secretary
Sidra Butt, D.D.S.
Sultan E. Chaudhry, D.D.S.
Alf Hendricksen, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Dagoberto Zapatero, D.D.S.
- MEMBERS ABSENT:** Joshua Anderson, D.D.S.
Patricia B. Bonwell, R.D.H., PhD.
- STAFF PRESENT:** Jamie C. Sacksteder, Acting Executive Director
Donna Lee, Discipline Case Manager
Sally Ragsdale, Executive Assistant
David C. Brown, D.C., Agency Director, Department of Health Professions
Erin Barrett, Senior Policy Analyst, Department of Health Professions
- COUNSEL PRESENT:** Jim E. Rutkowski, Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With eight members of the Board present, a quorum was established.
Ms. Sacksteder read the emergency evacuation procedures.
- PUBLIC COMMENT:** Dr. Bryant explained the parameters for public comment and opened the public comment period. Dr. Bryant notified the Board of a letter submitted for public comment by Barry Dorans on behalf of Southern Regional Testing Agency "SRTA" on pages 1-8 of the agenda packet. SRTA was asking the Board to reconsider its earlier decision of only accepting the ADEX beginning January 1, 2023 for dental hygiene applicants to continuing to accept SRTA's examination.
Tracey Martin, BSDH, RDH, President of Virginia Dental Hygienists' Association (VDHA)- Ms. Martin stated that VDHA supports the mandatory training in CDC recommended infection control procedures for all Virginia dental assistants; and to provide further public protection, the removal of the 60-day grace period for dentists/employers to provide such training.
Ms. Martin also stated that the VDHA supports Guidance Document 60-7 and the notifying all Virginia dental licensees via the email draft in today's agenda packet, with clearly defines 18VAC60-21-140 and 18VAC60-21-160,

made and passed to refer Chapters 21, 25 and 30 to the Regulatory-Legislative committee to determine amendments.

Ms. Lemaster moved that the Board retain Chapters 21, 25, and 30, but amend the chapters. The motion was seconded and passed.

Consideration of Petition for rulemaking— Ms. Barrett explained that the a petition for rule-making is regarding allowing refresher courses provided by the ADA and AADH for dental hygienists applying for reinstatement.

The Legislative-Regulatory Committee recommended initiating rulemaking and issue a NOIRA to revise 18VAC60-25-210 and 18VAC60-21-240.

Ms. Sacksteder informed the Board that the regulations are not clearly defined on what is considered a "refresher" course. The petition for rulemaking would also apply to reinstatement applicants for dentists, in order to be consistent.

Ms. Lemaster moved to initiate rulemaking and issue a NOIRA to revise 18VAC60-25-210 of the Regulations Governing the Practice of Dental Hygiene and 18VAC60-21-240 of the Regulations Governing the Practice of Dentistry. The motion was seconded and passed.

Ms. Barrett recommended that the Board request staff prepare a guidance document to outline the length of the refresher course and other criteria to present to the Legislative-Regulatory Committee and back before the full Board for approval. The motion was seconded and passed.

Ms. Lemaster moved to request Board staff to present a guidance document to the Legislative-Regulatory Committee that outlines the length of the refresher course and other criteria, which then can be presented to the Board for approval. The motion as seconded and passed.

Adoption of Proposed Regulations Regarding Pulp-Capping – Ms. Barrett stated. that the Legislative-Regulatory Committee recommended the following:

Proposed regulatory changes to 18VAC60-30-120(3)(a) of the Regulations Governing the Practice of Dental Assistants:

- after the word "cord", remove the word "and" and add the word "indirect"

Proposed regulatory changes to 18VAC60-30-120(3)(b) of the Regulations Governing the Practice of Dental Assistants:

- after the word "cord", remove the word "and" and add the word "indirect".

Ms. Barrett also reviewed the proposed Guidance Document 60-11 that was recommended by the Legislative-Regulatory Committee.



townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Dentistry, Department of Health Professions
Virginia Administrative Code (VAC) Chapter citation(s)	18VAC60-21 18VAC60-25
VAC Chapter title(s)	Regulations Governing the Practice of Dentistry Regulations Governing the Practice of Dental Hygiene
Action title	Refresher courses required for reinstatement
Date this document prepared	June 10, 2022

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).

In response to a petition for rulemaking, the Board is proposing to amend 18VAC60-21-240 and 18VAC60-25-210 to expand the type of refresher courses reinstatement applicants may take. The Board is also proposing to amend these regulations to clarify that the number of course hours required, and the amount of didactic training and clinical training required, will depend on the number of years a dentist or dental hygienist has been out of practice.

Acronyms and Definitions

Define all acronyms or technical definitions used in this form.

N/A

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

There is no mandate for this action. The impetus for expansion of types of refresher courses accepted is a petition for rulemaking filed by a petitioner requesting that the Board amend 18VAC60-25-240 to accept refresher courses accepted by the American Dental Association or the American Academy of Dental Hygiene. Because the same limitations apply to regulations regarding dentists applying for reinstatement or reactivation of a license, the Board intends to amend 18VAC60-21-240 as well.

In addition, the Board has received numerous applications for reinstatement or reactivation with insufficient completion of refresher courses. For example, the Board feels that a dentist who has not practiced in Virginia or any other jurisdiction for ten years should complete more than a refresher course that totaled three hours of didactic training. The Board intends to clarify that didactic and clinical training may be required due to time out of practice and that course hours will be dependent on time out of practice.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations of the Board of Dentistry are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Virginia Code § 54.1-2400(6) specifically states that the general powers and duties of health regulatory boards shall be "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system."

Purpose

Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.

The Board is initiating this rulemaking following receipt and consideration of a petition for rulemaking to expand the available refresher courses for dental hygienists applying for reinstatement or reactivation. The Board, in its review of the petition, recognized that the same limitation applied to dentists applying for reinstatement or reactivation. In order to ensure application for reinstatement or reactivation is less burdensome on both categories of licensure, the Board determined to initiate rulemaking.

Additionally, the Board has received numerous applications for reinstatement or reactivation with insufficient completion of refresher courses. For example, the Board feels that a dentist who has not practiced in Virginia or any other jurisdiction for ten years should complete more than a refresher course that totaled three hours of didactic training. The Board intends to clarify that didactic and clinical training may be required due to time out of practice and that course hours will be dependent on time out of practice. This change will protect the public because the Board and the public can be confident that licensees who have been inactive for significant periods of time are able to safely practice on citizens of the Commonwealth.

Substance

Briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

The Board will consider amending 18VAC60-21-240 and 18VAC60-25-210 to (1) expand the types of refresher programs accepted for reinstatement or reactivation of a license, and (2) clarify that the number of hours and type of training, including amount of didactic training and amount of clinical training, will vary depending on the amount of time an applicant has been out of practice.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

Licensure of dentists and dental hygienists, including requirements for reinstatement and reactivation, are dictated by regulation. There is no alternative to amending regulations to lessen the burden on applicants searching for acceptable refresher courses.

**Periodic Review and
Small Business Impact Review Announcement**

This NOIRA is not being used to announce a periodic review or a small business impact review.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

The Board of Dentistry is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Erin Barrett, Agency Regulatory Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or erin.barrett@dhp.virginia.gov or by fax to (804) 915-0382. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage, and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<https://townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://commonwealthcalendar.virginia.gov/>). Both oral and written comments may be submitted at that time.



Agency

Department of Health Professions

Board

Board of Dentistry

Chapter

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

Action Expansion and clarification of refresher courses required for reinstatement of a license

Stage NOIRA

Comment Period Ended on 9/11/2024

3 comments

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

[Back to List of Comments](#)

Commenter: Frank luorno 8/28/24 9:18 am

Refresher Course Requirements

I applaud the BOD for clarifying the requirements for refresher courses, however, see no significant detail in the NOIRA documentation upon which to comment. These courses are few and far between and difficult to find. I would suggest that a complete listing of possible courses that meet requirements be developed to be sure that potential licensees have access to an appropriate courses.

CommentID: 227465

Commenter: Virginia Dental Association 9/10/24 4:17 pm

Proposal to Amend Regulations on Refresher Courses for Reinstatement Applicants

I am writing on behalf of the Virginia Dental Association in response to the Virginia Board of Dentistry's proposal to amend 18VAC60-21-240 and 18VAC60-25-210 to expand the types of refresher courses reinstatement applicants may take.

The NOIRA states the Board is also proposing to amend these regulations to clarify that the number of course hours required, and the amount of didactic training and clinical training required, will depend on the number of years a dentist or dental hygienist has been out of practice. Without spelling out the specifics of that proposal, it is difficult to comment on their appropriateness.

As many licensed dentists, dental hygienists and expanded functions dental assistants had careers put on hold in the past five years, we believe that it is particularly important at this time to have a clearly defined path to reinstating a lapsed license that is not unnecessarily burdensome in demonstrating continued competence.

As of this writing, the VDA is aware of only one refresher course for dentists and dental hygienists offered in Virginia that meets the criteria adopted in December 2, 2022 in Guidance Document 60-

12 and is aware of no currently offered refresher courses that meet the criteria for a dental assistant II whose license has lapsed.

A nurse in Virginia, by comparison, whose license has lapsed for more than a year, has nine different options to demonstrate continued competency, certified by upwards of 13 providers.

The current guidance document for reinstatement of a license for a dentist, dental hygienist or dental assistant II requires that the refresher course be offered by a CODA-accredited program. However, CODA does not accredit refresher courses themselves and, in the case of dental assistant II's, CODA also does not accredit that educational program.

The physical space in which a refresher course is offered is not indicative of its quality, and the board accepts more than fifteen sponsors of continuing education for purposes of annual licensure renewal for oral healthcare professionals.

The VDA supports the Board of Dentistry's stated proposal to expand the type of refresher courses reinstatement applicants may take and asks the Board to limit its requirements to what is necessary to demonstrate continued competency.

Dustin Reynolds, DDS

President, Virginia Dental Association
CommentID: 227759

Commenter: Catherine Berard

9/11/24 4:51 pm

Proposal to Amend Regulations on Refresher Courses for Reinstatement of a License

Thank you for the opportunity to respond to the Notice of Intended Regulatory Action (NOIRA) regarding proposed amendments to 18VAC60-21-240 and 18VAC60-25-210 to expand the type of refresher courses reinstatement applicants may take and to amend these regulations to clarify that the number of course hours required, and the amount of didactic training and clinical training required, will depend on the number of years a dentist or dental hygienist has been out of practice.

We applaud the Board for recognizing the limited menu of refresher course options available to dentists and dental hygienists applying for reinstatement or reactivation and initiating action to address that situation.

The Virginia Dental Hygienists' Association (VDHA) advocates for continued competence, lifelong learning and ongoing professional development for dental hygienists, and we recognize that the important component of that is continuing education for license reinstatement.

We support efforts to expand the type and options of license reinstatement refresher courses. In developing standards for those courses, we encourage the Board to focus on didactic and clinical requirements necessary in demonstrating continued competency. Individual applicant assessment should establish the number of course hours needed rather than numbers stipulated by regulation.

Thank you

Catherine Berard, BSDH, RDH

VDHA Public Health and Professional Affairs Council Chair

CommentID: 227779

Project 7287 - Fast-Track – Effective October 24, 2024 – sections indicated by NOIRA only

Board of Dentistry

**Implementation of amendments Identified during 2022 periodic review of Chapters 21, 25,
and 30**

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

A. Dental licensure by examination.

1. All applicants for licensure by examination shall have:

- a. Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and
- b. Passed a dental clinical competency examination that is accepted by the board.

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

3. ~~Applicants~~ An applicant who successfully completed a clinical competency examination five or more years prior to the date of receipt of ~~their applications~~ the applicant's application for licensure by ~~this~~ the board may be required to retake an examination or ~~take continuing education that meets the requirements of 18VAC60-21-250~~ complete clinical training as required by the board unless they demonstrate the applicant demonstrates that ~~they have~~ the applicant has maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

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

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

18VAC60-25-210. Reinstatement or reactivation of a license.

A. Reinstatement of an expired license.

1. Any person whose license has been expired for more than one year and who wishes to reinstate such license shall submit to the board a reinstatement application and the reinstatement fee.
2. An applicant for reinstatement shall submit evidence of completion of continuing education that meets the requirements of 18VAC60-25-190 and is equal to the requirement for the number of years in which his the applicant's license has not been active in Virginia, not to exceed a total of 45 hours. Of the required hours, at least 15 must

be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

3. An applicant for reinstatement shall also provide evidence of continuing clinical competence that may also include (i) documentation of active practice in another state or in federal service, (ii) recent passage of a clinical competency examination accepted by the board, or (iii) completion of a clinical hands-on refresher program offered by a CODA accredited program.

4. The executive director may reinstate a license provided that the applicant can demonstrate continuing clinical competence, that no grounds exist pursuant to § 54.1-2706 of the Code and of Virginia or 18VAC60-25-120 to deny said reinstatement, and that the applicant has paid the reinstatement fee and any fines or assessments.

B. Reactivation of an inactive license.

~~1. An inactive license may be reactivated upon submission of the required application, and payment of the current renewal fee, and documentation of having completed continuing education that meets the requirements of 18VAC60-25-190 and is equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation.~~

2. An applicant for reactivation shall also provide evidence of continuing clinical competence that may also include (i) documentation of active practice in another state or in federal service, (ii) recent passage of a clinical competency examination accepted by the board, or (iii) completion of a clinical hands-on refresher program offered by a CODA accredited program.

3. The executive director may reactivate a license provided that the applicant can demonstrate continuing clinical competence and that no grounds exist pursuant to § 54.1-2706 of the Code ~~and~~ of Virginia or 18VAC60-25-120 to deny said reactivation.

CODA -Accredited Refresher Course	ADA/ADHA Refresher Course
<p data-bbox="180 254 527 285">CODA-accredited programs</p> <ul data-bbox="240 289 760 760" style="list-style-type: none"> <li data-bbox="240 289 760 384">• CODA is a semi-autonomous agency of the ADA that accredits dental and dental-related education programs. <li data-bbox="240 388 760 483">• CODA's accreditation process includes peer reviews to evaluate the quality of dental education programs. <li data-bbox="240 487 760 655">• CODA accredits programs such as predoctoral (DDS/DMD) dental education programs, advanced dental education programs, dental hygiene and allied dental education programs. <li data-bbox="240 659 760 760">• CODA provides programs and the public with advance notice when revising policies or standards. 	<p data-bbox="781 254 1339 285">ADA and ADHA continuing education courses</p> <ul data-bbox="829 289 1356 583" style="list-style-type: none"> <li data-bbox="829 289 1356 384">• The ADA offers continuing education courses to help dental professionals find quality providers. <li data-bbox="829 388 1356 483">• The ADA CERP/ADHA service helps dental professionals identify quality continuing dental education providers. <li data-bbox="829 487 1356 583">• The ADA CERP/ADHA service does not endorse or approve individual courses or instructors.

CODA provides a quality review for a refresher course to ensure that an applicant is able to demonstrate clinical competency vs. ADA/ADHA that does not endorse or approve individual courses.

No one has complained to the BOD of the ability of finding a CODA-Accredited course.

Received responses from 12 states Alaska, California, North Carolina, Indiana, Florida, Iowa, Arizona, Montana, Minnesota, North Dakota, West Virginia, and Nebraska either will not pre-approve a provider or only accepts CODA Accredited programs.

Received 2 responses from Kentucky and Massachusetts that they accept other refresher course programs.

**VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
December 13, 2024**

- TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 9:00 a.m., on December 13, 2024, at the Perimeter Center, 9960 Mayland Drive, in Board Room 3, Henrico, Virginia 23233.
- PRESIDING:** Sultan E. Chaudhry, D.D.S., President
- MEMBERS PRESENT:** Alf Hendricksen, D.D.S., Vice-President
Sidra Butt, D.D.S., Secretary-Treasurer
William C. Bigelow, D.D.S.
Jamiah Dawson, D.D.S.
Surya Dhakar, D.D.S.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jennifer Szakaly, D.D.S.
- MEMBERS ABSENT:** Margaret F. Lemaster, R.D.H.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Erin Weaver, Deputy Executive Director
Sarah Moore, Executive Assistant
Arne Owens, Agency Director, DHP
Matt Novak, Policy and Economic Analyst
- COUNSEL PRESENT:** N. Brent Saunders, Sr. Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With 9 members of the Board present, a quorum was established.
Ms. Sacksteder read the emergency evacuation procedures.
- PUBLIC COMMENT:** Dr. Chaudhry explained the parameters for public comment and opened the public comment period.

Ms. Tracey Martin, Regulatory and Advocacy Chair for the ADHA, read letter on behalf of Ms. Ryan Christine Maphis, President of the Virginia Dental Hygienists' Association, stating their disapproval of the ADA resolutions.

Dr. Chaudhry closed the public comment period.

APPROVAL OF MINUTES:

Dr. Chaudhry asked if there were any edits or corrections to the September 13, 2024, Board Business Meeting Minutes, the October 2, 2024, Telephone Conference Call Special Session Minutes, the November 1, 2024, Formal Hearing Minutes, the November 1, 2024, Special Session Minutes, or the November 19, 2024, Telephone Conference Call Special Session Minutes. Hearing none, Dr. Hendricksen moved to approve the minutes as presented. The motion was seconded and passed unanimously.

DHP DIRECTOR'S REPORT

Arne Owens, Agency Director, welcomed the Board and discussed the upcoming General Assembly session. He advised DHP had several agency bills that would be brought forth during this session. He discussed the DHP Agency's Administrative staff and their support of the 13 Agency Boards. He also advised the Bi-Annual Budget was now approved and in place.

BOARD COUNSEL REPORT:

Mr. Saunders advised the lawsuit against the Board of Dentistry regarding the recently passed Dentist and Dental Hygienist Compact had been dismissed on December 5, 2024.

LIAISON & COMMITTEE REPORTS:

CDCA-WREB-CITA/ AADB, AADA Conferences, September 25-29, 2024, Louisville KY: Ms. Sacksteder discussed the AADA and AADB portions of the conferences is comprised of executive directors from several states, resulting in sharing of best practices and good contacts for further discussions. Dr. Chaudhry discussed the CWC (CDCA-WREB-CITA) meetings. He advised these meetings went well, ensuing shared highlights of the various national boards. He stated his pride in the Virginia Board of Dentistry.

ADEX Conference, September 25-29, 2024, Louisville KY: Dr. Hendricksen highlighted this meeting, which he advised should support better communication with candidates and examiners.

CODA Site Visit, October 17, 2024: Dr. Hendricksen advised that his site visit went well. **CODA requires confidentiality therefore; further detail could not be discussed.**

CDCA Examiner Participation, October 18, 2024, New York, NY: Dr. Chaudhry shared that he had participated in the examinations, because of confidentiality, details could not be discussed but he stated the test administrators run the exam well.

DANB Meeting: Ms. Sacksteder discussed that the details of this meeting are confidential at this time, but it is a group of approximately 20 professionals (educators, DAs, Dentists, Dental Hygienists, and regulators) from across the country working toward a national workgroup model for Dental Assistants. She remarked that the meetings have been very rewarding and enlightening. She stated that she has come away with ideas that would be beneficial to Virginia.

LEGISLATION, REGULATION, AND GUIDANCE:

Status Report on Regulatory Actions Chart – Mr. Novak reviewed the updated Regulatory Actions Chart listing of the ongoing regulatory actions as of November 18, 2024, which was included in the agenda packet. A synopsis of the progress of the bills was provided.

Mr. Novak explained that several guidance documents were being repealed because a purpose of a guidance document is the Board's interpretation of the law or regulations. Several of the proposed guidance documents for repeal were just repeats of code/regulation or they were not actually based on code/regulation. Also, several of the guidance documents are being amended because new regulations went into effect for dentist, dental hygienists, and dental assistants on October 24, 2024. The changes to the regulations resulted in the changing of regulations numbers. Several guidance documents (60-1, 60-5, 60-9, 60-10, 60-11, and 60-22) were moved last week to policy documents after approval from the AG's office and the Board Chair.

Adoption of Guidance Document 60-3: Mr. Novak explained Guidance Document 60-3. This guidance document was necessary because the Board removed the listing of approved CE providers within the regulations (this went into effect October 2024) and this guidance document will allow for the Board to adopt or remove CE providers more easily. This was discussed by the Board. Mr. Martinez made a motion to adopt the Guidance Document 60-3. The motion was seconded and passed unanimously.

Repeal of Guidance Document 60-4: Mr. Novak explained that this document does not interpret statute or code, which is the definition of a guidance document and therefore should be repealed. This was discussed by the Board. Dr. Martinez made a motion to repeal Guidance Document 60-4. The motion was seconded and passed unanimously.

Repeal of Guidance Document 60-8: Mr. Novak explained that this document does not interpret statute or code, which is the definition of a guidance document and therefore should be repealed. This information is a reiteration of regulation. This was discussed by the Board. Ms. McLennan made a motion to repeal Guidance Document 60-8. The motion was seconded and passed unanimously.

Repeal of Guidance Document 60-23: Mr. Novak explained that this document was originally created when teledentistry was not addressed in code and is an almost identical copy of a Board of Medicine guidance document that has since been repealed. Teledentistry is now addressed in code and a guidance document is no longer necessary. This was discussed by the Board. Dr. Hendricksen made a motion to repeal Guidance Document 60-23. The motion was seconded and passed unanimously.

Revision of Guidance Document 60-6: Mr. Novak explained the changes to Guidance Document 60-6 with regard to changes in regulations effective 10/24/24 and updates to links. These were discussed by the Board. Dr. Martinez made a motion to adopt the changes in Guidance Document 60-6. The motion was seconded and passed unanimously.

Revision of Guidance Document 60-12: Mr. Novak explained the changes to Guidance Document 60-12 because there were changes in the regulations that went into effect on 10/24/24, which were discussed by the Board. An edit to add the word 'with' to the wording of the first page section 1B. first bullet, last line, as follows: 'decided on a case by case basis, in accordance *with* the regulation'. Dr. Hendricksen made a motion to adopt the changes to Guidance Document 60-12 with the edit. The motion was seconded and passed unanimously.

Revision of Guidance Document 60-13: Mr. Novak explained the changes to Guidance Document 60-13 for updated the guidance document to the current Virginia Code and some stylistic edits. This was discussed by the Board. Ms. McLennan made a motion to adopt the changes. The motion was seconded and passed unanimously.

Revision of Guidance Document 60-27: Mr. Novak explained the changes to Guidance Document 60-27 updating regulation numbers to the current regulations that were adopted on 10/24/24, which were discussed by the Board. Dr. Dawson made a motion to adopt the changes. The motion was seconded and passed unanimously.

Petition for Rulemaking from American Medical Technologies: The Board considered the petition. Dr. Hendricksen made a motion to deny the petition and refer the review of the need of adding more radiological providers to the regulatory committee for further study and review. The Board does not know of any need to add more providers. The motion was seconded and passed unanimously.

**BOARD DISCUSSION
TOPICS:**

Consideration of Public Comments: The Board discussed the public comment letter from Ms. Ryan Christine Maphis, President of the Virginia Dental Hygienists' Association.

The Board discussed the letter from Dr. Shereef Elnahal of the Department of Veterans Affairs, Federal Register Notice_VA National Standard of Practice. Ms. Sacksteder will respond on behalf of the Board. The Board was in agreement that there were not significant concerns regarding the National Standard of Practice within the Veteran's Affairs for dental hygienists.

The Board discussed the ADA's proposed resolutions to the dental hygiene shortage and the ADHA's response to the ADA's proposed resolutions. The majority of the Board was in favor of creating a pathway for foreign trained dentist to become dental hygienists. However, this would need to be a legislative change, and the Board could not change the current requirements. The Board discussed the increasing of the student ratio for CODA Dental Hygiene Programs, the Board would be in support of this. The Board also discussed dental students being able to work in Dental Hygiene, this was not seen by the Board to be a huge help, since we only have one dental school. Also, Virginia Code does allow some version of this, found in 54.1-2712 for dental and dental hygiene students.

The Board discussed the OPA EFDA Pilot Program in Missouri. There a few factors of concerned by the Board, including allowing dental assistants to scale that are not being taught by a standard curriculum and more of an on-the-job training. The Board could not consider this pilot program since it just begun the first week of December 2024. It would be more beneficial for the Board to review the findings of the pilot program after it has been in process for patient safety factors. Also, some factors would require a legislative change.

The Board discussed the Dental Hygienists Restorative Duties – State Chart regarding creating a pathway for Dental Hygienists to perform restorative functions. The Executive Director would like to create a pathway to allow Dental Hygienists to perform restorative functions without becoming a Dental Assistant II (DA II). Currently the Dental Assistant II regulations are meant for DAIIIs and not for dental hygienists. A proposed pathway would be to create language in the dental hygiene

regulations that require a dental hygienist to take a course in restorative training, possible CODA, that the dentist will then review and decide if the dental hygienists can perform restorative functions approved by the dentist. This will eliminate the need for a dental hygienist to hold a separate registration as a DA II and would be more streamlined. This will also address an access to care issue for southwest part of Virginia. The majority of DA IIs are located in Southwest Virginia. There are only 5 DA II's that are licensed as dental hygienist and registered as a DA II. This is thought to only be beneficial for a small amount of dental hygienists. There are only 55 current DA II's that are registered and 4 are outside the state. The Board decided to refer this to the Regulatory Committee for further discussion and consideration.

**DEPUTY EXECUTIVE
DIRECTOR'S
REPORT:**

Disciplinary Report - Ms. Weaver updated the Board on the Disciplinary Report for August 17, 2024 – November 21, 2024, of the number of cases received and cases closed. She advised there were 3 Summary Suspensions, 1 Mandatory Suspension, and 1 Revocation of licenses during this period. She advised that Dr. Ashley Epperly, Dental Review Coordinator, began in September 2024 and is now reviewing cases. She thanked the Board for their case reviews contributing to a more efficient workflow.

**EXECUTIVE
DIRECTOR'S
REPORT:**

Disciplinary Cost Recovery: Ms. Sacksteder reviewed the Disciplinary Cost Recovery Policy and worksheet.

ADJOURNMENT:

With all business concluded, the Board adjourned at 11:09 a.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

Moore, Sarah (DHP)

From: Sacksteder, Jamie (DHP)
Sent: Monday, May 12, 2025 4:13 PM
To: Moore, Sarah (DHP)
Subject: Fw: VA Board Meeting and Dental Hygiene Refresher Programs

Follow Up Flag: Follow up
Flag Status: Flagged

Sarah,
Please include this as public comment for the Regulatory Meeting.

Respectfully,

Jamie C. Sacksteder
Executive Director
Board of Dentistry
(804)367-4581
Virginia Department of Health Professions
9960 Mayland Drive Suite 300
Perimeter Center
Henrico, VA 23233



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From: Joyce Turcotte <jturcotte@pls.org>
Sent: Monday, May 12, 2025 2:18 PM
To: Sacksteder, Jamie (DHP) <jamie.sacksteder@dhp.virginia.gov>
Subject: VA Board Meeting and Dental Hygiene Refresher Programs

Hello Ms. Sacksteder,

I understand that the VA Board of Dentistry will meet this Friday and discuss an agenda item to accept DH Refresher Programs recognized by ADACERP (American Dental Association Continuing Education Provider) and AADH (American Academy of Dental Hygiene).

Candidates pursuing a Dental Hygiene license reinstatement have already achieved a license by passing board exams and graduated from a CODA approved program. Dental Hygiene Refresher Programs are approved by many states as continuing education and not required to be affiliated through CODA approved Programs.

As a follow up to my previous proposal, I would like to list states, but not limited to, that accept a DH Refresher Program recognized by ADACERP and AADH in lieu of repeating the ADEX exam.

New York
Connecticut
New Jersey
Massachusetts
Kentucky
Illinois
Vermont
Minnesota
Wisconsin
North Carolina
Iowa

Minnesota, for example:

To reinstate a Minnesota dental hygiene license, hygienists need to complete 25 hours of fundamental continuing education within the two-year cycle, including a mandatory infection control course every two years. A Dental Hygiene Refresher Program, or remediation course, can be a pathway to meet these reinstatement requirements and update skills.

Wisconsin, for example:

To reinstate a lapsed Wisconsin dental hygiene license, applicants must meet specific requirements depending on how long the license has been void. For licenses void for two years or less, 24 contact hours of qualifying continuing education (CE) from the preceding two years are required. For licenses void for more than two years, a refresher course approved by the department or successful completion of a national board dental hygiene exam (or equivalent) is needed,

Iowa, for example:

To reinstate an Iowa dental hygiene license, complete a refresher course and potentially a clinical examination if you haven't actively practiced in the past five years, along with a background check and payment of applicable fees.

North Carolina, for example:

To reinstate a North Carolina dental hygiene license that has been revoked, suspended, retired, or expired, the North Carolina Board of Dental Examiners requires specific actions based on the duration of the non-active status. For licenses revoked, suspended, retired, or expired for 2-5 years, the Board may require the applicant to complete refresher courses. For licenses revoked, suspended, retired, or expired for more than 5 years, the applicant must pass the [American Board of Dental Examiners \(ADEX\) clinical examinations](#) before seeking reinstatement.

Sincerely,

Joyce Turcotte

Joyce Turcotte RDH, MEd, FAADH

Testimony to the Virginia Board of Dentistry

Re: Eligibility of Dental Hygienists for Dental Assistant II (DA II) Registration

Submitted by: Misty L. Mesimer, PhD, RDH, CDA

Program Director, Dental Assisting and Dental Hygiene Programs, Germanna Community College

Dear Esteemed Members of the Board,

Thank you for the opportunity to provide testimony regarding the eligibility of dental hygienists to apply for Dental Assistant II (DA II) registration in the Commonwealth of Virginia. As a long-standing educator and program director for both dental assisting and dental hygiene programs and the only dental assisting II program in the Commonwealth, I have had the privilege of guiding numerous professionals through their educational journeys. I am writing today to advocate for a regulatory revision that would allow licensed dental hygienists who have completed the required DA II coursework to apply for DA II registration **without the additional requirement of Certified Dental Assistant (CDA) certification.**

Currently, dental hygienists are **not required to be CDA-certified** to enroll in or complete DA II coursework. However, they are **required to obtain CDA certification**—a credential designed for dental assistants—to apply for DA II registration. This creates a **regulatory inconsistency** and an **unnecessary barrier** for highly trained oral health professionals.

Dental hygienists are already licensed providers who have completed rigorous CODA-accredited programs, passed national board examinations, and demonstrated clinical competency. In addition, the programs are testing incoming students who are graduates of CODA accredited dental hygiene and dental assisting programs to ensure they have the necessary skills required to be successful in the lab and clinical courses in the dental assisting II program. Requiring them to obtain a credential that is not aligned with their scope of practice or educational background imposes **redundant testing and financial burdens**, and delays their ability to contribute to the dental workforce in expanded roles. In addition, these practices do not align with current credit for prior learning trends in higher education and Governor Glen Youngkin's expectations of preparing individuals for jobs in high demand areas (Babb, 2022).

This barrier not only affects providers but also has a **direct impact on patient care.** In many areas of Virginia, especially underserved and rural communities, there is a critical shortage of qualified dental professionals. Allowing dental hygienists to register as DA IIs upon completion of the appropriate coursework would **expand the pool of skilled providers**, improve access to care, and support the Commonwealth's goals for a more flexible and responsive oral health workforce.

I respectfully urge the Board to consider amending the current regulation to allow licensed dental hygienists who have completed board-approved DA II training to apply for registration **without requiring CDA certification.** This change would align with the intent of the DA II role, reduce unnecessary barriers, and ultimately benefit both providers and the patients they serve.

Thank you for your time and consideration.

Sincerely,

Dr. Misty L. Mesimer

Program Director, Dental Assisting and Dental Hygiene
Germanna Community College