

VIRGINIA BOARD OF DENTISTRY
BOARD BUSINESS MEETING AGENDA
SEPTEMBER 12, 2025

<u>TIME</u>		<u>PAGE</u>
9:00 a.m.	Call to Order – Sultan E. Chaudhry, D.D.S., President	--
	<ul style="list-style-type: none"> • Welcome New Board Members 	--
9:05 a.m.	Public hearing - elimination of direct pulp capping as a delegable task for a DAI	1-2
	Public Comment – Dr. Chaudhry	--
	Approval of Minutes	
	<ul style="list-style-type: none"> • June 13, 2025, Board Business Meeting 	3-6
	DHP Director’s Report – Arne W. Owens	--
	Board Counsel Report – Mr. Rutkowski	--
	Liaison & Committee Reports	
	<ul style="list-style-type: none"> • Nominating Committee – Meeting Postponed 	--
	Legislation and Regulation – Ms. Barrett/Mr. Novak	
	<ul style="list-style-type: none"> • BOD Regulatory Chart • Final Stage Action for Digital Scan Technicians • Fast-Track Action to Correct Outdated Regulatory References 	7-8 9-13 14-17
	Board Discussion	
	<ul style="list-style-type: none"> • Consideration of Public Comments 	--
	Deputy Executive Director’s Report – Ms. Weaver	
	<ul style="list-style-type: none"> • Disciplinary Report 	18
	Executive Director’s Report – Ms. Sacksteder	
	<ul style="list-style-type: none"> • Upcoming Conferences • Update on Compact 	

Project 7061 - Proposed

Board of Dentistry

Elimination of direct pulp capping as a delegable task for a Dental Assistant II

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 indirect 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 indirect 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.

**VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
June 13, 2025**

- TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 9:31 a.m., on June 13, 2025, at the Perimeter Center, 9960 Mayland Drive, in Board Room 4, 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.
Surya Dhakar, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jennifer Szakaly, D.D.S.
- MEMBERS ABSENT:** Jamiah Dawson, D.D.S.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Erin Weaver, Deputy Executive Director
Sarah Moore, Executive Assistant
Arne Owens, Agency Director, DHP
Erin Barrett, Director of Legislative and Regulatory Affairs
Yetty Shobi, Director of Healthcare Workforce Data Center
- COUNSEL PRESENT:** James E. Rutkowski, 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.

No one registered for public comment.

Dr. Chaudhry closed the public comment period.

APPROVAL OF MINUTES:

Dr. Chaudhry asked if there were any edits or corrections to the December 13, 2024, Board Business Meeting Minutes, the December 13, 2024-Formal Hearing Minutes, the January 17, 2025-Telephone Conference Call Special Session Minutes, the March 6-7, 2025 -Formal Hearing Minutes, or the May 16, 2025-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, thanked the Board for their continued service. He discussed the wrapping up of the 2025 General Assembly session. He advised the bill to eliminate the Board of Health Professions was passed during this session and their workload would be carried on by the individual DHP boards and administration. He discussed the ongoing bi-annual budget preparations and the appropriation process for the agency. He also discussed the creation of the DHP efficiency workgroup that is reviewing DHP expenditures to ensure the agency is good stewards of the licensing fees that are received for the support of the DHP administration and staff.

BOARD COUNSEL REPORT:

Mr. Rutowski advised he is focusing on the Board's four appeals currently in various stages. The Uribe case of moral turpitude had no procedural errors by the Board and the judge ruled that moral turpitude could be interpreted by the Board, the Board's ruling was upheld in Virginia Beach Circuit Court. This ruling could still be appealed.

PRESENTATION:

2024 Virginia Dental Workforce – Dr. Yetty Shobo, Healthcare Workforce Data Center Director, presented on the workforce survey of dentist and dental hygienist's results for 2024.

LIAISON & COMMITTEE REPORTS:

Regulatory Meeting, May 19, 2025, Dr. Butt reported the Regulatory Committee met and discussed the Regulatory Change for Creating a Pathway for Dental Hygienists to become a DA II. She advised the Recommendation by the Committee to adopt fast-track regulatory amendments to create a pathway for dental hygienists to perform restorative procedures without registering as a DA II. The Committee also discussed the 2022 Petition for Rulemaking considering other avenues of refresher courses and the criteria for CODA Accredited Programs vs. ADA/ADHA/AADH courses, which do not endorse individual courses or instructors. She advised the Recommendation by the Committee to maintain the Board's current position in regulation to only accept CODA accredited refresher courses and withdraw the NOIRA. The Committee further discussed the need for more radiological providers and their recommendation to maintain the Board's current status of providers listed within the regulations.

CWC Examiner Participation: Dr. Chaudhry shared that he had participated in several examinations this spring. He advised that the standard with which they test is at a high level, ensuring a competent and credible workforce entering the profession.

**LEGISLATION,
REGULATION, AND
GUIDANCE:**

JCNDE Meeting: Dr. Hendricksen shared about the meeting and advised that the group of participating professionals discussed current accepted licensing exams throughout the country.

Status Report on Regulatory Actions Chart – Ms. Barrett reviewed the updated Regulatory Actions Chart listing of the ongoing regulatory actions as of May 20, 2025, which was included in the agenda packet. A synopsis of the progress of the bills was provided. She advised that the action for 18VAC60-30 -Elimination of direct pulp-capping as a delegable task, has now moved to the Governor's office for consideration.

Legislative Report: Ms. Barrett reviewed the Legislative Report as of June 2025, of House and Senate Bills related to the Board of Dentistry and the status of each bill.

- SB1899: Passed, deleting the sunset provision
- SB1475: Workgroup will happen in the summer of 2025
- HB1478: is now a dead bill
- HB1861: is a DHP agency-wide bill
- SB826: adds procedures for criminal history effective July 1, 2025
- SB1293: is a recommendation-only, for licensees to obtain further training in CE courses for Autism Spectrum patients
- SB1363: eliminated the DHP Board of Health Professions

Consideration of fast-track regulatory action to create a pathway for dental hygienists to perform restorative procedures without registering as a DA II: Ms. Barrett reviewed the draft amendments for Chapters 21,25, and 30. She discussed the Regulatory Committee recommendation to include the changes to remove the requirement to hold a second credential. This was discussed by the Board. Dr. Hendricksen made a motion to accept the recommendation of the Regulatory Committee to initiate a fast-track action. The motion was seconded and passed unanimously.

NOIRA regarding the Dentist and Dental Hygienists Compact: Ms. Barrett discussed the recommended action to create a NOIRA to establish the follow parameters for the compact:

- Changes necessary to conform to rules established by the Compact.
- Setting a fee to practice on a Compact privilege in Virginia.
- Specify renewal requirements for Compact privilege holders; and
- Incorporate individuals practicing under a Compact privilege into disciplinary provisions of the Board.

Ms. Lemaster made a motion to adopt the NOIRA to implement these Compact parameters. The motion was seconded and passed unanimously.

Consideration of next steps following publication of NOIRA related to 2022 petition for rulemaking: Ms. Barrett reviewed the petition and NOIRA. She discussed the recommendation of the Regulatory Committee to not continue the existing regulatory action and instead withdraw the action keeping the existing regulatory requirement to complete a refresher course offered only by a CODA

Accredited program. This was discussed by the Board. Mr. Martinez made a motion to withdraw the regulatory action related to the 2022 petition for rulemaking. The motion was seconded and passed unanimously.

BOARD DISCUSSION TOPICS:

Letter from American Academy of Dental Sleep Medicine: Dr. Chaudhry referenced the letter in the packet and asked the Board for any further discussion. No Board member asked for further discussion.

2026 BOD Calendar: Ms. Sacksteder discussed the 2026 BOD Calendar. Dr. Hendricksen made a motion to adopt the calendar. The motion was seconded and passed unanimously.

DEPUTY EXECUTIVE DIRECTOR'S REPORT:

Disciplinary Report - Ms. Weaver updated the Board on the Disciplinary Report for November 21, 2024 – May 21, 2025. She advised there are about 50-60 cases received and cases closed per month. She advised there were 2 Summary Suspensions, 1 Voluntary Permanent Surrender, and 0 Revocation of licenses during this period.

EXECUTIVE DIRECTOR'S REPORT:

Update on DDH Compact: Ms. Sacksteder is a member of the Full Commissioner Committee, Executive Committee and Rule Committee for the Compact. She advised that they are currently discussing a RFP for a database for the Compact privileges.

Presentations at VCU: Ms. Sacksteder successfully presented twice to the D4 VCU students regarding the licensing process, current trends in discipline and fielded questions and follow ups.

VDHA Conference: Ms. Sacksteder advised the VDHA Conference was held in March and was very well attended with great questions and discussion.

AADA And AADB Meetings: Ms. Sacksteder advised these meetings discussed areas of concern in the industry, state round tables of problem solving and sharing of best practices.

DANB Professional Model: Ms. Sacksteder served on this year-long workgroup creating a model for the Dental Assisting profession to be recommended for adoption from all states.

Cash Balance Report: Ms. Sacksteder reviewed the FY2025 Budget – Cash Balance, Revenue and Expenditures as of February 28, 2025.

ADJOURNMENT:

With all business concluded, the Board adjourned at 10:57 a.m.

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

Jamie C. Sacksteder, Executive Director

Date

Date

Board of Dentistry
Current Regulatory Actions
As of August 19, 2025

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-21 18VAC60-30	Final	Training in infection control	7/5/2022	1141 days (3.1 years)	Amendments require specific training in infection control for dental assistants. Promulgated in response to a petition for rulemaking.
18VAC60-21 18VAC60-25	NOIRA	Continuing education requirements for jurisprudence	7/12/2022	1134 days (3.1 years)	Board is considering amendments to Chapters 21 and 25 to require jurisprudence continuing education for dentists and dental hygienists.
18VAC60-15	Fast-Track	Amendment to allow agency subordinates to hear credentials cases	9/16/2024	1 day	Conforms agency subordinate regulation to statutory changes from 2023 General Assembly session.
18VAC60-21	NOIRA	Implementation of the Dentist and Dental Hygienist Compact	6/25/2025	48 days	Enters Virginia into the Dentist and Dental Hygienist Compact

At DPB

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-21	Proposed	Training requirements for botulinum toxin injections for cosmetic purposes	9/16/2024	34 days	Pursuant to legislative directive. This action will replace emergency regulations that will be in effect until 11/05/2025.

At OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-25	Fast-Track	Revision of dental hygienist training and duties to eliminate need for dual licensure as a dental hygienist and registration as a DAI	6/16/2025	64 days	Removes the requirement for dental hygienists to maintain registration as a DAI to perform certain function.

Recently effective, published, or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC60-30	Proposed	Elimination of direct pulp-capping as a delegable task	8/11/2025	Comment period closes 10/10/2025

Agenda Item: Consideration of Final Stage Action Regarding Training and Supervision of Digital Scan Technicians

Included in your Agenda Package:

- Draft changes to 18VAC60-21

Action Needed:

- Motion to adopt final stage regulatory amendments to 18VAC60-21.

Project 6525 - Final

Board of Dentistry

Training and supervision of digital scan technicians

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:

"Appliance"

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"Digital scan"

"Digital scan technician"

"Digital work order"

"License"

"Maxillofacial"

"Oral and maxillofacial surgeon"

["Teledentistry"]

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], 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 the 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~~ does 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 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 the dental assistant II for guidance or assistance

during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means the level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, 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. For the purpose of [~~supervision of~~] a digital scan technician, "direction" means the written or electronic instructions provided by a dentist [~~licensed in Virginia~~] to a digital scan technician in the form of a work order for a digital scan of a patient and the dentist's specified availability to consult with [~~the a digital scan~~] technician while the scan is [~~being~~] taken.

"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. For the purpose of supervision of a digital scan technician, remote supervision means that a directing dentist is accessible and available for communication and consultation in the practice of teledentistry.

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.

18VAC60-21-60. General responsibilities to patients.

A. A dentist is responsible for conducting a dentistry practice in a manner that safeguards the safety, health, and welfare of patients and the public by:

1. Maintaining a safe and sanitary practice.
2. Consulting with or referring patients to other practitioners with specialized knowledge, skills, and experience when needed to safeguard and advance the health of the patient.
3. Treating according to the patient's desires only to the extent that such treatment is within the bounds of accepted treatment and only after the patient has been given a treatment recommendation and an explanation of the acceptable alternatives.
4. Only delegating patient care and exposure of dental x-rays or taking of digital scans to qualified, properly trained and supervised personnel as authorized in Part IV (18VAC60-21-110 et seq.) of this chapter.
5. Giving patients at least 30 days written notice of a decision to terminate the dentist-patient relationship.
6. Knowing the signs of abuse and neglect and reporting suspected cases to the proper authorities consistent with state law.
7. Accurately representing to a patient and the public the materials or methods and techniques to be used in treatment.

B. A dentist is responsible for conducting financial responsibilities to patients and third-party payers in an ethical and honest manner by:

1. Providing customary fees and representing all fees being charged clearly and accurately.
2. Not exploiting the dentist-patient relationship for personal gain related to nondental transactions.

18VAC60-21-165. Delegation to digital scan technicians for use in teledentistry.

A. [Any digital scan technician A dentist who delegates the] taking [intraoral digital scans for any appliance, prosthesis, crown, or any other permanent or removable dental device for which a digital work order is required must complete of a digital scan by a digital scan technician shall ensure that the technician has a certificate of completion from] a training program approved by the board [. Training certification may be earned by verifiable participation in any course that is relevant to digital scanning] that includes [programs by any of the following sponsors]:

1. [Any sponsor listed in subsection C of 18VAC60-21-250; or Training in prepping the patient, taking and evaluating the quality of a digital scan, safety protocols, and dental terminology given by a sponsor approved for continuing education as set forth in 18VAC60-21-250 C; and]

2. [A In-office] training [~~program certified~~] by the manufacturer [on the proper operation] of the digital scanner [that includes orientation to the process and protocols for taking and evaluating digital scans for fabrication of a restoration or an appliance].

B. The dentist [~~under whom who directs~~] a digital scan technician [~~is directed~~] to take digital scans shall establish [~~written~~:

1. Written] or electronic protocols for [~~1. The the~~] practice of teledentistry in compliance with [subsection C of] § 54.1-2711 [B and C] of the Code of Virginia [~~and any other provisions required by the board; and~~]:

2. [~~The~~ Written or electronic protocols and procedures for the] performance of digital scans by digital scan technicians in compliance with [~~subsection B of~~] § 54.1-2708.5 [B] of the Code of Virginia [~~;~~ and

3. A written or electronic work order for a digital scan that includes the required components of a dental work order.]

C. The dentist [~~under whom who directs~~] a digital scan technician [~~is directed~~] to take digital scans shall be:

1. Licensed by the board to practice dentistry in the Commonwealth;

2. Accessible and available for communication and consultation with the digital scan technician at all times during the patient interaction; [~~3. Responsible for ensuring that the digital scan technician has a program of training approved by the board for such purpose;~~] and

[~~4. 3.~~] Ultimately responsible for [~~determining communicating~~] with the patient or the patient's representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter and the Code of Virginia.

D. The directing dentist shall make available to the board any requested:

1. Protocols and procedures [as specified in subsection B of this section]:

2. Evidence that [a the] digital scan technician has complied with the training requirements of [~~the board~~ subsection A of this section]: and

3. [~~All written~~ Written] or electronic work orders used for digital scans.

Agenda Item: Consideration of Fast-Track Action to Correct Outdated Regulatory References

Included in your Agenda Package:

- Draft changes to 18VAC60-25 and 18VAC60-30

Staff Note: During the last round of periodic review actions, the Board repealed sections of regulation and references to those sections were not removed. This action cleans up and corrects those references.

Action Needed:

- Motion to amend 18VAC60-25 and 18VAC60-30 by fast-track action.

18VAC60-25-110. Patient records; confidentiality.

A. A dental hygienist shall be responsible for accurate and complete information in patient records for those services provided by a hygienist or a dental assistant under direction to include the following:

1. Patient's name on each page in the patient record;
2. A health history taken and documented at the initial appointment, which is updated when local anesthesia or nitrous oxide/inhalation analgesia is to be administered and when medically indicated and at least annually;
3. Options discussed and documented written consent in the patient record for any treatment rendered with the exception of prophylaxis;
4. List of drugs administered and the route of administration, quantity, dose, and strength;
5. Radiographs, digital images, and photographs clearly labeled with the patient's name, date taken, and teeth identified;
6. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in ~~18VAC60-25-60~~ 18VAC60-21-120; and
7. Notation of each treatment rendered, date of treatment, and the identity of the dentist and the dental hygienist providing service.

B. No dental hygienist shall willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the hygienist shall not be considered negligent or willful.

C. A dental hygienist practicing under remote supervision shall document in the patient record that the dental hygienist has obtained (i) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (ii) verbal confirmation from the patient that the patient does not have a dentist of record whom the patient is seeing regularly.

18VAC60-30-10. 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"

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

"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 18VAC60-30-60 and 18VAC60-30-70.~~

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

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

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

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

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

18VAC60-30-140. Registration by endorsement as a dental assistant II.

A. An applicant for registration by endorsement as a dental assistant II shall provide evidence of the following:

1. Current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;

2. Current authorization to perform expanded duties as a dental assistant in a jurisdiction of the United States; or

3. A credential, registration, or certificate from another state with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-30-120 ~~or, if the qualifications were not substantially equivalent, documented experience in the restorative and prosthetic expanded duties set forth in 18VAC60-30-60 for at least 24 of the past 48 months preceding application for registration in Virginia.~~

B. An applicant shall also be certified to be in good standing from each jurisdiction of the United States in which the applicant is currently registered, certified, or credentialed or in which the applicant has ever held a registration, certificate, or credential.

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June 1, 2025 – August 15, 2025

The table below includes all cases that have received Board action since June 1, 2025 through August 15, 2025.

Year 2025	Cases Received	Cases Closed No Violation	Cases Closed W/Violation	Total Cases Closed
June	58	36	3	39
July	83	34	13	47
August	14	17	3	20
TOTALS	155	87	19	106

Closed Case with Violations consisted of the following:

Patient Care Related:

- **14 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.

Non-Patient Care Related:

- **4 Business Practice Issues:** Recordkeeping or continuing education.
- **1 Reinstatement:** Application for reinstatement granted with a finding of violation.

CCA's

There was 1 CCA issued from June 1, 2025 through August 15, 2025.

Suspensions/Revocations

There have been 0 Summary Suspensions issued from June 1, 2025 through August 15, 2025. There have been 0 Revocations from June 1, 2025 through August 15, 2025.