Virginia Department of Health Professions

AGENDA
June 10, 2022
Board Room 4

VIRGINIA BOARD OF DENTISTRY

BOARD BUSINESS MEETING

PERIMETER CENTER, 9960 MAYLAND DRIVE, SECOND FLOOR CONFERENCE CENTER, HENRICO, VA 23233

PUBLIC COMMENT

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May 17, 2022

Virginia Board of Dentistry
Attn: President, Nathanial C. Bryant, DDS
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233 -1463

Re: 2023 Licensing

Dear Dr. Bryant:

At a March 19, 2021 meeting, the Virginia Board of Dentistry voted to accept only the ADEX exam for 2023 for the purposes of dental and dental hygiene candidates effective as of January 2023. This is to request that the Board revisit that decision for a variety of reasons.

First, page 47 of the agenda for that meeting shows that the dental hygiene exams for all 5 testing agencies, which would include Southern Regional Testing Agency ("SRTA") are equivalent in the exam components and scoring. Thus, candidates who passed the SRTA dental hygiene exam would meet the minimum competencies necessary to be issued a license as a dental hygienist. Accordingly, the Board should accept the results of the SRTA dental hygiene examination for licensure in Virginia in January of 2023 and ongoing.

Second, at the time that the Board acted, the ADEX examination was administered by CITA and CDCA. However, as of August 3, 2021, CDCA merged with WREB and announced that CITA had agreed to join forces with the organization. In their winter newsletter, which is attached, CDCA – WREB announced that beginning August 1, 2022, CITA would join with CDCA and WREB so that the ADEX examinations would be administered by "a single organization". Accordingly, that draws into question whether Virginia has complied with the public procurement statutes in requiring all students to purchase services solely from a single organization in connection with licensing. I would note that in prior years when the Board accepted only 1 organization for licensing, the Board issued requests for proposals, evaluated proposals, and eventually awarded a contract to that agency. I do not believe that procedure was followed in connection with the 2021 decision to require all students to purchase licensing exams from what is now a single agency. This also presents an anti-trust issue in that the Board is requiring all dental hygiene candidates who wish to be admitted in Virginia to take an exam from a single organization.

Note that we are not suggesting that the SRTA exam must be offered by any particular dental hygiene school in Virginia. The Board has not provided any explanation for why a student who takes the SRTA dental hygiene exam in another state and passes that exam, should not be

provided a dental hygiene license in Virginia when the Board has concluded that the exam is the equivalent of an exam which is accepted (the ADEX exam).

With respect to the exam for dentists, Page 46 of the agenda recommended acceptance of only the ADEX exam. As pointed out above, the ADEX exam is now offered by only one agency and thus that presents the same concerns as listed above with respect to dental hygiene. Further, Page 46 states that the SRTA does not have an exam component that is equivalent to a diagnostic skills examination for comprehensive treatment planning. SRTA has since developed and will offer a computerized diagnostic skills examination for the upcoming examination cycle and moving forward. SRTA has also made the periodontal section of our examination a mandatory section. With those requirements, the SRTA dental examination meets the requirements for an applicant to seek licensure when applying to Virginia.

SRTA would like to request that the Board reevaluate the decision to only accept ADEX starting January 1, 2023 and for an appointment to present to the Board and/or Exam committee the SRTA examinations.

Thank you for your assistance in this regard. If you have any questions, please do not hesitate to contact me.

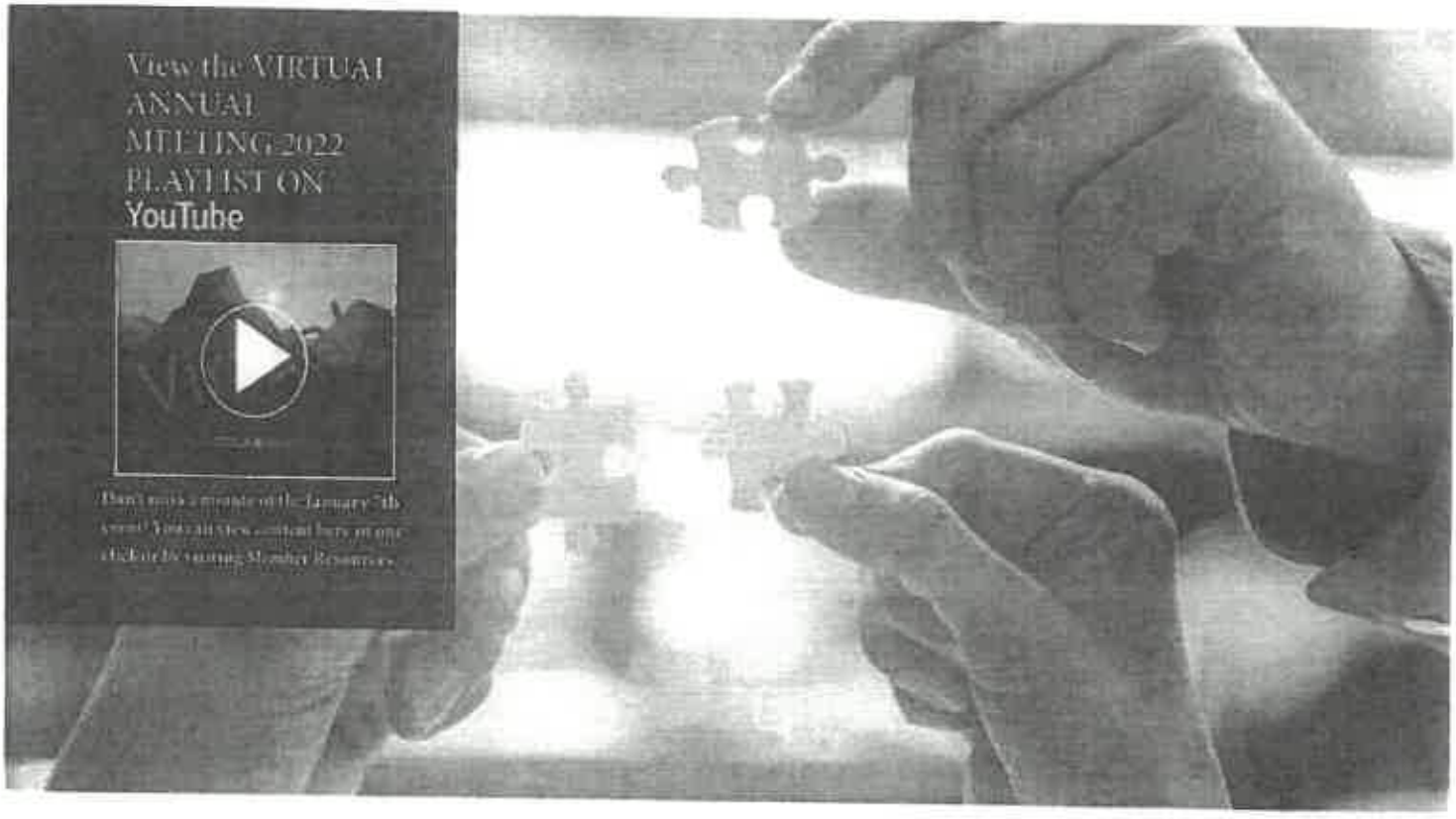
Very truly yours,

Barry Dorans

BD:kw
Enclosures
cc: Southern Regional Testing Agency, Inc.

Winter NEWSLETTER

CDCA WREB



CDCA-WREB, CITA MERGER, UNANIMOUS VOTE MAKES HISTORY

The "ayes" had it for the second time in less than six months.

All voting members present in the CDCA-WREB virtual General Assembly meeting on January 7 agreed to accept structural adjustments to join the CITA (Council of Interstate Testing Agencies) organization with CDCA-WREB.

CITA, like the CDCA-WREB, delivers the ADEX examination and primarily serves the southeastern United States.

The move will simplify experiences for all stakeholders engaged with licensure exams in Dentistry and Dental Hygiene. Beginning August 1, 2022, ADEX assessments, the most widely accepted national licensure examination in the oral health professions, will be administered by a single organization.

Dr. Chip McVea, President of CITA, addressed members of the General Assembly, saying, "It is now time to sweep away the broken pieces of the past and pick up a new banner, (continued on page two)

Inside this issue

Virtual Event Transitions Discussions and Vote Online *(right)*

(continued from page one, CDCA-WREB, CITA Merger, Unanimous Vote Makes History)

based on trust, common purpose, and a combined purpose to protect the public. I am proud to be part of this historic day."

Five members of the existing CITA Executive Committee will join the CDCA-WREB Board of Directors through an upcoming transition period. The merger becomes effective August 1, 2022.

"We are already working together with CITA leaders and staff to enable a smooth transition in August, 2022," commented Alan Vandiver, CEO. "This is in concert with other efforts ongoing to support CDCA-WREB exams this season."

Director of Examinations Dr. Benjamin Wall notes, "We are grateful to all of our examiners who prepare themselves to deliver examinations in a fair, standardized, and professional manner. This year brings exciting opportunities for continued cooperation and collaboration among examiners and colleagues from across the country."

Chairman Dr. Harvey Weingarten invited members' questions ahead of the vote to allow for the merger of CITA, an ADEX agency.

After a unanimous vote to merge CITA into CDCA-WREB, CITA President Dr. Chip McVea addressed members. The full text of the merger motion is available to view within the General Assembly recording. See page 1 for link.

Two New Board Officers Elected

Two members elected to the CDCA-WREB Board of Directors by members of the General Assembly the during the 2022 Virtual Annual Meeting begin terms this month.

Dr. Greg Waite (AZ), pictured lower left, assumes the role of treasurer, and Ms. Betty Howard, RDH (MD), pictured lower right, will serve as secretary each for a two-year term. You can get to know them and other members of the Board by clicking the link or visiting the Board of Directors page on Member Resources.

Predecessors Dr. James Jansen (IN) and Ms. Mary Johnston (MI), respectively, received commemorative plaques for their years of service and dedication to the organization's mission.

The Board of Directors thanks members of the nominating committee for their efforts to select candidates for CDCA-WREB all elected offices.

BOARD APPROVES NORTH CAROLINA, ALABAMA ADDITION

As NC and AL become 41st and 42nd participating jurisdiction of CDCA-WREB, the organization welcomes State Board Members into membership. Participating jurisdictions, in gold, grew by 5 in 2021. The CDCA-WREB values the contributions of all of its member jurisdictions and appreciates the input and perspective each brings to the organization.

North Carolina joined CDCA-WREB January 19th, while Washington (Travel) joined January 26. North Dakota, Idaho, Montana and Louisiana became members in late 2021. Texas joined in spring, 2021.

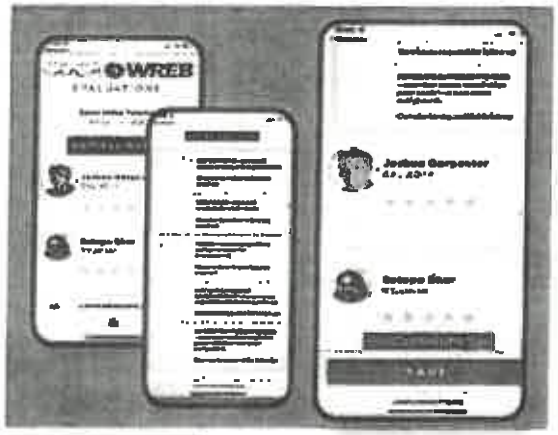
SimProDH™ Elevates Dental Hygiene Exams

In a advance process of research and development, the CompuDent® has company in the Dental Hygiene department.

By bringing together leading dental hygiene clinicians, educators, and industry-leading manufacturers, CDCA-WREB is proud to introduce SimProDH for 2022, which includes multiple enhancements in dental hygiene clinical examination simulation.

"SimProDH™ is a progression of everything learned through years of simulated patient exam experience and the needs expressed by State Dental Boards," says Kimber Cobb, RDH, Director, Dental Hygiene Examinations. Cobb, along with Senior Advisor Pat Connolly-Atkins, RDH, Kelly Reich, RDH and others detailed features of the SimProDH™ to dental hygiene members of states' dental boards February 2nd. "SimProDH™ will be an excellent tool for entry level competency assessment," added Cobb.

The ADEX approved and tested SimProDH™ meets all ADEX dental hygiene examination standards for the simulated patient psychomotor performance examination component. The simulated patient ADEX Dental Hygiene Examination is currently accepted in 40 US jurisdictions.



360° Examiner Evaluations Underway

The 2022 exam season includes opportunities for every team member to rate all teammates after each exam experience.

On the final day of an exam, examiners will be sent a text message asking them to click a link which will direct them to the evaluations where they can review the exam team members that they worked with the most right from their phone. A ratings guide will offer clear guidance about the various ratings options.

It's quick, simple and convenient.

Information will be collected through the course of the season and be used in support of quality assurance and continuous improvement.

WHEN EAST MEETS WEST

In November, members of the CDCA-WREB Maryland office traveled to Phoenix to meet colleagues in Arizona. Staff took part in team building and immersion exercises.

"Seeing everyone in one place at one time for the first time solidified the reality of our new business family," said Sally Clifford, Director of Human Resources and Administration

New cdcawreb.org e-mail addresses unify staff, as do profiles on Member Resources and Contact Us portal. The portal provides a single online tool for any stakeholder to connect with CDCA-WREB staff about either the WREB or ADEX exams, assignments, or jurisdictional related issues. The examiners, staff are also now easily identified with redesigned CDCA-WREB badges that can be used in office or at exam sites team members support.

Members of the Arizona office staff will travel to the Baltimore area in June.

FROM THE CHAIRMAN, DR. HARVEY WEINGARTEN

Colleagues and Friends,

One year ago, no one could have predicted that the three largest licensure testing agencies in the oral health professions, CDCA, WREB, and CITA, would come together as one national organization with supporting offices in Maryland, Arizona, and North Carolina. This is my last year as elected Chairman and I am proud and fortunate to serve with a talented Board of Directors, now 18 members strong and growing to 23 in August. Each brings a rich historical perspective of their legacy organizations whether the CDCA, WREB or CITA. But now each are focused together as one entity to best meet the needs of state dental boards today and for the future while dedicated to serving our single, shared mission to protect the public with excellence, integrity, and fairness.

We are so pleased that member votes to bring these organizations together were unanimous and enthusiastically received. Your vote also reflects the understanding the combined organization will be better positioned to compete with the new forms of initial licensure examinations under consideration by some state boards.

While the reach of our organization is now unquestionably national, we will continue to rely on those with long-standing regional relationships in our service to state boards and examiner teams that are well versed in the needs of host schools. During this transition year exam season, we will be offering both the WREB exam and the ADEX exam while working to prepare all schools we serve to host the ADEX exam for the class of 2023. There are already many efforts behind the scenes to prepare for this change for some schools and examiners in order to be able to offer the most portability for candidates and uniform standards for state boards. Bringing the organizations together has also been a wonderful opportunity for our staff leaders to seek and develop optimal administrative practices through our transition, blend support networks, create additional efficiencies, and add new expertise, resources, and talents wherever possible. I'm pleased we can highlight a few of these early efforts and ongoing projects within the segments of this newsletter.

I'd also like to share a few examples of how agility, service and quality continue to be essential values for within our exam operations.

- Winter weather challenged the administration of examinations at several sites in recent weeks. Teams headed for the University of Iowa, Touro, and the University of New England demonstrated impressive perseverance efforts, flying to alternative airports, renting cars to drive to sites, and altering exam schedules to provide licensure candidates a quality assessment despite nature's challenges. Our examiners were remarkable as well as the staff teams behind them monitoring forecasts, coordinating with schools, shifting hotel reservations and communicating with our teams.
- A dental hygiene student at a Midwest school found out the exam her school chose to host would not work for her licensure purposes and she would need to travel to take a patient exam. After learning of this from her school, our staff team worked out a solution to be able to deliver BOTH exams at the location while using the same exam team already scheduled and examiners that had previous examining experience at ADEX and WREB exams. The school was thrilled and reacted with the gesture of inviting external candidates from an area school to test there.

I was disappointed that circumstances didn't allow us to convene in Denver this year, but I am excited to see many of you at exams later this season. From Maine to Hawaii, Jamaica to Alaska, Texas to Wisconsin and all parts in between, it is my privilege and pleasure to work with you. And because of you and the many leaders that proceeded us in this journey, we can now do so as the national standard for licensure portability in the oral health professions.

Sincerely,

Educators Conference, 2022

Virtual platform creates open door for educators seeking assessment preparedness and preparation.

On a quiet Saturday in January, oral health educators logged into their computers en masse to connect with CDCA-WREB.

The Educators Conference, designed for coordinators, deans and faculty responsible for preparation and management of ADEX exams, showcased 2021 exam results in both professions, and debuted the SimProDH™ in a special, dental hygiene focused breakout session.

More than 400 watched as aspects of the organization's merger were explained. Attendees expressed thanks for efforts to create a simplified process for schools and candidates. According to registration tallies, the audience was nearly double that planning to attend the Denver event. Feedback indicates as many as one-third were first-time attendees.

The event served as an important initial link with schools preparing to transition from WREB to ADEX examination delivery.

"Once the CDCA-WREB merger was complete, the planning of the 2022 Educators Conference focused on delivering information to more dental and dental hygiene educators than ever before. We are committed to ensuring all schools experience a seamless transition and providing information about the ADEX licensure examinations is just one part of that effort, says Shayna Overfelt, Director of School Programs.

CDCA-WREB thanks everyone involved presentations planned for both the in-person and virtual events.

Here's a look at what conference attendees are saying:

"While I was looking forward to an "in-person" event in Denver, the grace and speed with which the CDCA-WREB staff turned the event around was amazing. It is always such a pleasure working with Shayna, Robin, Pat and Kelly." (Dental Hygiene Educator)

"Thank you for breaking everything down and reviewing everything step-by-step. It's exciting to see the presentations and mock based paperwork is extremely helpful and appreciated. Also a big thank you for your energy! Although remote--it did not feel like a typical remote zoom session." (Dental Hygiene Educator)

"Overall, I was very pleased with the information covered during the conference... As a new chair, I look forward to an in-person conference." (Dental Educator)

Dr. Mort Allen from Detroit-Mercy presented on "Modern Dental Licensure" and industry achievements in supporting a uniform national examination.

Educators' feedback condensed in a word cloud paints a picture of satisfaction with the 2022 virtual event.

Multi-Exam Training

ADEX and WREB exam training scheduled to be delivered face-to-face in Denver, moved online in a hurry. A sincere THANK YOU to all who attended these valuable sessions!

ADEX Trainings

ADEX Examiner Manuals will be available mid-February and will support all information shared in the Dental Chiefs and Captains and DH LMPE training videos/materials/etc.

Visit member resources periodically in the weeks leading up to our assignment for information as available.

WREB Trainings

Recordings of four live events related to attendance of different roles will soon be e-mailed to training session attendees. Sessions took place in late January and early February for Dental Team Capacities, Chiefs, Floor Examiners, Simulator Examiners and new WREB examiners.

New Member Orientation

Examiners new to the ADEX examination are reminded to please view the entire New Member Orientation Play list. This play list is available on demand on Member Resources, in the Videos section.

Please be sure to complete all 2022 Standardizations should your first exam observation.

AWARD RECIPIENTS ANNOUNCED

A virtual audience witnessed the announcement of winners of three prestigious awards bestowed by CDCA-WREB across the entire organization.

[redacted]

[redacted] he Guy Shampaine and David S. Low awards honor outstanding service in the [redacted] of exceptional contributors to the CDCA and WREB organizations as they grew in [redacted] years. At the outset of the awards presentation, during the virtual General Assembly meeting, Chairman Dr. Harvey Weingarten announced [redacted] the two honors would continue to be awarded annually by the newly merged CDCA-WREB.

The Board of Directors award is reserved for an individual who [redacted] when warranted at the Board's discretion. Only one other person has previously received this honor. You can view their full speeches as delivered in the Annual Meeting play list on You Tube, or read below for their heartfelt sentiments.

Honorees Share Emotional Stories in Acceptance Speeches

Cole Celebrated as Retirement Begins

January began with a bittersweet goodbye from Beth Cole. Your [redacted] members in the Arizona [redacted] shared well wishes and s[redacted]eets at a special party in her honor. Cole says she'll split her time between her Arizona and Maine residences, and will "look in" everyone's a while.

Dates to Remember

Virtual Steering Committee Mid-Year Meeting
July 21, 2022 (Tentative)

Annual Meeting 2023, January 5-7, 2023 at
Educators Conference 2023, January 7, 2023
Gaylord Texan Resort & Convention Center Grapevine, TX

Calling All Shutter Bugs!

We need your help documenting experiences at WREB and ADEX examinations this year. E-mail us photos and videos from your assignment to feedback@cdcawreb.org. You might just see your pics in the next edition of our newsletter!

All-Star Award Recognizes Staff

Pictured left to right, Thomas Ware (Arizona), Sara Nazarenko (Maryland), and Sarah Crumbley (Arizona) are the first CDCA-WREB Staff to receive the organization wide award.

Forty-seven staff support organizational efforts to deliver assessments nationwide and now, a new award has been established to recognize their efforts. Debuting in November, 2021, All-Star Award honorees are nominated by colleagues from across CDCA-WREB for having notable service in at least one of three categories, performance, leadership, or results.

Winners Ware and Nazareko were named in November, 2021. A US Navy veteran, Ware is an IT Systems Administrator based in the Phoenix, Arizona location and earned the appreciation of both locations staff as he supported infrastructure integrations and exam site support. Nazarenko's commitment to leadership through growth as the Sr. Candidate Services Manager led to her selection. Crumbley, nominated for performance at an exemplary level, recently named Communications and Engagement Coordinator and continues to support Dental Hygiene Examinations.

CDCA WREB

The National Standard for
Licensure Portability
in the Oral Health Professions

MINUTES

VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
March 11, 2022

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 9:02 a.m., on March 11, 2022 at the Perimeter Center, 9960 Mayland Drive, in Board Room 2, Henrico, Virginia 23233.

PRESIDING: Nathaniel C. Bryant, D.D.S., President

MEMBERS PRESENT:
Patricia B. Bonwell, R.D.H., PhD., Vice President
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.

STAFF PRESENT:
Jamie C. Sacksteder, Deputy 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: Charis A. Mitchell, Assistant Attorney General

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

Ms. Sacksteder read the emergency evacuation procedures.

There were no additional announcements or any additional items added to the agenda.

Ms. Sacksteder stated that the Board received written comment from VCU School of Dentistry and additional documentation from Dr. Zapatero regarding the jurisprudence exam for discipline cases, which were distributed to the Board members. She also stated that the Agenda cover page was corrected to show that Dr. Brown is a D.C. not an M.D.

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

APPROVAL OF MINUTES: Dr. Bryant asked if there were any edits or corrections to the December 9, 2021 Formal Hearing minutes, December 10, 2021 Business Meeting minutes, and the December 10, 2021 Formal Hearing minutes. Dr. Bonwell moved to approve the minutes as presented. The motion was seconded and passed.

DIRECTOR'S REPORT:

Dr. Brown informed the Board that Dr. Allison-Bryan retired and commended her on her hard work with DHP. Dr. Brown stated that the metrics pertaining to COVID are improving statewide and nationally; the spread is mainly due to the lack of vaccination. Dr. Brown stated that by April 4, 2022, DHP employees should be prepared to come back to the new normal that will allow up to three days a week for teleworking, which will be at the discretion of the supervisor. He stated there is a balance between the benefits of teleworking such as not having to commute and spending less money on gasoline, but also a sense of community in the agency and connectivity in the work environment.

Dr. Brown provided an update in security, there are plans to enhance security when entering the building, especially as it pertains to disciplinary proceedings. He also provided an update in the audio system, the estimate time frame initially was Spring 2022 but has not happened yet because vendors are waiting to receive necessary equipment. Dr. Brown stated that he is impressed with the new Secretary of Health and there are weekly meetings with the Agency. The Governor is still making appointments, which includes Dr. Brown's position. Dr. Brown would like to be at DHP for another four years.

Dr. Brown was questioned about virtual meetings and he explained that a bill was introduced to allow meetings virtually; however, it was amended to exclude regulatory meetings and ultimately excluded DHP. Dr. Brown stated that there is currently an agency policy that allows for one Board member to participate remotely as long as there is a physical quorum within the building at DHP. There would need to be a legitimate reason for the Board member to participate remotely, which would allow the Board to address issues quickly, if needed.

LIAISON & COMMITTEE REPORTS:

Report on Regulatory-Legislative Committee Meetings – Dr. Bonwell referred the Board to page 15 of the agenda package that contained her report and the minutes from the Regulatory-Legislative Committee meeting held on February 18, 2022 that are pages 10-14 of the agenda package. She stated there were no recommendations made by the Committee. Dr. Bonwell also referred the Board to the March 19, 2021 Board Business Meeting minutes on page 19 of the agenda package where Ms. Reen stated "the Board's position has been that a dentist can refer patients for a sleep study, but only a medical doctor can make a diagnosis; then the medical doctor can refer a patient for dental treatment to address sleep apnea. Ms. Yeatts confirmed that sleep studies fall within the scope of practice of medicine and dentists are allowed to make referrals but not a diagnosis".

After discussion, Dr. Bonwell moved that the Board do nothing on this position and hold its historical position that a dentist can refer to a medical doctor to order a home sleep test and diagnose, and the medical doctor can refer to a dentist for dental treatment. The motion was seconded and passed.

LEGISLATION,

REGULATION, AND GUIDANCE:

Status Report on Regulatory Actions Chart -Ms. Barrett introduced herself to the Board as the new Senior Policy Analyst and stated Ms. Yeatts would be retiring on April 1, 2022. Ms. Barrett informed the Board that she previously worked with the Office of the Attorney General and represented DHP Boards and also substituted as board counsel for other boards so she is very familiar with DHP.

Ms. Barrett reviewed the updated Regulatory Actions. The following proposed regulations are currently at the Governor's Office:

- amendment to restriction on advertising dental specialties; and
- technical correction to fees; and

The comment period ends on April 1, 2022 for training and supervision of digital scan technicians.

The comment period ended on March 4, 2022 for training in infection control and it will be presented at the June Board Meeting for action.

NOIRA for Regulations Governing the Practice of Dental Assistants – Ms. Barrett stated this NOIRA is for the removal of pulp capping as a delegable task for a DAII. She recommended that this topic be sent to the Regulatory-Legislative Committee for further consideration because there are currently a number of people authorized to do this function and a further explanation is needed for the change to limit this ability for a DAII.

Dr. Bryant stated that the NOIRA should be for direct pulp capping to be removed because there is no training for a DAII to perform this function.

Ms. Barrett reiterated that she recommended that the Regulatory-Legislative Committee consider this issue because there could be legal concerns if the Board removes this ability from those who are already allowed to perform this task.

Dr. Bonwell moved that this matter be referred to the Regulatory-Legislative Committee for further discussion. The motion was seconded and passed.

Report of the 2022 General Assembly – Ms. Barrett provided the following updates:

- **HB 80:** Healthcare Regulatory Sandbox Program – Regulation failed.
- **HB 192:** Opioids; repeals sunset provisions relating to prescriber requesting information about a patient – Regulation will continue.
- **HB 213:** Optometrists; allowed to perform laser surgery if certified by Board of Optometry – New certification for the Board of Optometry.
- **HB 244:** Regulatory Budget Program; DPB to establish a continuous program, report – Regulation failed.
- **HB 444:** Virginia Freedom of Information Act; meetings conducted through electronic meetings – The Board is excluded from using this exception.

- **HB 555:** Health care providers; transfer of patient records in conjunction with closure, etc. – Updated to show electronic notice permitted along with mail.
- **HB 1359:** Health care; consent to services and disclosure of records – Regulation passed.
- **SB 317:** Out-of-state health care practitioners; temporary authorization to practice – Health care practitioner can practice for 90 days while waiting for licensure if they hold a license in another state.
- **SB 590:** Dentistry, license to teach; foreign dental program graduates – Applies to foreign dentists with a sunset clause of July 1, 2025.

Notice of Periodic Review of Chapters 21, 25, and 30 – Ms. Barrett explained periodic review is done routinely to determine whether new regulations should be adopted and old regulations amended or repealed. Mr. Martinez moved that the Board issue a Notice of Periodic Review of Chapters 21, 25, and 30 of the Board of Dentistry Regulations. The motion was seconded and passed.

Review Guidance Document 60-25 – "Dental Applications by Credentials" – Ms. Barrett informed the Board that a petition for rule-making was submitted, but it is really an amendment to the guidance document and a petition for rule-making would not apply. She referred the Board to page 40 of the agenda package under the title "Dental Applications by Credentials". Ms. Barrett explained there appeared to be a typographical error. Dr. Bryant pointed out that there was an error in copying of the language and the intent was not for the applicant to have to retake the exam. Ms. Barrett made the suggested language "the Board will accept a passing score of the Clinical Competency Exam required in the state in which the dentist was originally licensed" along with the regulation requirement of every candidate shall have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant. 18VAC60-21-210.B.

Dr. Bonwell moved to amend Guidance Document 60-25 to the recommended language presented. The motion was seconded and passed.

Review Guidance Document 60-26 – "Dental Hygiene Applications by Credentials" – Ms. Barrett referred the Board to page 44 of the agenda package under the title "Dental Hygiene Applications by Credentials". Discussion was had regarding 60-26, since it presented similar issues for Dental Hygiene Applicants by credentials, Ms. Barrett made the suggested language "the Board will accept a passing score of the Clinical Competency Exam required in the state in which the dental hygienist was originally

licensed" along with the regulation requirement of an applicant must be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure. 18VAC60-25-150.2

Dr. Bonwell moved to amend Guidance Document 60-26 to the recommended language presented. The motion was seconded and passed.

Dr. Butt left the meeting at 10:23 a.m.

BOARD DISCUSSION TOPICS:

CE Reporting Companies – Dr. Bryant gave some historical context that the Board considered CE reporting in the 2016-2017 time period. CE Reporting Companies monitor and record continuing education for dentists. There is reportedly no cost to the Board or the dentist. He proposed that the Exam Committee review the issue again and make a recommendation to the Board.

After discussion, Dr. Bonwell moved that the matter be referred to the Exam Committee to conduct further research and make a recommendation to the Board. The motion was seconded and passed.

Agency Subordinate to hear Inspection and Level D Cases – Ms. Sacksteder addressed the Board regarding the use of an agency subordinate to hear sedation inspection and Level D cases. She explained that Level D cases are mostly recordkeeping and advertising. She stated there was a backlog of inspection cases that required an informal conferences; however, level B and C cases were given priority as far as scheduling informal conferences. Ms. Sacksteder explained the agency subordinate process and the responsibility of the agency subordinate. The agency subordinate would not hear any standard of care cases. Ms. Sacksteder stated that presently there is not a backlog of inspections cases, but to avoid any future backlog and to be proactive regarding case scheduling, she requested the utilization of an agency subordinate and recommended that Mr. Martinez be the designated agency subordinate.

Dr. Dawson moved that the Board utilize an agency subordinate to conduct informal conferences for inspection and Level D cases, and that Mr. Martinez be selected as the agency subordinate. The motion was seconded and passed.

Jurisprudence Exam for Discipline Cases – Dr. Zapatero discussed with the Board his reasons for requesting that the jurisprudence exam be allowed for disciplinary cases. He stated that the Board did offer the jurisprudence exam, but in 2016 it was allowed to lapse and he asked that the Board restore an open book jurisprudence exam for the disciplinary process or new licensees.

Ms. Barrett stated that a NOIRA was issued in 2016 to require all licensees to take a jurisprudence exam, and there were 191 public comments

opposed to it so it did not go forward. Dr. Bryant also stated that in 2016 the Board discussed it and spent hours to design a test and psychometrics were involved; the NOIRA was pulled.

Ms. Sacksteder reiterated that the request is to administer the jurisprudence exam for disciplinary cases only and would effect a small number of licensees.

After discussion, Dr. Bonwell moved that the matter be referred to the Exam Committee to conduct further research and make a recommendation to the Board.

BOARD COUNSEL REPORT:

Ms. Mitchell stated she was substituting for Mr. Rutowski. She stated there was no report.

DEPUTY EXECUTIVE DIRECTOR'S REPORT:

Ms. Sacksteder reviewed the disciplinary Board report on case activity from January 1, 2022 through February 28, 2022, giving an overview of the actions taken and a breakdown of the cases closed with violations.

Ms. Sacksteder informed the Board that Dr. Parris-Wilkins, a former Board member, has been hired as the Dental Review Coordinator and she will start on April 11, 2022.

Since Ms. Yeatts will retire on April 1, 2022, Ms. Sacksteder recognized some of her personal awards and professional accomplishments with the Department of Health Professions, and stated that the Board appreciated her many years of service. Dr. Bryant also remarked on the exceptional work that Ms. Yeatts did with the Board. The Board saluted Ms. Yeatts in her absence.

ADJOURNMENT:

With all business concluded, the Board adjourned at 11:25 a.m.

Nathaniel C. Bryant, D.D.S., President

Jamie C. Sacksteder, Deputy Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION

CALL TO ORDER: The meeting of the Board of Dentistry was called to order at 11:40 a.m., on March 11, 2022, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Board Room 2, 9960 Mayland Drive, Henrico, Virginia 23233.

PRESIDING: Nathaniel C. Bryant, D.D.S., President

MEMBERS PRESENT:
Patricia B. Bonwell, R.D.H., PhD
Sultan E. Chaudhry, D.D.S.
Jamiah Dawson, D.D.S.
Alf Hendricksen, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino
Dagoberto Zapatero, D.D.S.

MEMBERS ABSENT:
Joshua Anderson, D.D.S.
Sidra Butt, D.D.S.

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

STAFF PRESENT:
Jamie C. Sacksteder, Deputy Executive Director
Donna M. Lee, Discipline Case Manager
Sally Ragsdale, Executive Assistant

OTHERS PRESENT:
Charis A. Mitchell, Assistant Attorney General, Board Counsel
James E. Schliessmann, Senior Assistant Attorney General
Lori L. Pound, Adjudication Consultant

J. Daniel La Briola, D.D.S., O.M.F.S. Case No.: 207519

The Board received information from Mr. Schliessmann in order to determine if Dr. La Briola's practice of dentistry constitutes a substantial danger to public health and safety. Mr. Schliessmann reviewed the case and responded to questions.

Closed Meeting:

Dr. Bonwell moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of J. Daniel La Briola. Additionally, Dr. Bonwell moved that Ms. Sacksteder, Ms. Ragsdale, Ms. Lee, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

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

DECISION: Dr. Bonwell moved that the Board summarily suspend Dr. La Briola's license to practice dentistry in the Commonwealth of Virginia and his oral/maxillofacial surgeon registration in that he is unable to practice dentistry safely. The motion was seconded and passed unanimously.

ADJOURNMENT: With all business concluded, the Board adjourned at 11:59 a.m.

Nathaniel C. Bryant, D.D.S., Chair

Date

Jamie C. Sacksteder, Deputy Executive Director

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION – TELEPHONE CONFERENCE CALL

The Board of Dentistry was scheduled to convene on Thursday, April 7, 2022, at 5:15 p.m., to discuss a consent order in lieu of proceeding with a formal hearing.

MEMBERS PRESENT: Nathaniel C. Bryant, D.D.S., President
Sidra Butt, D.D.S.
Jamiah Dawson, D.D.S.
J. Michael Martinez de Andino,

MEMBERS ABSENT: Sultan E. Chaudhry, D.D.S.

PANEL: With four members present, the Board was unable to achieve a panel to discuss this matter.

STAFF PRESENT: Jamie C. Sacksteder, Deputy Executive Director
Donna M. Lee, Discipline Case Manager
Sally Ragsdale, Executive Assistant

OTHERS PRESENT: James E. Rutkowski, Assistant Attorney General, Board Counsel

ADJOURNMENT: The Board adjourned at 5:30 p.m.

_____
Nathaniel C. Bryant, D.D.S., Chair

_____
Date

_____
Jamie C. Sacksteder, Deputy Executive Director

_____
Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION – TELEPHONE CONFERENCE CALL

CALL TO ORDER:	The meeting of the Board of Dentistry was called to order at 5:30 p.m., on April 14, 2022, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Board Room 1, 9960 Mayland Drive, Henrico, VA 23233.
PRESIDING:	Nathaniel C. Bryant, D.D.S. President
MEMBERS PRESENT:	Joshua Anderson, D.D.S. Sidra Butt, D.D.S. Jamiah Dawson, D.D.S. Alf Hendricksen, D.D.S. Margaret Lemaster, D.D.S. J. Michael Martinez de Andino, J.D. Dagoberto Zapatero, D.D.S.
MEMBERS ABSENT:	Patricia B. Bonwell, R.D.H., PhD Sultan E. Chaudhry, D.D.S.
QUORUM:	With eight members present, a quorum was established.
STAFF PRESENT:	Jamie C. Sacksteder, Deputy Executive Director Donna M. Lee, Discipline Case Manager Sally Ragsdale, Executive Assistant
OTHERS PRESENT:	James E. Rutkowski, Assistant Attorney General, Board Counsel
J. Daniel LaBriola, D.D.S. **Case No.: 207519**	The Board received information from Ms. Sacksteder regarding a proposed consent order pertaining to Dr. LaBriola in lieu of proceeding with the scheduled Formal Hearing.
Closed Meeting:	Dr. Dawson moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Case No. 207519. Additionally, Dr. Dawson moved that Ms. Sacksteder, Ms. Lee, Ms. Ragsdale, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.
Reconvene:	Dr. Dawson moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION: Dr. Dawson moved that the Board offer Dr. LaBriola a consent order for the permanent voluntary surrender of his license to practice dentistry and his registration to practice oral and maxillofacial surgery in the Commonwealth of Virginia in lieu of proceeding with the scheduled Formal Hearing. Following a second, a roll call vote was taken. The motion passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 5:42 p.m.

Nathaniel C. Bryant, D.D.S., Chair

Jamie C. Sacksteder, Deputy Executive Director

Date

Date

Liaison & Committee Reports

REGULATORY-LEGISLATION COMMITTEE

Meeting Report for May 20, 2022
Regulatory-Legislative Committee Meeting
Presented by Patricia Bonwell, RDH, PhD, Committee Chair

I. No public comments were received. No one registered to make comments and no one participated when option was given to the audience present to do so.

II. Minutes from the February 18, 2022 Regulatory-Legislative Committee Meeting were unanimously approved with no edits.

III. The Committee recommends the Board accept the language change "indirect pulp" presented by Ms. Barrett as an edit regarding the removal of pulp capping as a delegable task for a DAII in 18VAC60-30-120.

A. It is also recommended that the Board discuss the current registered DAIIs (38) being Grandfathered and enabled to continue with performing pulp capping as so defined on their registration, as of July 1, 2022.

1. New registered DAIIs will not be permitted to perform direct pulp capping

IV. The Committee recommends that the Board discuss and move forward with the Petition for Rule-making through the periodic review process addressing an edit to regulation Section 18VAC60-25-210.A (iii) to include Dental Hygiene Programs recognized by the ADA and AADH for license reinstatement or reactivation of dental hygienists.

A. It is also recommended that more specific guidance in a guidance document for both the dentist and dental hygiene reinstatement license applicants be provided on number and type of CE hours needed for reinstatement or reactivation of a license.

B. 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 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.

V. Ms. Barrett shared that the draft of the Dental Scan Technicians Regulations that the public was commenting on was not accurately posted, it was an earlier draft and not the final draft. Therefore, the regulatory action had to be retracted and a new NOIRA was placed for public comment that reflected the accurate final draft that was approved by the Board in June 2021. There was no motion required by the committee since the Board already previously approved the final draft in June 2021.

EXAM COMMITTEE

Exam Committee Report

CE Tracking Options

Recommendation: The Board to review the following and make a decision.

On Friday May 20th the Exam Committee interviewed companies that help users submit and keep track of their continuing education credits. Presenters included Ms. Sarah Thiel of CE Zoom and Ms. Catherine Como of CE Broker. Both CE Zoom and CE Broker are two major players in the CE tracking market, and while there are others, these 2 companies have a purpose-built platform directed to the dental profession in addition to other health care fields. I have broken down these features and services of these CE companies so that we can compare them and better understand what they provide.

	CE Zoom	CE Broker
Company Info	Based in Texas 100k+ Clients 5+ years in operation	HQ in Florida 3mil+ Clients 15+ years in operation
Dental Boards	TX	FL, KY, LA, MI, SC, TN, OH
Pricing	Basic Level FREE Mid Level $64/year Top Level $195/year	Basic Level FREE Mid Level $29/year Top Level $99/year
Features	Upload Courses via website menu/mobile app. Manually upload courses not listed. Search and complete CEs directly on the website. Batch CEs in categories of requirement.	Upload Courses via website menu/mobile app. Manually upload courses not listed. Search and complete CEs directly on the website. Batch CEs in categories of requirement.
Renewal Support	Can be customized to alert or even prevent a user from renewing their license in the event they have not completed the required CE.	Can be customized to alert or even prevent a user from renewing their license in the event they have not completed the required CE.
Auditing	State specific audit compliance.	Extensive R&D, generate compliance reports, automate audits to sample the group or create metrics to sample a portion.
Current VA Dental Professional Users	3k+	0
Security and Backup	Extensive security parameters and offsite cloud data storage	Extensive security parameters and offsite cloud data storage

Jurisprudence Exam

The Exam Committee made the following recommendation to the Board for consideration:

2hours of CE in Jurisprudence every 2 years for all licensees

2 hours of CE in Sedation Jurisprudence every 2 years for all sedation permit holders.

Please note: Sedation Permit Holders are required to take 4 hours of CE every 2 years in administration and monitoring of such anesthesia or sedation the dentist is permitted for.

- We can make the 2 hours of CE in Sedation Jurisprudence in addition to the 4 hours in administration and monitoring OR
- Out of the 4 hours of CE that is required for Sedation permit holders currently, make 2 out of the 4 hours in Sedation Jurisprudence.

Dr. Sultan Chaudhry
Exam Committee

AADB

Day 1
4/8/2022

I. Oral Health: An Evidence and Data-Driven Approach to Achieve Better Health, Equity, and Fiscal Responsibility
Natalia Chalmers, DDS, MHSc, PhD
Chief Dental Officer
Centers for Medicare & Medicaid Services
   a) Impact on Oral Health, factors such as racial and income disparities are impacting oral health. Records show that whites have more dental visits than Hispanic and African Americans. Lower income further reduces the number of dental visits – those who can not afford to pay.
   b) Oral Health mostly impacted by individuals at home. Better oral care at home helps improve oral health.
   c) Dental Office visits expenditures (expenses) – 40% are out of pocket, resulting in higher expenses, which with reduced income, hard to cover.
   d) Improve link between oral health and overall medical health. Dentists may see individuals more often than physicians.

II. Trends in Dental Education
Denice Stewart, DDS, MHSA
Senior Scholar in Residence
American Dental Education Association
   a) Dental School Faculty numbers are declining due to members entering private practice, going to another dental school or retiring.
   b) How to fill the need for new faculty:
      i. Promote the dental industry during high school and undergraduate education;
      ii. Improve mentoring; and
      iii. Promote post-graduate educational programs.
   c) Impact from the Pandemic:
      i. Decline in patient visits at the dental offices;
      ii. Budget cuts due to lower income from reduced number of patients, leads to cost cutting.

III. Access to Care & Teledentistry
   a) Steven C. Bilt, Chief Executive Officer, Smile Brands
      i. Business aspect, promotion for Smile Brands
      ii. Impact on out of pocket pay.
      iii. High costs have led to low compliance by patients. 41% of dental expenses is out of pocket compared to 10% of medical out of pocket expenses.
   b) Scott Howell, DMD, MPH

Associate Professor and Director of Public Health Dentistry & Teledentistry
A.T Still University-Arizona School of Dentistry & Oral Health

i. Why Teledentistry? Due to costs, distances, lack of time and not having easy access to a dentist.
ii. Teledentistry is a communication tool.
iii. Issues:
    a. Diagnosis is difficult but not impossible with teledentistry.
    b. Reimbursement depends on what is seen and can be accomplished.
    c. Prepare the patient, needs to understand Zoom, check the lighting in the room, remember confidentiality, learn how to take pictures & videos, and work to make the system be systematic (the same each time).
    d. Concerns –
        i. Regulations between the States may be different, may impact what can be seen and accomplished.
        ii. Need reasonable access to a dentist to review and discuss results from a teledentistry meeting.

c) Ifetayo B. Johnson, MA
Executive Director
Oral Health Progress and Equity Network, Inc.

i. Blink Spots in Health disparities, deals with inequity in being able to pay or even visit a dentist.
ii. Teledentistry can help reach those in need.

IV. Insights Garnered From Six Months With AADB's Remediate+ Program
MaryJane Hanlon, RDH, DMD, MBA
Project Manager, AADB

a) Assist with evaluating consent orders
b) Propose evaluation findings and appropriate remediation services
c) Extensive course information offered, if desire further information:
    i. Phone 617-719-2200
    ii. Email mj@promotheanddentalsystems.com

V. Regional Caucuses – "South", 21 participants

a) Election of Chairperson for the next Annual and Midyear meetings
b) Discussion items proposed for next Annual Meeting:
    i. Teledentistry
    ii. Licensing and Regional Boards vs. a National Board
    iii. Reduction in actual patient experience in dental schools due to reduced number of live patients with advent of COVID and increased use of mannequins. Fear of putting high expectations on graduating students.

iv. Question of the formation by the ADA of new Commissions and who can be members of these Commissions.

Day 2
4/9/2022

I. Attorney Round Table
Lori Lindley
Senior Assistant Attorney General, Oregon Board of Dentistry
Susan Rogers
Executive Director and General Counsel, Oklahoma State Board of Dentistry
a) COVID Update – different impact and regulations by State
b) Update on Oregon law regarding dental therapists
c) Case law update
   i. Drug free order – wording needs to allow for prescribed medications
   ii. ADA impact – medication needed for disability, such as opioid disorder, may require documentation to show impairment of continued use of prescribed medication during dental practice.
   iii. Corporation - if practice is operated and managed by a Corporation, need to identify a dentist in charge to manage respective employee and also to identify who controls the drug cabinet.
   iv. Advertisements – reminder, "free service" means free of charge, not that insurance will first be charged and then no out of pocket.

II. Future of Dentistry: The Oral Health in America Report & Multi-Directional Integration
Rear Admiral Timothy Ricks, DMD, MPH, FICD
Chief Dental Officer and Assistant Surgeon General, U.S. Public Health Service
a) Newly released report:
   i. Good oral health leads to good overall health, better economy.
   ii. Poverty has biggest effect on noncare
   iii. Currently 13 States authorizing dental therapists, additional States exploring
   iv. Very low number of minority dentists
   v. Multi-direction integration: dental>medical>pharmaceutical: combined overall health care

III. The History and Future of Fully Digital Workflows in Dentistry
Lee Coursey, MICOI
Managing Partner, Russellville Dental Lab
a) Digital dentistry – mostly machine learning with advanced software
b) New tools & new ways of doing business
c) Software variations and different materials available, affects price and aesthetics
d) Almost anything requested by a dental lab can be digitally produced.

Legislation, Regulation & Guidance

Board of Dentistry
Current Regulatory Actions

VAC	Stage	Subject Matter	Date submitted*	Office; time in office**	Notes
18VAC60-21	Proposed	Elimination of restriction on advertising dental specialties	9/16/2019	Governor 978 days (2.6 years)	Adopted on advice of Board counsel
18VAC60-21	Fast-Track	Technical corrections	11/18/2019	Governor 915 days (2.5 years)	Correcting oversights in regulation and reducing cost of reactivation of an inactive license
18VAC60-21	Proposed	Digital Scan Technicians	Withdrawn: 5/19/2022 Re-Proposed: 5/19/2022	Attorney General 2 days	Regulations for the training of digital scan technicians to practice under a licensed dentist
18VAC60-30	NOIRA	Removal of pulp-capping as a delegable task	Register date: 1/31/2022		Removes direct pulp-capping as a delegable task to a dental assistant II
18VAC60-30	Proposed	Training in infection control	Register date: 1/31/2022		Requirement of training in infection control for dental assistants

* Date submitted to current location
** As of May 21, 2022

Agenda Item: Re-adoption of guidance document for sanctioning for practicing on expired license

Included in your agenda package are:

Clean version of new (re-adopted) guidance document 60-9 (previously 60-6) regarding sanctions for practicing on expired license

Track changes version of new (readopted) guidance document

Action needed:

- Motion to adopt Guidance Document 60-9

Revised: June 10, 2022
Effective: August 4, 2022

Virginia Board of Dentistry

Policy on Sanctioning for Practicing with an Expired License

Excerpts of Applicable Law, Regulation and Guidance

- No person shall practice dentistry unless he possesses a current valid license, §54.1-2709.A.
- No person shall practice dental hygiene unless he possesses a current valid license, §54.1-2722.A.
- Dental and dental hygiene licenses and dental assistant II registrations must be renewed annually, 18VAC60-21-240.B, 18VAC60-25-180.A, and 18VAC60-30-150.A
- Practicing with an expired license may subject the licensee to disciplinary action and additional fines, 18VAC60-21-240.A, 18VAC60-25-180. C, and 18VAC60-30-150.B.
- Confidential Consent Agreements may be used to address practicing with a lapsed license up to 90 days past expiration. Guidance Document: 60-1.
- Licensee shall provide the board with current addresses and notice is validly given by the board when mailed to the latest address given, 18VAC60-21-20, 18VAC60-25-20, and 18VAC60-30-20.
- If a disciplinary proceeding will not be instituted, a board may send an advisory letter to the subject of a complaint or report, § 54.1-2400.2.F.

Probable Cause Decision

- Cases where the license was lapsed for 30 days or less will be closed without investigation by the board staff with an advisory letter unless there are other grounds for disciplinary action.
- Cases where the license was lapsed for more than 30 days will be reviewed by either a Board member or staff (the reviewer) to determine if evidence exists that the licensee was practicing during the period the license was lapse.

Guidelines for Offering a Confidential Consent Agreement

- The reviewer will only offer a CCA for a first offense.
- The reviewer may offer a CCA to a licensee in a case where there is only one finding of probable cause and that finding is his license was expired for 31 to 90 days.
- The reviewer may offer a CCA to a licensee in a case where there are only two findings of probable cause and those findings are that (1) his license was expired for 31 to 90 days, and (2) he failed to provide a current address.
- In cases where there are findings of probable cause for violations in addition to an expired license for 90 days or less and an address not being kept current, the reviewer may offer a CCA that is consistent with Guidance Document 60-1.
- The offered CCA will include a finding that a violation(s) occurred and shall request the licensee's agreement to henceforth keep his license and address current.

Guidelines for Imposing Disciplinary Sanctions

- The reviewer may offer a Pre-Hearing Consent Order (PHCO) to a licensee for a second and for subsequent offenses where there is a finding of probable cause and that finding is that his license was expired for 90 days or less.
- The reviewer may offer a Pre-Hearing Consent Order (PHCO to a licensee in a case where there is only one finding of probable cause and that finding is that his license was expired for a period longer than 90 days but less than 365 days.
- The reviewer may offer a PHCO to a licensee in a case where there are only two findings of probable cause and those findings are that (1) his license was expired for a period longer than 90

days but less than 365 days and (2) he failed to provide a current address.

- In cases where there are finding of probably cause for violations in addition to an expired license and an address not being kept current, the reviewer may offer a PHCO or refer to an informal fact finding conference.
- In cases where there are finding of probable cause for violations of operating with an expired license of more than 365 days, no PHCO will be offered, case will be referred to an informal fact finding conference.
- The reviewer will consider the following sanctioning guidelines for a PHCO:
    - For a license expired for less than 180 days- First Offense- Reprimand
    - For a license expired for less than 180 days- Subsequent Offenses- Reprimand and $500 monetary penalty.
    - For a license expired for more than 180 days but less than 365- First Offense- Reprimand and a $500 monetary penalty
    - For a license expired for more than 180 days but less than 365- Subsequent Offenses- Reprimand and $1000 monetary penalty
    - For a license expired for more than 365 days- No PHCO offered, refer for an informal fact finding conference.

Revised: June 10, 2022~~December 11, 2015~~
Effective: August 4, 2022

Virginia Board of Dentistry

Policy on Sanctioning for Practicingwith an Expired License

Excerpts of Applicable Law, Regulation and Guidance

- No person shall practice dentistry unless he possesses a current valid license, §54.1-2709.A.
- No person shall practice dental hygiene unless he possesses a current valid license, §54.1-2722.A.
- Dental and dental hygiene licenses and dental assistant II registrations must be renewed annually, 18VAC60-21-240.B, 18VAC60-25-180.A, and 18VAC60-30-150.A
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- Confidential Consent Agreements may be used to address practicing with a lapsed license up to 90 days past expiration. Guidance Document: 60-1.
- Licensee shall provide the board with current addresses and notice is validly given by the board when mailed to the latest address given, 18VAC60-21-20, 18VAC60-25-20, and 18VAC60-30-20.
- If a disciplinary proceeding will not be instituted, a board may send an advisory letter to the subject of a complaint or report, § 54.1-2400.2.F.

~~**Reporting**~~

~~1. On a semi-annual basis during the months of October and April, the Board will generate a report to identify licensees who renew their license after the annual deadline for renewal but within the twelve-month late period.~~

~~2. Board staff will sort the licensees in groups according to the lenght of time the license was lapsed to determine which action will be taken by the Board.~~

~~3. Cases where the license was lapsed for 30 days or less will be assigned a case number by Board staff and will not be referred to Enforcement~~

~~4. Cases where the license was lapsed for more than 30 days but was renewed within the 365-day late period will be sent to Enforcement for an investigation to determine if the licensee was practicing in Virginia during the period the license was lapsed and to determine if the address of record is current.~~

Probable Cause Decision

- Cases where the license was lapsed for 30 days or less will be closed without investigation by the board staff with an advisory letter unless there are other grounds for disciplinary action.
- Cases where the license was lapsed for more than 30 days will be reviewed by either a Board member or staff (the reviewer) to determine if evidence exists that the licensee was practicing during the period the license was lapse.

Guidelines for Offering a Confidential Consent Agreement

- The reviewer ~~shall~~ will only offer a CCA for a first offense.
- The reviewer ~~shall~~ may offer a CCA to a licensee in a case where there is only one finding of probable cause and that finding is his license was expired for 31 to 90 days.
- The reviewer ~~shall~~ may offer a CCA to a licensee in a case where there are only two findings of probable cause and those findings are that (1) his license was expired for 31 to 90 days, and (2) he failed to provide a current address.
- In cases where there are findings of probable cause for violations in addition to an expired license for 90 days or less and an address not being kept current, the reviewer may offer a CCA that is consistent with Guidance Document 60-1.
- The offered CCA ~~shall~~ will include a finding that a violation(s) occurred and shall request the licensee's agreement to henceforth keep his license and address current.

Guidelines for Imposing Disciplinary Sanctions

- The reviewer ~~shall~~ may offer a Pre-Hearing Consent Order (PHCO) to a licensee for a second and for subsequent offenses where there is a finding of probable cause and that finding is that his license was expired for 90 days or less.
- The reviewer ~~shall~~ may offer a Pre-Hearing Consent Order (PHCO to a licensee in a case where there is only one finding of probable cause and that finding is that his license was expired for a period longer than 90 days but less than 365 days.
- The reviewer ~~shall~~ may offer a PHCO to a licensee in a case where there are only two findings of probable cause and those findings are that (1) his license was expired for a period longer than 90 days but less than 365 days and (2) he failed to provide a current address.
- In cases where there are finding of probably cause for violations in addition to an expired license and an address not being kept current, the reviewer may offer a PHCO or refer to an informal fact finding conference.
- In cases where there are finding of probable cause for violations of operating with an expired license of more than 365 days, no PHCO will be offered, case will be referred to an informal fact finding conference.
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  - For a license expired for more than 180 days but less than 365- First Offense- Reprimand and a $500 monetary penalty
  - For a license expired for more than 180 days but less than 365- Subsequent Offenses- Reprimand and $1000 monetary penalty
  - For a license expired for more than 365 days- No PHCO offered, refer for an informal fact finding conference.

Agenda Item: Initiation of periodic review for Chapter 15, Regulations Governing the Disciplinary Process

Included in your agenda package are:

18VAC60-15-10; 18VAC60-15-20

Action needed:

- Motion to initiate periodic review for Chapter 15

5/20/2022

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 60. Board of Dentistry
Chapter 15. Regulations Governing the Disciplinary Process

18VAC60-15-10. Recovery of disciplinary costs.

A. Assessment of cost for investigation of a disciplinary case.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant, the board may assess the hourly costs relating to investigation of the case by the Enforcement Division of the Department of Health Professions and, if applicable, the costs for hiring an expert witness and reports generated by such witness.

2. The imposition of recovery costs relating to an investigation shall be included in the order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of investigative costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average hourly cost for enforcement that is chargeable to investigation of complaints filed against its regulants and shall state those costs in a guidance document to be used in imposition of recovery costs. The average hourly cost multiplied times the number of hours spent in investigating the specific case of a respondent shall be used in the imposition of recovery costs.

B. Assessment of cost for monitoring a licensee or registrant.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant and in which terms and conditions have been imposed, the costs for monitoring of a licensee or registrant may be charged and shall be calculated based on the specific terms and conditions and the length of time the licensee or registrant is to be monitored.

2. The imposition of recovery costs relating to monitoring for compliance shall be included in the board order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of monitoring costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average costs for monitoring of certain terms and conditions, such as acquisition of continuing education, and shall set forth those costs in a guidance document to be used in the imposition of recovery costs.

C. Total of assessment. In accordance with § 54.1-2708.2 of the Code of Virginia, the total of recovery costs for investigating and monitoring a licensee or registrant shall not exceed $5,000, but shall not include the fee for inspection of dental offices and returned checks as set forth in 18VAC60-21-40 or collection costs incurred for delinquent fines and fees.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015.

the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

5/20/2022

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 60. Board of Dentistry
Chapter 15. Regulations Governing the Disciplinary Process

18VAC60-15-20. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with subdivision 10 of § 54.1-2400 of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate at the time a determination is made that probable cause exists that a practitioner may be subject to a disciplinary action. If delegation to a subordinate is not recommended at the time of the probable cause determination, delegation may be approved by the president of the board or his designee.

B. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015.

Agenda Item: Consideration of action on periodic reviews of Chapters 21, 25, and 30

Included in your agenda package are:

Notice of periodic reviews for Chapters 21, 25, and 30

Email chain and comments received regarding periodic review of Chapter 25

Action needed:

- Motion regarding periodic reviews recommended by staff:
    - Retain Chapters 21, 25, and 30, but amend the chapters
    - Send to regulatory committee to determine amendments

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Dentistry**

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

Edit Review

Review 2105

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 3/13/2022

Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). http://TownHall.Virginia.Gov/EO-14.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
Name / Title:	Erin Barrett / *Senior Policy Analyst*
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233
Email Address:	erin.barrett@dhp.virginia.gov
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Publication Information and Public Comment Period

Published in the Virginia Register on 4/11/2022 [Volume: 38 Issue: 17]

Comment Period begins on the publication date and ends on 5/11/2022

Comments Received: 0

Review Result

Pending

Attorney General Certification

Result of Review: Certified on 3/16/2022

Review Memo

This periodic review was created by Erin Barrett on 03/13/2022 at 1:17pm

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Dentistry**

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

Edit Review

Review 2106

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 3/13/2022

Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

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Publication Information and Public Comment Period

Published in the Virginia Register on 4/11/2022 [Volume: 38 Issue: 17]

Comment Period begins on the publication date and ends on 5/11/2022

Comments Received: 0

Review Result

Pending

Attorney General Certification

Result of Review: Certified on 3/16/2022

Review Memo

This periodic review was created by Erin Barrett on 03/13/2022 at 1:18pm

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Dentistry**

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

Edit Review

Review 2107

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 3/13/2022

Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

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Name / Title:	Erin Barrett / *Senior Policy Analyst*
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Publication Information and Public Comment Period

Published in the Virginia Register on 4/11/2022 [Volume: 38 Issue: 17]

Comment Period begins on the publication date and ends on 5/11/2022

Comments Received: 0

Review Result

Pending

Attorney General Certification

Result of Review: Certified on 3/16/2022

Review Memo

This periodic review was created by Erin Barrett on 03/13/2022 at 1:19pm

Commonwealth of Virginia

Barrett, Erin <erin.barrett@dhp.virginia.gov>

EO 14 Regulatory Review Recommendations

3 messages

Tracey Martin <btmart1@verizon.net> Mon, May 9, 2022 at 9:30 PM
Reply-To: Tracey Martin <btmart1@verizon.net>
To: "erin.barrett@dhp.virginia.gov" <erin.barrett@dhp.virginia.gov>, "jamie.sacksteder@dhp.virginia.gov" <jamie.sacksteder@dhp.virginia.gov>
Cc: "mgreenrdh@gmail.com" <mgreenrdh@gmail.com>, "cberard1@msn.com" <cberard1@msn.com>, "ebonovitch@gmail.com" <ebonovitch@gmail.com>, "herrerahm29@gmail.com" <herrerahm29@gmail.com>

Dear Ms. Barrett,

Attached are VDHA's regulatory review recommendations pursuant to Gov. Northam's Executive Order 14, with the comment period ending May 11, 2022, for the Board of Dentistry's consideration.

Thank you.

Tracey Martin, BSDH, RDH
VDHA President

2 attachments

Reg_18VAC60-25_DH_highlightedchanges_pdf.pdf
202K

Reg_18VAC60-25_DH (2).pdf
383K

Barrett, Erin <erin.barrett@dhp.virginia.gov> Tue, May 10, 2022 at 8:08 AM
To: Tracey Martin <btmart1@verizon.net>
Cc: "jamie.sacksteder@dhp.virginia.gov" <jamie.sacksteder@dhp.virginia.gov>, "mgreenrdh@gmail.com" <mgreenrdh@gmail.com>, "cberard1@msn.com" <cberard1@msn.com>, "ebonovitch@gmail.com" <ebonovitch@gmail.com>, "herrerahm29@gmail.com" <herrerahm29@gmail.com>

Tracey,

I can include this for the Board's review as comments at the conclusion of the periodic review period. Since the comment period runs one more day, I would suggest changing this from what you've sent to a narrative list of suggested changes. It's very hard to understand what your recommended changes are from these attachments, even with the highlighting, and the boards generally review narrative comments regarding regulatory changes.

If you don't want to provide narrative comments before the end of the comment period, I will include what you have sent.

Erin L. Barrett, JD
Senior Policy Analyst

Virginia Department of Health Professions
9960 Mayland Drive
Suite 300
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[Quoted text hidden]

Tracey Martin <btmart1@verizon.net>
Reply-To: Tracey Martin <btmart1@verizon.net>
To: "erin.barrett@dhp.virginia.gov" <erin.barrett@dhp.virginia.gov>
Cc: "jamie.sacksteder@dhp.virginia.gov" <jamie.sacksteder@dhp.virginia.gov>, "mgreenrdh@gmail.com" <mgreenrdh@gmail.com>, "cberard1@msn.com" <cberard1@msn.com>, "ebonovitch@gmail.com" <ebonovitch@gmail.com>, "herrerahm29@gmail.com" <herrerahm29@gmail.com>

Wed, May 11, 2022 at 3:21 PM

Ms. Barrett,

VDHA's Regulatory Review Committee has provided a highlighted document to guide the Board of Dentistry through the changes recommended, and a final document to reflect those changes so that they can see the differences and benefits of those changes. The committee does not feel an additional narrative is necessary since the changes are self-explanatory. We thank you for your time and dedication to this effort and look forward to seeing these items implemented.

Please submit both documents as the final comment from VDHA with the above explanation.

Sincerely,

[Quoted text hidden]

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF DENTAL HYGIENE

VIRGINIA BOARD OF DENTISTRY

Title of Regulations: 18 VAC 60-25-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 27 of Title 54.1 of the *Code of Virginia*

Effective Date: October 15, 2020

9960 Mayland Drive, Suite 300 (804) 367-4538 (TEL) Henrico, Virginia 23233-1463
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TABLE OF CONTENTS

Part I. General Provisions.

18VAC60-25-10. 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"

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

"Active practice" means clinical practice as a dental hygienist for at least 600 hours per year.

"ADA" means the American Dental Association.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"CDAC" means the Commission on Dental Accreditation of Canada.

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

Association. "Code" means the Code of Virginia.

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

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

"Dental Safety Net Settings" encompasses health departments, community health centers, hospitals, free and charitable clinics and settings targeting care to the underserved.

"Direction" means the level of supervision (i.e., direct, indirect, general, or remote) that a dentist or dental hygienist exercises with the delivery of care. required to exercise with a dental hygienist 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.

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist or a dental assistant

who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist, or (iii) preparing the patient for dismissal following treatment.

"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 sensibility to pain without the loss 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.

"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 Regulations Governing the Practice of Dentistry.

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

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal

tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"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.

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

18VAC60-25-20. Address of record; posting of license.

A. Address of record. Each licensed dental hygienist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of license. In accordance with § 54.1-2727 of the Code, a dental hygienist shall display a dental hygiene license where it is conspicuous and readable by patients. If a licensee is employed in more than one office, a duplicate license obtained from the board may be displayed.

18VAC60-25-30. Required fees.

A. Application fees.

1. License by examination $175

2. License by credentials $275

3. License to teach dental hygiene pursuant to § 54.1-2725 of the Code — to § 54.1-2726 of the Code $175 $175

4. Temporary permit pursuant

5. Restricted volunteer license $25 6. Volunteer exemption registration $10 B. Renewal fees.

1. Active license $75 2. Inactive license $40

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

4. Temporary permit pursuant to § 54.1-2726 $75 C. Late fees.

1. Active license $25 2. Inactive license $15

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

4. Temporary permit pursuant to § 54.1-2726 $25 D. Reinstatement fees.

1. Expired license $200 2. Suspended license $400 3. Revoked license $500 E. Administrative fees.

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1. Duplicate wall certificate $60 2. Duplicate license $20 3. Certification of licensure $35

4. Handling fee for returned check or dishonored debit card credit or $50

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

G. For the renewal of an active dental hygienist license in 2021, fees shall be prorated according to a licensee's birth month as follows:

January birth month February birth month March birth month April birth month May birth month June birth month	July birth month August birth month September birth month October birth month November birth month December birth month

$40 $44 $48 $52 $56 $60 $64 $68 $72 $76 $80 $84

Part II. Practice of Dental Hygiene.

18VAC60-25-40. Scope of practice.

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

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

1. Final diagnosis and treatment planning;

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

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

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

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

6. Administration of deep sedation or general anesthesia and moderate sedation; 7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60- 30-120;

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

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation. C. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

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

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

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance

with the requirements of 18VAC60-25-100.

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

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

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

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

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

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

E. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II or a dental hygienist pursuant to 18VAC60-30-10 et seq.:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

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

4. Taking final impressions;

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

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist. F. A dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services may provide educational and preventive dental care under remote supervision, as defined in § 54.1-2722 Eof the Code, of a dentist employed by the Virginia Department of Health and in accordance with the protocol adopted by the Commissioner of Health for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, September 2012, which is hereby incorporated by reference.

G. The following duties shall only be delegated to dental hygienists and may be performed under remote supervision in accordance with 54.1-2722 F of the Code: (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, etc.

18VAC60-25-50. Utilization of dental hygienists and dental assistants.

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any

combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services additional dental hygienists to practice under general supervision in a long term care facility, Dental Safety Net settings, a public health program, or a voluntary practice. No dentist shall employ more that two dental hygienists who practice under remote supervision at one time, as defined in 54.1-2724

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

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

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist,long term care facility, dental safety net organization, governmental agency or when volunteering services as provided in 18VAC60-25- 50.

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

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1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specified time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

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

E. Delegation of duties to a dental hygienist practicing under remote supervision shall be in accordance with provisions of § 54.1-2722 F of the Code. However, delegation of duties to a public health dental hygienist practicing under remote supervision shall be in accordance with provisions of § 54.1-2722 E.

1. After the dental hygienist confirms a patient not having a dentist, conducts an initial oral assessment, informs the dentist of findings, further dental hygiene services may be continued for up to 90 days following a written practice protocol provided by the supervising dentist.
2. After a 90-day period for treatment, the supervising dentist shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a final diagnosis and treatment plan for the patient to be delivered. The supervising dentist shall review a patient's record at least once every 10 months.

18VAC60-25-70. Delegation of services to a dental assistant.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to any dental assistant under the direction of a dental hygienist practicing under general supervision or remote supervision as permitted in subsection B of this section, with the exception of those listed as non delegable and those that may only be delegated to dental hygienists as listed in 18VAC60-25-40 and those that may only be delegated to a dental assistant II as listed in 18VAC60- 21-150.

B. Duties delegated to a dental assistant byunder general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

18VAC60-25-80. Radiation certification.

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

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Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-25-90. What does not constitute practice.

The following are not considered the practice of dental hygiene, dental assisting II and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting a complaint, and medical history.

3. Conducting preliminary dental screenings in long term care facilities, dental safety net settings, free clinics, public health programs, or a voluntary practice.

18VAC60-25-100. Administration of controlled substances.

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.

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 a minimum of eight hours in 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.

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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 a minimum of 28 didactic and clinical hours 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.

Part III. Standards of Conduct.

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 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 oral or written consent 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 C and under remote supervision as required in 18VAC60-25-60 E; and 7. Notation of each treatment rendered, date of treatment, and the identity of the dentist,the dental hygienist and the dental assistant providing service.

B. A dental hygienist shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A dental hygienist shall not 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 he 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 he is seeing regularly.

18VAC60-25-120. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of § 54.1-2706 of the Code:

1. Fraudulently obtaining, attempting to obtain, or cooperating with others in obtaining payment for services.

2. Performing services for a patient under terms or conditions that are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress.

3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use.

4. Committing any act in violation of the Code reasonably related to the practice of dentistry and dental hygiene.

5. Delegating any service or operation that requires the professional competence of a dentist or dental hygienist to any person who is not a licensee or registrant as authorized by this chapter. 6. Certifying completion of a dental procedure that has not actually been completed. 7. Violating or cooperating with others in violating provisions of Chapter 1 (§ 54.1-100 et seq.) or 24 (§ 54.1-2400 et seq.) of Title 54.1 of the Code or the Drug Control Act (§ 54.1-3400 et seq. of the Code).

Part IV. Requirements for Licensure.

18VAC60-25-130. General application requirements.

A. All applications for licensure by examination or credentials, temporary permits, or faculty licenses shall include:

1. Verification of completion of a dental hygiene degree or certificate from a CODA or CDAC accredited program;

2. An original grade card from the National Board Dental Hygiene Examination issued by the Joint Commission on National Dental Examinations;

3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Attestation of having read and understood the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia and of the applicant's intent to remain current with such laws and regulations.

B. If documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

18VAC60-25-140. Licensure by examination.

A. An applicant for licensure by examination shall have:

1. Graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;

2. Successfully completed the National Board Dental Hygiene Examination given by the Joint Commission on National Dental Examinations; and

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

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

C. Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by the board may be required to retake a board approved examination or take board-approved continuing education that meets the requirements of 18VAC60-25-190, unless they demonstrate that they have maintained clinical, unrestricted, and active practice in a jurisdiction of the United States for 48 of the past 60 months immediately prior to submission of an application for licensure.

18VAC60-25-150. Licensure by credentials.

An applicant for dental hygiene licensure by credentials shall:

1. Have graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;

2. Be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure;

3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;

4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination;

5. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code; and 6. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to the board.

18VAC60-25-160. Temporary permit; faculty license.

A. Issuance of a temporary permit.

1. A temporary permit shall be issued only for the purpose of allowing dental hygiene practice as limited by § 54.1-2726 of the Code. An applicant for a temporary permit shall submit a completed application and verification of graduation from the program from which the applicant received the dental hygiene degree or certificate.

2. A temporary permit will not be renewed unless the permittee shows that extraordinary circumstances prevented the permittee from taking a board-approved clinical competency

examination during the term of the temporary permit.

B. The board may issue a faculty license pursuant to the provisions of § 54.1-2725 of the Code.

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C. A dental hygienist holding a temporary permit or a faculty license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

18VAC60-25-170. Voluntary practice.

A. Restricted volunteer license.

1. In accordance with § 54.1-2726.1 of the Code, the board may issue a restricted volunteer license to a dental hygienist who:

a. Held an unrestricted license in Virginia or another jurisdiction of the United States as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry and dental hygiene in Virginia;

d. Has not failed a clinical examination within the past five years;

e. Has had at least five years of active practice in Virginia; another jurisdiction of the United States or federal civil or military service; and

f. Is sponsored by a dentist who holds an unrestricted license in Virginia.

2. A person holding a restricted volunteer license under this section shall:

a. Practice only under the direction of a dentist who holds an unrestricted license in Virginia; b. Only practice in public health or community free clinics that provide dental services to underserved populations;

c. Only treat patients who have been screened by the approved clinic and are eligible for treatment; d. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

e. Not be required to complete continuing education in order to renew such a license. 3. A restricted volunteer license granted pursuant to this section shall expire on June 30 of the second year after its issuance or shall terminate when the supervising dentist withdraws his sponsorship.

4. A dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

B. Registration for voluntary practice by out-of-state licensees. Any dental hygienist who does not

hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under

the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

2. Provide a copy of a current license or certificate to practice dental hygiene; 3. Provide a complete record of professional licensure in each jurisdiction in the United States in which he has held a license or certificate;

4. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;

5. Pay a registration fee as required in 18VAC60-25-30; and

6. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of § 54.1-2701 of the Code.

Part V. Licensure Renewal and Reinstatement.

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

A. Prior to 2022, an active or inactive dental hygiene license shall be renewed on or before March 31 each year. Beginning in January 2022, an active or inactive dental hygiene license shall be renewed in the licensee's birth month each year.

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

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

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

18VAC60-25-190. Requirements for continuing education.

A. In order to renew an active license, a dental hygienist shall complete a minimum of 15 hours of approved continuing education. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

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1. A dental hygienist shall be required to maintain evidence of successful completion of a current hands-on course in basic cardiopulmonary resuscitation for health care providers. 2. A dental hygienist who monitors patients under general anesthesia, deep sedation, or moderate sedation shall complete four hours every two years of approved continuing education directly related to monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

3. Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of dental hygiene services, without compensation, to low-income individuals receiving health services through a local health department or a dental safety net organization organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the organization.

B. An approved continuing education program shall be relevant to the treatment and care of patients and shall be:

1. Clinical courses in dental or dental hygiene practice; or

2. Nonclinical subjects that relate to the skills necessary to provide dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, risk management, and recordkeeping). Courses not acceptable for the purpose of this subsection include estate planning, financial planning, investments, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any course, to include audio and video presentations, that meets the requirements in subdivision B 1 of this section and is given by one of the following sponsors:

1. The American Dental Association and the National Dental Association and their constituent and component/branch associations;

2. The American Dental Hygienists' Association and the National Dental Hygienists Association and their constituent and component/branch associations;

3. The American Dental Assisting Association and its constituent and component/branch associations;

4. The American Dental Association specialty organizations and their constituent and component/branch associations;

5. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

6. The Academy of General Dentistry and its constituent and component/branch associations; 7.

Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society;

10. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration,

To	mgreenrdh@gmail.com
Cc	
Bcc	
Subject	Reg review

etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic Education and Research Foundation;

14. The Dental Assisting National Board and its affiliate, the Dental Auxiliary Learning and Education Foundation;

15. The American Academy of Dental Hygiene, its constituent and component/branch associations; or

16. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, Council of Interstate Testing

Agencies, or Western Regional Examining Board) when serving as an examiner. D. Verification of compliance.

1. All licensees are required to verify compliance with continuing education requirements at the time of annual license renewal.

2. Following the renewal period, the board may conduct an audit of licensees to verify compliance.

3. Licensees selected for audit shall provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board. 4. Licensees are required to maintain original documents verifying the date and the subject of the program or activity, the sponsor, and the amount of time earned. Documentation shall be maintained for a period of four years following renewal.

5. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

E. Exemptions.

1. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure. 2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory

military service, or officially declared disasters. A written request with supporting documents must be submitted at least 30 days prior to the deadline for renewal.

F. The board may grant an extension for up to one year for completion of continuing education upon written request with an explanation to the board prior to the renewal date.

G. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

H. In order to practice under remote supervision in accordance with subsection F of § 54.1-2722 of the Code of Virginia, a dental hygienist shall complete a continuing education course of no less than two hours in duration that is offered by an accredited dental education program or a sponsor listed in subsection C of this section and that includes the following course content:

1. Intent and definitions of remote supervision;

2. Review of dental hygiene scope of practice and delegation of services;

3. Administration of controlled substances;

4. Patient records, documentation, and risk management;

5. Remote supervision laws for dental hygienists and dentists;

6. Written practice protocols; and

7. Settings allowed for remote supervision.

18VAC60-25-200. Inactive license.

A. Any dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. B. With the exception of practice with a restricted volunteer license as provided in § 54.1-2726.1 of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dental hygiene in Virginia.

C. An inactive dental hygiene license may be renewed on or before March 31 of each year.

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

A. Reinstatement of an expired license.

1. Any person whose license has 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 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.

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3. An applicant for reinstatement shall also provide evidence of continuing 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 refresher program offered by a CODA accredited program.

4. The executive director may reinstate a license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code and 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, 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 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 refresher program offered by a CODA accredited program.

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

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package are:

Petition for rulemaking regarding refresher courses for dental hygienists applying for reinstatement

Town Hall summary page

18VAC60-21-240; 18VAC60-25-210

Action needed:

- Motion on petition for rulemaking:
    - Recommendation of Regulatory Committee: initiate rulemaking and issue a NOIRA to revise 18VAC60-25-210 (dental hygienists) and 18VAC60-21-240 (dentists)

      or

    - Take no action

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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Virginia Board of Dentistry
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January 27, 2022

Joyce Ann Turcotte
2010 Sharon Street
Boca Raton, FL 33486

Dear Ms. Turcotte:

The Virginia Board of Dentistry would like to thank you for the submission of a petition for rule-making relating to requirements for reinstatement of a dental hygienist license.

Your petition will be published on February 28, 2022 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending March 30, 2022. The request to amend regulations and any comments for or against the petition will be considered by the Board at the next meeting after the comment period scheduled for June 10, 2022. You will receive information on the Board's decision after that date.

Again, the Board appreciates your interest in amending the regulations governing the practice of dental hygiene. If you have any questions about the petition process, please feel free to contact me at (804) 367-4437 or Elaine Yeatts, Agency Regulatory Coordinator at (804) 367-4688.

Very truly yours,

Sandra K. Reen
Executive Director
Virginia Board of Dentistry

cc: Elaine J. Yeatts
Agency Regulatory Coordinator

Response to Petition for Rulemaking

Promulgating Board: **Board of Dentistry**

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

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

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

Chapter Affected:

18 vac 60 - 25: **Regulations Governing the Practice of Dental Hygiene**

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

Date Petition Received 01/27/2022

Petitioner Joyce Turcotte

Petitioner's Request

To accept a refresher course that is a dental hygiene program recognized by the ADA and AADH for license reinstatement for experienced dental hygienists.

Agency Plan

The petition will be published on February 28, 2022 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending March \30, 2022. The request to amend regulations and any comments for or against the petition will be considered by the Board at the next meeting scheduled for June 10, 2022. The petitioner will receive information on the Board's decision after that date.

Publication Date 02/28/2022 *(comment period will also begin on this date)*

Comment End Date 03/30/2022

COMMONWEALTH OF VIRGINIA
Board of Dentistry

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

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

Petition for Rule-making

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

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

Petitioner's full name (Last, First, Middle initial, Suffix,)

Joyce Ann Turcotte

Street Address	**Area Code and Telephone Number**	
2010 Sharon St.	203-261-2857	
City	**State**	**Zip Code**
Boca Raton	FL	33486
Email Address (optional)	**Fax (optional)**	
jturcotte@pls.org	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 18VAC60-25-210A3(iii) Reinstatement or reactivation of a license
Acceptable Clinical Examinations Effective March 19, 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 18VAC60-25-210A3(iii) 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.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Secretariat **Health and Human Resources**

Agency **Department of Health Professions**

Board **Board of Dentistry**

Edit Petition

Petition 358

Petition Information	
Petition Title	Requirements for reinstatement of dental hygienist license
Date Filed	1/27/2022 [Transmittal Sheet]
Petitioner	Joyce Turcotte
Petitioner's Request	To accept a refresher course that is a dental hygiene program recognized by the ADA and AADH for license reinstatement for experienced dental hygienists.
Agency's Plan	The petition will be published on February 28, 2022 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending March \30, 2022. The request to amend regulations and any comments for or against the petition will be considered by the Board at the next meeting scheduled for June 10, 2022. The petitioner will receive information on the Board's decision after that date.
Comment Period	Ended 3/30/2022 0 comments
Agency Decision	Pending

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

This petition was created by Elaine J. Yeatts on 01/27/2022 at 4:07pm

This petition was last modified by Elaine J. Yeatts on 01/27/2022 at 4:07pm

5/20/2022

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 60. Board of Dentistry
Chapter 21. Regulations Governing the Practice of Dentistry

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

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

B. Prior to 2022, every person holding an active or inactive license and those holding a permit to administer moderate sedation, deep sedation, or general anesthesia shall annually, on or before March 31, renew his license or permit. Beginning in January 2022, every person holding an active or inactive license and those holding a permit to administer moderate sedation, deep sedation, or general anesthesia shall annually renew his license or permit in his birth month in accordance with fees set forth 18VAC60-21-40.

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

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

E. The board shall renew a license or permit if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection B of this section provided that no grounds exist to deny said renewal pursuant to § 54.1-2706 of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

F. Reinstatement procedures.

1. Any person whose license or permit has expired for more than one year or whose license or permit has been revoked or suspended and who wishes to reinstate such license or permit shall submit a reinstatement application and the reinstatement fee. The application must include evidence of continuing competence.

2. To evaluate continuing competence, the board shall consider (i) hours of continuing education that meet the requirements of subsection H of 18VAC60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

3. The executive director may reinstate such expired license or permit provided that the applicant can demonstrate continuing competence, the applicant has paid the reinstatement fee and any fines or assessments, and no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015; amended, Virginia Register Volume 33, Issue 9, eff. February 10, 2017; Volume 36, Issue 24, eff. August 19, 2020.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

4/21/2022

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 60. Board Of Dentistry
Chapter 25. Regulations Governing the Practice of Dental Hygiene

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

A. Reinstatement of an expired license.

1. Any person whose license has 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 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 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 refresher program offered by a CODA accredited program.

4. The executive director may reinstate a license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code and 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, 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 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 refresher program offered by a CODA accredited program.

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

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

Agenda Item: Adoption of proposed regulations regarding pulp-capping by dental assistants II

Included in your agenda package are:

Town Hall summary page for NOIRA stage showing no comments

Proposed regulatory changes as recommended by the Regulatory Committee

Draft Guidance Document regarding delegating direct pulp-capping to dental assistant II

Action needed:

- Motion to adopt proposed regulations removing direct pulp-capping from tasks delegable to a dental assistant II

- Motion to adopt Guidance Document regarding direct pulp-capping

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Dentistry**

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

Action: Removal of pulp capping as a delegable task for a DAII

Notice of Intended Regulatory Action (NOIRA)

Action 5728 / Stage 9269

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Background Document	5/28/2021	Upload / Replace
Governor's Review Memo	12/30/2021	
Registrar Transmittal	12/30/2021	

Status	
Public Hearing	Will be held at the **proposed** stage
Exempt from APA	No, this stage/action is subject to Article 2 of the *Administrative Process Act*
DPB Review	Submitted on 5/28/2021 Policy Analyst: Jini Rao Review Completed: 6/10/2021
Governor's Review	Review Completed: 12/30/2021 Result: Approved
Virginia Registrar	Submitted on 12/30/2021 The Virginia Register of Regulations Publication Date: 1/31/2022 Volume: 38 Issue: 12
Comment Period	Ended 3/2/2022 0 comments

Contact Information	
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This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 05/28/2021 at 3:42pm
This stage was last edited by Elaine J. Yeatts on 05/28/2021 at 3:43pm

Project 7061 - NOIRA

Board of Dentistry

Removal of pulp capping as a delegable task for a DAII

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 and includes all of the following:

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 (after July 1, 2022), 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 (after July 1, 2022), 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.

C. An applicant may be registered as a dental assistant II with specified competencies set forth in subdivision a, b, or c of subdivisions B 3 and B 4 of this section.

Adopted: June 10, 2022
Effective: August 4, 2022

Virginia Board of Dentistry

Policy Regarding Delegation of Pulp-Capping Procedures to a Dental Assistant II

On June 10, 2022, the Board of Dentistry adopted proposed regulations to clarify that dentists may only delegate indirect pulp-capping to individuals registered as a dental assistant II. Due to the lack of clarity in the current regulations, individuals registered as a dental assistant II may have "pulp-capping procedures" listed as delegable duty on their registration.

While the registration of any individual received in years prior will not be changed, the Board reminds dentists that just because a procedure may be delegated does not mean it should or must be. The Board states that, for patient safety, only a dentist should manage a direct pulp capping procedure.

Agenda Item: Repeal of Guidance Document 60-21, Failure to report to PMP

Included in your agenda package are:

Existing Guidance Document 60-21

Action needed:

- Motion to repeal Guidance Document 60-21

Virginia Board of Dentistry
Policy on Sanctioning for
Failure to report to the Prescription Monitoring Program

Excerpts of Applicable Law, Regulation and Guidance

- The Board may sanction any licensee for violation of any provision of a state or federal law or regulation relating to manufacturing, distributing, dispensing or administering drugs. §54.1-2706(15)
- Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program ("PMP") by the Department of Health Professions. §54.1-2522.1(A)
- The failure by any person subject to the reporting requirements set forth in §54.1-2521 and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board. §54.1-2521(A)
- Data shall be transmitted to the Department or its agent within seven days of dispensing. 18VAC76-20-40.A
- Data shall be transmitted in a file layout provided by the Department and shall be transmitted by a media acceptable to the vendor contracted by the director for the program. 18VAC76-20-40.B
- If a dispenser does not dispense any controlled substances in Schedules II- IV during a seven day period, a "zero" report must be submitted. PRESCRIPTION MONITORING PROGRAM DATA COLLECTION MANUAL

Guidelines for Imposing Disciplinary Sanctions

1. A "Failure to Report" letter will be sent by the PMP to the dispenser concerning non-reporting. If the dispenser fails to submit the required data and provide PMP with confirmation of the submission within the time prescribed in the "Failure to Report" letter, or an inadequate response is received, PMP will then mail a certified "Failure to Report" letter to the dispenser.
2. Should the dispenser not submit the required data and provide PMP with confirmation of the submission within the time prescribed in the certified "Failure to Report" letter, or an inadequate response is received, PMP will refer the matter to the Board for disciplinary action.
3. The reviewing Board member or staff (the "Reviewer") shall offer a Pre-Hearing Consent Order ("PHCO") when probable cause is found that the dispenser failed to report dispensing data.
4. The Reviewer shall impose a $500.00 monetary penalty per each unreported period and require the immediate submission of the dispensing data.

Agenda Item: Adoption of final regulations regarding training in infection control

Included in your agenda package are:

Town Hall summary page for proposed stage

Comments received on Town Hall

Comments received via mail or email

Comments captured in minutes of public hearing

Final regulations

Action needed:

- Motion to adopt final regulations

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Dentistry**

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

Action: Training in infection control

Proposed Stage

Action 5505 / Stage 9316

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	7/22/2021 4:02 pm	Sync Text with RIS
Agency Background Document	7/7/2021 (modified 7/22/2021)	Upload / Replace
Attorney General Certification	9/9/2021	
DPB Economic Impact Analysis	10/19/2021	
Agency Response to EIA	12/7/2021	Upload / Replace
Governor's Review Memo	12/2/2021	
Registrar Transmittal	12/7/2021	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to Article 2 of the *Administrative Process Act*
Attorney General Review	Submitted to OAG: 7/7/2021 Returned to Agency: 7/16/2021 Resubmitted to OAG: 7/16/2021 Review Completed: 9/9/2021 Result: Certified
DPB Review	Submitted on 9/9/2021 Economist: Oscar Ozfidan Policy Analyst: Jeannine Rose Review Completed: 10/19/2021
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/5/2021
Governor's Review	Review Completed: 12/2/2021 Result: Approved
Virginia Registrar	Submitted on 12/7/2021 The Virginia Register of Regulations Publication Date: 1/3/2022 Volume: 38 Issue: 10
Public Hearings	02/18/2022 1:00 PM

Comment Period	**Ended 3/4/2022** **16 comments**

Contact Information	
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This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 07/07/2021 at 3:15pm
This stage was last edited by Elaine J. Yeatts on 07/15/2021 at 11:31am

Agency **Department of Health Professions**

Board **Board of Dentistry**

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

Action	Training in infection control
Stage	Proposed
Comment Period	Ends 3/4/2022

16 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Misty L. Mesimer, MSCH, RDH, CDA - Germanna Community College

2/3/22 10:54 am

Infection Control for DA I's

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Honorable Members of the Board,

Thank you for continuing the conversation to promote the safest environment for patients to receive quality dental care and advance the education for dental assistants. As this public testimony is open, I have just spent 3 weeks of instruction on infection control principles with newly admitted dental assisting students. This is such a strong foundation for the practice of dental assistants. An unclear understanding of the aseptic technique could result in cross-contamination and the spread of disease to patients, providers, and our communities.

As you consider all the comments that have been coming in over this topic, I would like for you to have insight into the different areas that are covered when we formally educate dental assistants about infection control. The topics include:

1. Microbiology
    a. capsules
    b. spores
    c. types of microorganisms
2. Disease transmission and infection prevention
    a. types of infection
    b. modes of disease transmission
    c. immunity

d. disease transmission in the dental office

3. CDC Guidelines
4. OSHA's Blood-Borne Pathogen Standard
5. Standard Precautions
6. Postexposure Management
7. Infection Control Practices
    1. Handwashing
    2. Personal Protective Equipment
8. Waste Management
9. Environmental Infection Control
10. Sterilization
11. Disinfection
12. Waterlines
13. Quality Assurance
14. Hazard Communication Program

The typical on-the-job training for infection control is having a more senior employee show the new person how to disinfect a room or sterilize instruments when they are hired. There is no background understanding or critical thinking about what is actually being done and why. Unfortunately, this is not enough.

I have read the comments that have been put forth in opposition to this petition. I want to clarify just a few points. First, the Centers for Disease Control has no oversight authority. They only make recommendations for safe practice. If a dental assistant has no other training than what an office may share with him or her, how would they even know to use the CDC as a resource and for guiding principals?

Another point from others that is worth repeating is that the Occupational Safety and Health Act is an administration designed to protect employees, not patients. The Board of Dentistry is called to uphold the mission of the Department of Health Professions and that includes "ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public ." This petition requiring minimal infection control training for dental assistants helps to advance the mission of ensuring safe and competent care and enforces standards of practice.

I leave you with this question, If everyone is already complying with infection control principles and practices why is there opposition to this? Wouldn't it be relatively easy for everyone to demonstrate compliance?

Respectfully submitted,
Misty L. Mesimer, MSCH, RDH, CDA
CommentID: **119210**

Commenter: Heather Bowling

2/3/22 12:12 pm

DAI Infection Control

Dear Members of the Board,

As a CDA I could not imagine working in dentistry without the knowledge I have with infection control. With SARS-COV-2 still being present it is all the more reason to make it mandatory to be infection control certified, even if COVID goes away and or had never happened, there are still plenty of other transmissible diseases. If someone does not have background knowledge as to why we do a certain task, they are more likely to be more careless as they do not think of the repercussions that come to follow. Infection control not only protects our patients it also affects the dental assistant and keeping us and even the environment safe.

When you or one of your family members goes to the dentist, you want to feel at peace that the operatory was cleaned properly from the person before you. Passing this would ensure that feeling of cleanliness. Everyone could use to have more knowledge of their job and why we do what we do, making dental assistants infection control certified is good for them and everyone around them.

Respectfully,

Heather Bowling, CDA

CommentID: **119211**

Commenter: Sara Harrison, Arlington Dentistry By Design

2/5/22 6:45 pm

Petition for VA Infection Control Requirement

Dental Assistants play a very important role in every dental office, but safety must always be the highest priority. Virginia requires radiation safety certification, but not infection control certification. Why? The lack of knowledge and understanding of how pathogens and infectious diseases are spread and how dangerous viruses can be, creates the opportunity for dental offices to be a breeding ground for HAI's (Healthcare Associated Infections).

I have been an assistant since 1994, graduating from an accredited Dental Assisting program in Washington State. Washington State requires dental education in order to work in a dental office. I feel my education prepared me for my own personal safety and understanding of how many ways diseases can be spread. Based on my research, I know of at least 11 other states that have an infection control education requirement, with Maryland being one of them.

I have witnessed oral surgery instruments and hygiene instruments that are stored and autoclaved in a metal cassette being sterilized on the "pouches" setting. That's 30 minutes less than the required sterilization time of proper sterilization of 35 minutes. All because they were unknowledgeable.

jEvery patient in every dental office is entrusting every DHCP (dental healthcare personnel) with their health and we as clinicians need to abide to that. And given the world we live in today, Virginia should be on the leading edge of patient and clinician safety.

CommentID: **119214**

Commenter: Martine C Rose

2/8/22 4:34 pm

Certification for Infection Control for Dental Assistants

I would like to comment on the proposal to require annual certification in infection control for dental assistants. Our office continues to hold infection control in the highest of standards. Every new employee is required to train in infection control first, before any other duties. If the state wants to require this then they should place the training online FREE OF CHARGE. Small practices like mine cannot continue to be taxed with these extra annual fees. Especially in this time of recovery. If the board considers this to be of utmost importance, then it should be available free of charge online so as not to burden practices with yet another cost.

CommentID: **119225**

Commenter: Michele Mills, DMD

2/9/22 8:26 am

No problem, should be provided free of charge and easy to access

I've been a dentist in Virginia for 15 years. I have no problem with this being a requirement. This will require the board come to an agreement about what is required with infection control, what is a recommendation and what is up to the dentist to decide (Example: Barriers are optional. Spore tests are required.) Ideally, like other states, you would provide an EASY to find link to online training and list everything required for the year. Keep it simple for everyone to follow. Other states have easy free online training for the other required CE such as opioid training.

Small practices are incurring more and more "monthly" or "annual" fees that are burdening us while insurance reimbursements have not increased at all. Newer monthly fees are amalgam separator fees, electronic prescription fees, etc.

Great idea. Keep it simple. Keep it free.

CommentID: **119226**

Commenter: Lindsey McDowell

2/11/22 12:02 pm

Infection Control requirement

I have been a certified dental assistant for 4 years now. I have seen many assistants come and go with different levels of education. I have seen assistants that were trained on the job, assistants that had completed an unaccredited 4 month dental program, and I have also worked with certifed dental assistants. My observations concluded that the assistants that did not have an infection control requirement, did not grasp the importance of infection control. Infection control is more than just wiping down a chair with cavicide. Infection control is a very serious part of any dental office and if the assistants don't fully understand the importance of it, things will not be done properly and patients/ other employees will get hurt. Knowing proper knowledge about sterilization and disinfection is crucial for an assistant to be educated in. Becoming a certifed dental assistant gave me the knowledge that I needed to fully understand many things about dentistry, but most importantly infection control.

CommentID: **119236**

Commenter: Kimberly Richardson

2/18/22 2:26 pm

Dental Assisting Program Director

I believe it would be a disservice to our patients and employees to disagree with this petition for infection control training for dental assistants. Our occupational exposure to blood and OPIM on a daily basis would certainly warrant prior knowledge of bloodborne pathogens, appropriate disinfection and sterilization methods that are not based on what the last dental assistant demonstrated in the basic training of a new employee, appropriate PPE, what materials are considered contaminated and which must be disposed of in a regulated fashion as a minimum. I do recognize the cost factor for the dental practice as an issue and feel confident and hopeful that the Board can propose something that will benefit all parties involved.

CommentID: **119582**

Commenter: Jerome Schonfeld DDS

2/23/22 12:37 am

Unnessary Burden

Our dental assistants are already trained and retrained annually on infection control under OSHA guidelines. This testing is an unnessary burden.

CommentID: **120096**

Commenter: Ronald Mamrick Family Dentistry

2/23/22 8:45 pm

Infection control training

I agree with the VDA position that this is redundant to require assistants to attend training on infction control. We already do this. As the practice owner it is my responsibility to train my team on infection control as well as HIPAA.

CommentID: **120132**

Commenter: Anonymous

2/28/22 9:41 am

I support the VDA statement against this new reg

I agree with the comments made by the VDA President. This is another burdensome regulation which is already covered by OSHA and CDC guidelines, which the BOD already expects us to comply with. I especially agree with the "creep" of more state and federal compliance laws which will fall on the small businesses to comply and likely absorb the costs incurred.

CommentID: **120388**

Commenter: Erin Rice, RDH

2/28/22 11:13 pm

Infection Control Training for DA

I have worked in the dental field for 22 years and for the past 7 years have been responsible for training new clinical team members. I have conducted training for dental assistants newly graduating from 18 month programs, those trained on the job, and some who have worked in dental offices for decades. I have been consistently appalled at the lack of knowledge or misinformation followed by dental assistants in the area of infection control. I have witnessed a failure to correctly perform duties such as loading an autoclave, handling sharps, and disinfecting an operatory, putting coworkers and patients at risk and potentially causing cross contamination. There seems to be currently a lack of standardized training of infection control within the dental field (I experienced this myself prior to dental hygiene school). I feel it puts our team members and patients at risk. Therefore, I support the requirement of infection control training.

CommentID: **120428**

Commenter: VDAA Executive Board

3/2/22 9:35 am

Infection control training and credentialing for Virginia dental assistants

Below is an excerpt from Section V, subsection G ("Infection Control Education, Training, and Credentialing") in the ADAA Manual of Policies and Resolutions. It was amended in November 2021. The Executive Board of the Virginia Dental Assistants Association fully endorses this resolution and, respectfully, requests that the VA BoD propose, and support, the legislation required for its' implementation.

"Dental Assistants are the dental team members who most often implement infection control protocols regarding, but not limited to, selection and maintenance of personal protective equipment, heat and chemical sterilization of dental instruments and handpieces, biological monitoring, surface disinfection, instrument protection, environmental asepsis, respiratory protocols, and handling and disposal of infectious waste... The American Dental Assistants Association advocates all Dental Assistants adhere to current Centers for Disease Control and Prevention recommendations and Occupational Safety and Health Administration and state regulations with documented proficiency in dental infection control protocols, and be it further resolved that the American Dental Assistants Association encourages the adoption of mandatory federal and state requirements for infection control education, training, and credentialing of dental health care workers."

CommentID: **120487**

Commenter: Justin Norbo

3/2/22 9:15 pm

I am opposed

While I understand the intent of this new proposed regulation, I am opposed. Licensed dentists and their office team members are **already** held to high standards of infection control and therefore this is completely redundant. Redundancy in the form of government regulation undoubtedly will have additional costs associated with it and will therefore be passed along to patients. This unnecessary cost will continue to escalate the cost of dental care.

It seems prudent, in a science based profession, to provide and show evidence of **state-wide** infection control negligence in dental offices before justifying new regulations such as this.

CommentID: **120524**

Commenter: Walter E Saxon Jr DDS

3/3/22 11:38 am

Unnecessary regulation

This is an example of trying to solve a potential problem. Dentistry in Virginia has an excellent record of providing service through the years, despite Hepatitis, HIV, "Covid", etc. We even provided emergency care during the early phase of the pandemic successfully, without guidance from a third party.

The provision of allowing 60 days for the training is laughable to me. A new employee receives bloodborne, HIPAA, etc. initially. I don't want the liability of not doing it.

This, along with the Radiation Safety Course, aren't needed and are mainly supported by third parties for their financial gain.

CommentID: **120543**

Commenter: Kelly Tanner, PhD, RDH

3/4/22 8:13 am

Support, but oppose the 60 days

Esteemed Colleagues,

I am writing to support the requirement for infection control training for dental assistants. I oppose the 60-day provision. The training should occur **upon employment or before employment**. Not requiring the training upon hire is gross negligence and can cause serious harm to our public if infection control procedures are not followed. Although they are told to "comply," they don't know the specifics of "how" to comply until the training/certification occurs.

Thank you for your consideration of this request and for the work you do on behalf of our citizens of the Commonwealth.

Sincerely,

Kelly Tanner, Ph.D., RDH

CommentID: **120574**

Commenter: Allison Samo MSDH, RDH, CDA

3/4/22 11:41 am

Support of infection control training for dental assistants

All healthcare professionals should be required to have formal training on infection control to protect patients and themselves. Infection control is the most basic and important part of a dental assistant's role in a dental office due to their direct access to patients and potentially infectious materials. As someone with 28 years of experience as a dental assistant, hygienist, and educator, I have worked throughout the country and have seen egregious and frequent infection control breaches.

These infection control breaches are not done with malice, but due to a lack of education. The standards required to keep both staff and patients safe are not intuitive and must be taught. On-the-job training is often an uneducated team member teaching another uneducated team member and is not sufficient to protect patients or themselves. A thorough understanding of infectious diseases by dental assistants could prevent serious or even life-threatening cross-contamination.

Careers that require certification to work include: cosmetologists, nail care and eyebrow technicians, tattooists, cemetery salespersons, HVAC technicians, etc., why would dental assistants be different?

The public assumes a standard of care will be provided when having treatment in a dental office. If offices do not want to require their staff to be formally educated, they should be required to disclose that to patients. Patient and provider health should be the number one priority of all dental offices, proper education of the entire dental team is an essential component of creating a safe environment.
CommentID: **120577**

Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

March 4, 2022

Virginia Board of Dentistry
Attention: Sandra Reen, Executive Director
9960 Mayland Drive, Suite 300
Richmond, VA 23233
sandra.reen@dhp.virginia.gov

Dear Distinguished Members of the Virginia Board of Dentistry:

I am writing on behalf of the Dental Assisting National Board, Inc. (DANB) in relation to proposed additions to 18VAC60-2—*Regulations Governing the Practice of Dentistry* and 18VAC60-30—*Regulations Governing the Practice of Dental Assistants* that will establish a requirement for dental assistants to receive initial and annual training in infection prevention and control standards. DANB applauds the Board's efforts to make Virginia dental offices safer for both employees and patients; in the interest of furthering our shared mission of public protection, DANB asks the Board to consider amending the proposal to make an important clarification and eliminate uncertainty about the content of the infection control training required for dental assistants.

The proposed additions to current regulations are as follows:

> ***18VAC60-21-175. Training in infection control.***
> *A. A dentist shall be responsible for assuring that dental assistants complete annual training in infection control standards required by the Occupational Safety and Health Administration and as recommended by the Centers for Disease Control and Prevention. Newly employed dental assistants shall receive training as soon as possible but no later than 60 days from employment.*
>
> *B. Documentation records shall show the dates of completion of initial and annual training, including the date of employment for new dental assistants. All documentation of training in infection control shall be maintained by the dentist for three years.*
>
> *Part II Practice of Dental Assistants II*
> ***18VAC60-30-85. Training in infection control.***
> *Dental assistants shall complete annual training in infection control standards required by the Occupational Safety and Health Administration and as recommended by the Centers for Disease Control and Prevention. Newly employed dental assistants shall complete training as soon as possible but no later than 60 days from employment.*

Background of DANB's Concern

DANB's primary concern is centered on the phrase *"training in infection control standards required by the Occupational Safety and Health Administration and as recommended by the Centers for Disease Control and Prevention."* We believe that this phrasing implies that there is no difference between training required by the Occupational Safety and Health Administration (OSHA) and that which is recommended by the Centers for Disease Control and Prevention (CDC). As a result, there is a potential that dentists and dental assistants may incorrectly believe that completing OSHA training is sufficient to comply with this rule, when, in actual fact, critical information about patient safety is not included in such training.

Existing OSHA regulations require that employers of workers who may come into contact with blood or other potentially infection material (OPIM) provide, during working hours, training in the OSHA Bloodborne Pathogens Standard to these workers. The Bloodborne Pathogens standard addresses information on:

- bloodborne pathogens and diseases
- methods used to control occupational exposure
- hepatitis B vaccine
- medical evaluation and post-exposure follow-up procedures.

Employers must provide this training upon initial employment or assignment, at least annually thereafter, and when modification in an employee's duties alter the worker's potential for exposure. OSHA does not have an approval process for training programs or providers; rather, it is the employer's responsibility to assess whether training provided by a third-party instructor is adequate and, in the event of a complaint or investigation, to provide evidence that sufficient training was afforded to employees.

The OSHA Bloodborne Pathogens standard is limited in scope to occupational safety and does not address several significant topics related to patient safety in dental settings. Specifically, the OSHA Bloodborne Pathogens Standard and associated training does not address sterilization of reusable instruments (including biological monitoring of sterilization equipment), hand hygiene, dental unit waterline treatment, safe injection practices, and other topics that are critical to patient safety.

As you are aware, the specific precautions recommended for all dental healthcare settings to prevent transmission of diseases to dental patients are published by the Centers for Disease Control and Prevention (CDC). The primary CDC documents providing guidance to the oral healthcare community are *Guidelines for Infection Control in Dental Health-Care Settings—2003* (linked here) and the *Summary of Infection Prevention Practices in Dental Settings, Basic Expectations for Safe Care (2016)*, linked here. These documents reference the OSHA Bloodborne Pathogens Standard and also contain additional critical guidance about techniques for infection prevention and control as they relate to patient safety.

Dental assistants who complete training only in the OSHA Bloodborne Pathogens Standard and who do not complete training in CDC's Guidelines for Infection Control in Dental Health-Care Settings will not have received important instruction in critical knowledge and tasks required to prevent transmission of diseases to patients.

Proposed Revisions

To make the language of the proposed rule more precise, DANB recommends the following revisions:

18VAC60-21-175. Training in infection control.

A. A dentist shall be responsible for assuring that dental assistants complete annual training in infection control standards ~~required by the Occupational Safety and Health Administration and~~ as set forth in ~~recommended by~~ the current guidelines for dental health-care settings published by the Centers for Disease Control and Prevention. Newly employed dental assistants shall receive training as soon as possible but no later than 60 days from employment.

B. Documentation records shall show the dates of completion of initial and annual training, including the date of employment for new dental assistants. All documentation of training in infection control shall be maintained by the dentist for three years.

18VAC60-30-85. Training in infection control.

Dental assistants shall complete annual training in infection control standards ~~required by the Occupational Safety and Health Administration and~~ as set forth in ~~recommended by~~ the current guidelines for dental health-care settings published by the Centers for Disease Control and Prevention. Newly employed dental assistants shall complete training as soon as possible but no later than 60 days from employment.

We are recommending that the Board strike "required by the Occupational Safety and Health Administration," because there is already a federal regulation requiring employers, including dentists, to provide training in the OSHA Bloodborne Pathogens Standard to their employees. Removing it from this rule does not eliminate the requirement; however, specifying that dental assistants must complete training *"as set forth in the current guidelines for dental health-care settings published by the Centers for Disease Control and prevention"* adds the new requirement that dental assistants must receive instruction in techniques that promote patient safety, which is the Board's stated intent in proposing the new rule. This language reinforces for dentists and dental assistants that the assistants must complete training in the CDC's guidelines and makes it more likely that specific training in infection prevention practices established for patient protection will occur.

Considerations Related to 60-Day Training Window

DANB also asks the Board to consider whether the public is adequately protected by the provision that allows the dental assistant to provide services to patients for 60 days without having completed the requisite training in infection control. The OSHA Bloodborne Pathogens Standard requires that employees receive training "at the time of initial assignment to tasks where occupational exposure may take place." The CDC guidelines contain similar language. Allowing 60 days for infection control training to occur means that dental assistants may receive training on a schedule that does not align with what the regulations and guidelines they are learning about require.

Conclusion

DANB congratulates the Board on taking this important step in protecting the public. DANB supports all efforts to ensure that dental assistants who provide services to patients are qualified and competent to perform the duties delegated to them, including infection control duties. DANB asks the Board to consider amending the language as recommended in this letter to provide greater clarity on the content of training and greater alignment with federal regulations and guidelines regarding the timing of training.
If you have any questions about the foregoing, please don't hesitate to contact me at klandsberg@danb.org or 312-280-3431. Thank you for providing the opportunity to share our concerns with the Board.

Best regards,

Katherine Landsberg

Katherine Landsberg
Director Government Relations

Cc: Laura Skamulis, DANB Chief Executive Officer
Aaron White, MBA, MJur, DANB Chief Operating Officer

Commonwealth of Virginia

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

Infection Control Education for Dental Assistants

2 messages

Kandie Semmelman <kandie1semmelman@gmail.com>
To: Elaine.Yeatts@dhp.virginia.gov
Mon, Feb 28, 2022 at 9:17 PM

As a Dental Assistant and Dental Hygiene Instructor for over 40 years and a practicing Dental Hygienist I have seen the variation in training for Dental Assistants. Some have been trained via career institutes, some via academic settings and some on the job.
Dental Assistant used to have to be certified by a governing board but with the increased need, lower salaries, and lack of qualified assistants, many assistants were trained in office.
With little or no standardized benchmarks often skills were overlooked. There is NO substitution for sterilizing what needs to be sterile, and disposing for what is to be disposed! Infection control is everyone's concern in the entire office.
Radiation safety and Infection Control courses should be mandatory for all Dental Assistant hires.
Submitted,
Kandie D Semmelman, RDH, BS.

Sent from my iPad

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>
To: Kandie Semmelman <kandie1semmelman@gmail.com>
Mon, Feb 28, 2022 at 9:24 PM

Thank you for the comment. It will be shared with the Board.
[Quoted text hidden]
—
Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
(804) 367-4688

Commonwealth of Virginia

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

comment on the infection control

2 messages

Misty Mesimer <MMesimer@germanna.edu>
To: "Yeatts, Elaine" <elaine.yeatts@dhp.virginia.gov>
Cc: Sandra Reen <sandra.reen@dhp.virginia.gov>

Mon, Feb 21, 2022 at 2:36 PM

Dear Ms. Yeatts,

At the Board of Dentistry meeting on Friday, I believe they announced that any public comment could be submitted to you for the infection control requirement for dental assistant I's. I am writing because I have been able to further process the proposed regulations.

1. Thank you for your work on this important topic. I'm attaching the testimony I shared on Friday at the public hearing.
2. I just want to take one more opportunity to share my concern about the language proposed. The infection control training should be required of dental assistants prior to employment at the dental office. I am afraid that the "within 60 days" is still not going to protect the public as it should. If a dental assistant works 5 days a week and the office is a slow office seeing about 8 patients a day, that is still 320 patients who could be exposed to substandard infection control procedures. With the various ways, diseases can be spread, this has the potential to expand exponentially very quickly.
3. As Ms. Hill's testimony stated, even baristas have to have a food handling safety course prior to pouring a cup of coffee. And in nursing, a certified nursing assistant has to have a 6-week course and take a certification exam before performing their duties which include giving baths, making beds, and assisting with feeding, just to name a few. We are allowing people to provide oral health care services without any training in infection control and it is absurd. One of the first tasks that the dental office trains a dental assistant to do after infection control is to polish teeth. Again, think about the number of patients at risk for exposure not requiring infection control prior to employment.

I am also attaching a copy of the testimony I provided during the last public hearing with recommended language. I ask the committee to please reconsider this language instead of what is proposed. The doctor does not have to bear the burden of this cost as much of the testimony has alluded to. If we make infection control certification a requirement, it will actually increase the standard of care and improve efficiency earlier during the new assistant onboarding process.

Thank you for your consideration,

Misty

Misty L. Mesimer, MSCH, RDH, CDA (she/her/hers)

Dental Assisting and Dental Hygiene Program Director

2130 Germanna Hwy.

Locust Grove, VA 22508

540-423-9823

mmesimer@germanna.edu

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2 attachments

BOD testimony 2.17.22.docx
16K

Letter of support for ICE.docx
17K

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>
To: Misty Mesimer <MMesimer@germanna.edu>
Cc: Sandra Reen <sandra.reen@dhp.virginia.gov>

Mon, Feb 21, 2022 at 2:43 PM

Thank you Misty
[Quoted text hidden]
--
Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
(804) 367-4688

Thank you for the opportunity to share my concerns and perspective. My name is Misty Mesimer. I am a certified dental assistant, registered dental hygienist, and allied dental educator. I have been teaching for over 20 years. I am a Commission on Dental Accreditation site visitor and an active member of the American Dental Education Association. I am also a former member of the Board of Dentistry.

As you may know, I am the primary author of the petition asking for dental assistants to at minimum be certified in infection control similar to how we certify them for radiology. In my position and experience, I work regularly with many good offices. But I have also become aware of many substandard practices, such as recycling sterilization pouches and wrap, improper understanding of sterilization indicators, use of consumer grade generic Lysol for operatory disinfection, recycling of wedges and chair covers, I've brought a copy of a message I received from a peer if I could share it. I'm happy to read it but it may cause my testimony time to expire. This one I just happened to save.

Message dated 4/28/21, 9:39 AM
Janean

Hey Misty I have a question for you. Dr X retired so I had to find a new job not sure I like where I'm at. It's not the cleanest office there is and it bothers me some so I've been talking to the office manager about a few things and I just want to double-check one of the things. They have a bunch of

syringes on their tray like irrigating syringe etchant three or four composites, hemadent syringe, carries detect syringe, like ten syringes on the tray then they throw dirty instruments all on top of the syringes when they may have only used one composite and the etchant. All they do is just wipe down the syringe but they don't change any of the tips that have holes in the tips that could get saliva or blood up in it. Isn't that an OSHA thing and shouldn't those tips be changed. And also how often solutions be changed they fill all of their syringes, like for their liquid hemadent, And it's in the syringe so long that it actually crystallizes. Just one more question they also cold sterile all their disposable irrigating syringes and tips is that allowed. That stuff just seems really wrong and I wouldn't want it in my mouth. Thank you and I'm sorry to bother you but you're my go-to person I feel it's wrong I feel it's OSHA thing but I just want to check

Unfortunately, this is not the first of these kinds of messages I get. I get them randomly throughout the year and the office locations vary as well.

This petition is not designed to put anyone down. In fact, this proposed regulation would elevate dental assistants and the important work they do in the office. It would save dental offices money on the initial training allowing their newly hired assistants to move chairside faster than if they were to need training in concepts as well as office procedures. It would give DA the knowledge and skills that are needed to make important and critical decisions regarding infection control in the office. And it would allow them to easily move from office to office

having a strong foundational base of knowledge. They would not merely do what they were told.

I've looked at testimony that has been submitted regarding this topic. There are many who feel we already have OSHA and the CDC. It is important to point out that OSHA is only going to investigate when an employee makes a complaint. They may randomly do an inspection if there are 11 or more employees or if the dentist requests a consultation. But let's remember that OSHA isn't just about protecting healthcare workers, they are also concerned with larger industries and manufacturing.

It is great to hear that some offices are doing so well with their protocols. Unfortunately, there are still some that aren't. I urge you to continue moving in a positive direction but reconsider the "within 60 days" clause. We want regulations that will protect the safety of our patients and dental assistants in the Commonwealth.

Misty L. Mesimer, RDH, MSCH, CDA
14 Little Street
Fredericksburg, VA 22405

March 4, 2021

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Honorable Members of the Board,

Thank you so very much for advancing the petition requiring dental assistants to have certification in infection control procedures. It is such a very important topic that needs to be addressed. As we learn to live in a post-pandemic world being more mindful of aerosolized transmissions, you are demonstrating progressive thinking and action. The importance of needing education and certification in infection control is evident in your decision last March to advance this petition. I am writing now to discuss how we can operationalize this request.

The easiest and most simple solution would be to say that all dental assistants must hold Certified Dental Assistant certification from the Dental Assisting National Board. It would take all the work of certification and recertification off of your plate. It would allow safe practice of dental assistants to be credentialed by a well-recognized and reputable organization that the Board can trust. The Board would be assured of currency in infection control knowledge as well because maintaining the CDA credential requires annual education in infection prevention. I strongly advocate for dental assistants to be Certified Dental Assistants. This truly is a first step in assuring quality oral health care in our great Commonwealth.

But I also recognize that we must navigate a regulatory system that has not always recognized the importance of formal education and credentials. Those that have served in the role of a dental assistant without formal education and credentialling must be respected and honored. The good news is that there are options for these professionals as well.

As a first step, I recommend that we mirror regulations that are already in place. The requirements for x-ray certification. The language reads:" A dental assistant I or II shall not place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety

Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient."

I propose that you create language for infection control certification that reads: "A dental assistant I shall not participate in clinical dental procedures until (i) satisfactory completion of an infection control course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) satisfactory completion of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program; or (iii) satisfactory completion of the Infection Control Examination provided by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient." Dental assistants who certify through any of these methods and do not maintain the CDA credential must have annual continuing education in infection prevention and control. It is further recommended that dental assistants have until the next license renewal cycle to become compliant once the final language is approved.

There have been so many stories of allied dental professionals not returning to their roles as they feared the unknown. Requiring this level of entry-level credentials will help to grow the dental profession. Dental assistants will be able to face the next pandemic with a strong base of knowledge. They can proudly and safely serve because they understand disease transmission and prevention principles. They will not need to rely on the media and political rhetoric to try and decipher best practices. Doctors will have a well-informed assistant to help them navigate stressful and uncertain times. This will help to better serve the dental team and the patients.

Dental assistants will be able to use this credential as a stepping-stone to a long career in dentistry. There won't be a temptation to go work at Starbucks where there the only aerosol is coffee grounds and steamed milk. This will encourage relationship building with the patients of the Commonwealth and help promote the highest standards of care.

Again, thank you for your attention to this important issue. Your decisions have the potential for positive impact both immediately and long term.

Respectfully,

Misty L. Mesimer, RDH, MSCH, CDA

Virginia Dental ASSOCIATION

January 25, 2022

Ms. Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Ms. Reen,

On behalf of the Virginia Dental Association, I would like to reiterate our opposition to the Board of Dentistry's (BOD) proposed changes to 18 VAC 60-30 Regulations Governing the Practice of Dental Assistants.

The BOD already expects dentists to adhere to OSHA and CDC Guidelines, both of which include infection control training for dental assistants in their training guidelines for dental offices. Adding a redundant requirement for infection control training provides no additional benefit to patient or dental team safety and holds the potential to create confusion with regards to overlapping regulations.

The agency background document on this proposed regulation states that, "Dentists are already expected to adhere to OSHA and CDC guidelines for infection control." It states that the freely available online OSHA and CDC training is satisfactory of this regulation's training requirement. The agency's Notice of Intended Regulatory Action document further states that it is unaware of reports of infection control violations by dental assistants in Virginia.

We believe the appropriate mechanisms for enforcement already exist through the BOD's current policies with regards to OSHA and CDC Guidelines. This new proposed regulation adds to a growing creep of state and federal compliance paperwork and documentation at a time when administrative staff in small dental offices are already facing unprecedented challenges and there have been continuing reports of the ongoing impact of COVID on core functions of the Virginia Board of Dentistry such as delays relating to dental staff licensure. A less intrusive and less burdensome alternative for achieving the purpose of the regulation would be to continue to communicate the existing expectation for dental assistants to undergo infection control training without changing the regulations governing the practice of dental assistants.

Sincerely,

Ryan Dunn
CEO

Scott Berman, DDS
President

VIRGINIA BOARD OF DENTISTRY
REGULATORY-LEGISLATIVE COMMITTEE MEETING MINUTES
February 18, 2022

TIME AND PLACE:	The meeting of the Regulatory-Legislative Committee was called to order at 1:02 p.m., on February 18, 2022
CALL TO ORDER:	Dr. Bonwell called the meeting to order.
COMMITTEE MEMBERS PRESENT:	Patricia B. Bonwell, R.D.H., PhD, Chair J. Michael Martinez de Andino, J.D. Alf Hendricksen, D.D.S. Jamiah Dawson, D.D.S.
COMMITTEE MEMBERS ABSENT:	Joshua Anderson, D.D.S
OTHER PARTICIPATING BOARD MEMBERS PRESENT:	Nathaniel C. Bryant, D.D.S.
STAFF PRESENT:	Sandra K. Reen, Executive Director, Board of Dentistry Jamie C. Sacksteder, Deputy Executive Director, Board of Dentistry Sally R. Ragsdale, Executive Assistant, Board of Dentistry Erin Barrett, JD, Senior Policy Analyst, Department of Health Professions
WORKGROUP PARTICPANTS PRESENT:	Dr. James Vick representing the VCU School of Dentistry Dr. Michael Ellis representing the Northern VA Dental Society Dr. Elsa Matthew representing the VA Academy of Sleep Medicine Dr. Alex Vaughan representing the Virginia Dental Association Ms. Kristen D. Robbins representing the Commonwealth Dental Hygienist Society Dr. Bill Crutchfield representing the Virginia Association of Orthodontists Ms. Carol A. Walsh, representing the Virginia Dental Assistants Association
ESTABLISHMENT OF A QUORUM:	With five members of the Committee present, a quorum was established. Ms. Reen addressed the emergency evacuation procedures.
PUBLIC HEARINGS:	Dr. Bonwell explained that there are two public hearings today to receive comments on proposed amendments and that copies of the proposed amendments are on the back table. Dr. Bonwell explained the parameters for public comment. She then added that electronic comment can be posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov or sent by email to Elaine.Yeatts@dhp.virginia.gov. All comments will be considered before the Board adopts final regulations at its meeting

scheduled on **June 10, 2022**. Dr. Bonwell stated the comment period on proposed regulations for **Training in Infection Control for Dental Assistants** will close on **March 4, 2022**; and, the comment period on proposed regulations for **Digital Scan Technicians** will close on **April 1, 2022**.

PUBLIC HEARING INFECTION CONTROL:

Dr. Bonwell opened the public comment period to receive comments on proposed amendments relating to **Training in Infection Control for Dental Assistants**.

Misty Mesimer stated she is a certified dental assistant, a registered dental hygienist, an allied dental educator and the author of the petition for rulemaking to require dental assistants to be certified in infection control. She explained the substandard practices she is aware of including recycling sterilization products and misunderstanding of sterilization indicators to explain the importance of training dental assistants. Then Ms. Mesimer read a message she received from a colleague asking questions and expressing concerns about the unsafe sterilization practices in her dental office such as wiping down syringes but not changing the tips with holes in them and cold sterilizing and reusing disposable syringes and tips. Ms. Mesimer concluded by asking the Board to reconsider the "training within 60 days" clause in the proposed regulations and require training when hired so dental assistants are informed about the need to make decisions about infection control.

Debra Vernon spoke on behalf of the Virginia Dental Assistants Association, stating she has worked in private and government practices for 40 years. She said the only way to prevent infections is to be knowledgeable about current guidelines for safe practice. She stated that most of the responsibility for infection control lies with the dental assistant. She said she is an advocate for adoption of certification requirements in infection control for dental assistants.

Tracey Martin spoke on behalf of the Virginia Dental Hygienists Association and for another dental hygienist, Amanda Hill. She expressed their support for requiring certification in infection control as a needed minimum standard for dental assistants.

Dr. Bonwell concluded the hearing on Training in Infection Control for Dental Assistants.

PUBLIC HEARING DIGITAL SCAN TECHNICANS:

Dr. Bonwell opened the public comment period to receive comments on proposed regulations for **Digital Scan Technicians**.

Mercer May, who spoke on behalf of Smile Direct Club, stated the proposed regulations are not consistent with the enacted statute. He said the legislative intent is that 3D photography such as digital scans is not the practice of dentistry. He explained that it was never the intent of the law for a dentist to train and supervise a digital scan technician or to require a digital scan work order. He said the terms "supervision" and "direction" have different meaning and requested clarification to recognize that taking a digital scan is an administrative task. He said there is no requirement for a digital scan work order and that there is limited availability of training.

Glana Norekl, who spoke on behalf of the American Association of Orthodontist, said the AAO supports requiring the dentist to inspect the appliance before the delivery of the appliance. She asked for clarification of the provision for work orders, asking if work orders are required for all digital scans or only those scans done by a digital scan technician. She also asked the Board to not consider legislative intent and to review the law as written.

Dr. Bonwell concluded the public hearing at 1:36 p.m.

PUBLIC COMMENT:

Dr. Bonwell explained that the Committee will now receive public comment on agenda items. She added that written comments were distributed to the Board members and copies were available on the back table for the public.

Dr. Mike Pagano, a member of the American Academy of Sleep Medicine, voiced his support for dentists ordering home sleep studies. He said that a physician should treat sleep apnea, but there are multiple reasons and benefits for dentists to order home testing. He cautioned the Board against regulating the sensors and limiting dentists' ability to order home sleep studies.

APPROVAL OF MINUTES:

Dr. Bonwell asked if there were any edits or corrections to the October 22, 2021 Regulatory-Legislative Committee Meeting minutes. Dr. Hendricksen moved to approve the minutes as presented. The motion passed.

DISCUSSION WITH WORKGROUP ON SERVICES RELATED TO SLEEP STUDIES AND SLEEP APNEA:

Dr. Bonwell thanked the participants for serving on the Workgroup on Services Related to Sleep Studies and Sleep Apnea and asked Ms. Reen to begin the conversation by addressing the information she collected from other boards about provisions on sleep testing and treatment.

Ms. Reen reported that she did a quick, limited survey to obtain information on other states' actions addressing sleep testing. She said the responses received were included as information that may be helpful to the Board in its consideration of a dentist's role in addressing sleep disorders.

Dr. Bonwell asked Dr. Vick to begin the discussion. He reported that VCU does not have an official policy. He stated a diagnosis must come from a physician or a qualified radiologist. He said it is within the scope of practice for dentists to initiate a sleep study and dentists should be able to order a sleep study. In response questions, Dr. Vick replied he has had extensive training at Walter Reed Medical Center; that dentists should review the appliance after fabrication to see how it performs. He added that take home sleep studies are useful.

Dr. Ellis stated that he is an orthodontist with a specialty in sleep study. He said sleep apnea is a medical disorder and that a physician should order testing and read the results. He indicated that there are only two organizations that can certify a dentist as a sleep specialist. In response to questions, Dr. Ellis explained about the certification he received which required over 20 hours of training, a presentation to a panel after treating

20 patients, and taking a 4 hour test. He spoke against taking weekend courses for certification. He stated that he supports the initial order coming from a doctor then the dentists can make the device. He suggested that when the initial order is placed a follow up order can be placed at the same time. He strongly supported doctors and dentists working together on this issue and dentists placing a follow up order for a home sleep study as recommended by the treating physician.

Dr. Matthew stated she did not support dentists ordering a home sleep test. She believes it is outside the scope of dentistry. She does support collaboration between dentists and doctors. She commented that it's not just the matter of ordering a sleep test, but also reviewing patient history, labs and medications, as well as consistency in the equipment used. She earned her qualifications for certification in sleep medicine by completing a year of fellowship training and passing an exam. She supported the need for efficacy studies and a calibration study done by a dentist. She stressed the importance of the follow up sleep studies being the same type of test as used in the initial sleep study. She noted that sometimes the patient is being treated for multiple issues and should periodically return to a physician.

Dr. Vaughan addressed the history of sleep apnea diagnosis, calibration and efficacy as well as treatment and the definitions of terms used in addressing the surrounding issues. He said that calibration and efficacy is the same test and that dentists are often diagnosing, ordering, treating and dispensing. He shared that any physician can order a sleep study test without having received special training, and referred to study results that indicated no statistical difference in the knowledge of sleep apnea between general dentists and physicians. He expressed concerns about over treatment and support for dentists ordering a home sleep study, 2 night studies, requiring more education, and having a medical doctor interpret the results.

Ms. Walsh supports dentists being able to order home sleep tests because more people go routinely to the dentist than doctor. She stated that the results should go to a sleep specialist.

Ms. Robbins supports the collaboration between dentist and doctors. She believes that doctors should order the home sleep study not dentists. She commented that more education is needed for dentists and dental hygienists so that the patient is screened and treated properly for sleep disorders.

Dr. Crutchfield stated airway is an important issue, it is life and quality of life. He believes it should be ordered by the person trained and educated in the area. He cautioned the Board against allowing dentists to order sleep studies because he has seen what corporations have done promoting Invisalign and night guards. He is not supportive of dentists ordering sleep studies.

Dr. Bonwell thanked the participants for their participation and explained that the information they provided will be addressed at the next Board Business meeting on March, 11, 2022.

Dr. Bonwell asked the Committee members to let Ms. Reen know if they are available on May 20, 2022 to convene the planned workgroup for discussion of In-Person Examinations of Patients Receiving Active Appliances.

ADJOURNMENT: With all business concluded, the Committee adjourned at 3:37 p.m.

Patricia B. Bonwell, R.D.H., PhD, Chair

Date

Sandra K. Reen, Executive Director

Date

Project 6355 - Proposed

Board of Dentistry

Training in Infection control

18VAC60-21-175. Training in infection control.

A. A dentist shall be responsible for assuring that dental assistants complete annual training in infection control standards required by the Occupational Safety and Health Administration and as recommended by the Centers for Disease Control and Prevention. Newly employed dental assistants shall receive training as soon as possible but no later than 60 days from employment.

B. Documentation records shall show the dates of completion of initial and annual training, including the date of employment for new dental assistants. All documentation of training in infection control shall be maintained by the dentist for three years.

Part II

Practice of Dental Assistants II

18VAC60-30-85. Training in infection control.

Dental assistants shall complete annual training in infection control standards required by the Occupational Safety and Health Administration and as recommended by the Centers for Disease Control and Prevention. Newly employed dental assistants shall complete training as soon as possible but no later than 60 days from employment.

Dental Assistant Use of Scalers
Draft Email

Sample Email to be sent

Virginia Department of
Health Professions

Board of Dentistry

Update to Guidance Document 60-7

Delegation to Dental Assistants

On February 3, 2022 an update to Guidance Document 60-7 went into effect. Delegation to Dental Assistants under the subheading "Restorative Services", Dental Assistants can remove excess cement from the coronal surface of teeth by using a non-cutting instrument. To further clarify, Dental Assistants can ONLY use non-cutting instruments to remove excess cement from coronal surfaces of teeth with an explorer or floss but NOT a scaler.

Please note that this Guidance Document states what can be delegated to Dental Assistants. If a delegation is not listed, it means the Dental Assistant cannot perform the task. The Board cannot give you legal advice or on how to apply pertinent laws and/or regulations to a specific practice issue. The Board cannot advise each person on his/her particular situation. If needed, please consult an attorney for guidance.

BOARD DISCUSSION TOPICS:

Consideration of Public Comment - Ms. Reen explained that Ms. Brutten is requesting that the Board allow Board staff to combine two score cards from two testing agencies to determine if she meets the clinical examination requirements for dental licensure in Virginia. She referred to Guidance Document 60-25, which requires an applicant to submit a detailed score report documenting passage of an acceptable examination. After discussion, the Board decided to adhere to the current policy as set forth in Guidance Document 60-25.

Discussion of Dental Assistants Using Scalers – Ms. Reen asked the Board for guidance on how to inform the dental community about the Board's change in policy regarding dental assistants using scalers. The Board recommended that the message be disseminated to dental associations, dental hygiene associations, schools, and current licensees. Dr. Bonwell, Dr. Dawson, and Ms. Lemaster volunteered to assist with drafting the message which will be presented to the Board for approval.

Policy on Recovery of Disciplinary Costs (Guidance Document 60-17) – Ms. Reen stated the Board adopted the 2021 guidance document, then elected not to enforce based on Dr. Brown's concern that Dentistry is the only board authorized to impose disciplinary costs Ms. Reen explained that: the VDA requested the enabling statute; the Board currently has a healthy cash balance; and, the Board is reducing its fees as license renewals are being changed to 2022 birth months. Ms. Reen said the Board can decide not to impose these costs or keep the option open and not implement it this year. She recommended that the Board not implement the policy for at least the next two years. Dr. Dawson moved to defer implementing the Policy on Recovery of Disciplinary Costs for two years. The motion was seconded and passed.

BOARD COUNSEL REPORT:

During its September 2021 meeting, the Board asked Mr. Rutkowski to research if dentists can prescribe antibiotics without a DEA license. Mr. Rutkowski reported that a DEA registration is required for Schedule II through V controlled substances only and is not needed to prescribe antibiotics.

DEPUTY EXECUTIVE DIRECTOR'S REPORT:

Ms. Sackstader reviewed the disciplinary Board report on case activity from January 1, 2021 to October 31, 2021, giving an overview of the actions taken and a breakdown of the cases closed with violations.

EXECUTIVE DIRECTOR'S REPORT:

Information Needs – Ms. Reen provided the Board with a Cash Balance report as of June 30, 2021 and said she will provide updates in future agenda packages.

BOARD MEMBERSHIP – INSIGHTS AND DISCUSSION

Dr. Bryant explained he wants to reinforce the importance of the work of the Board by concluding meetings with an open discussion. This discussion included an exercise on appropriate questioning. He said the Dental Review Coordinator is retiring in January and Board members will be called on to review more cases for probable cause until the position is filled and the new person is trained. He encouraged the Board members to be diligent and thorough when reviewing cases. Discussion followed about conferring with

2023 Board Calendar
Draft

2023 Calendar

January 2023

W	S	M	T	W	T	F	S
1	1	2	3	4	5	6	7
2	8	9	10	11	12	13	14
3	15	16	17	18	19	20	21
4	22	23	24	25	26	27	28
5	29	30	31				

February 2023

W	S	M	T	W	T	F	S
5				1	2	3	4
6	5	6	7	8	9	10	11
7	12	13	14	15	16	17	18
8	19	20	21	22	23	24	25
9	26	27	28				

March 2023

W	S	M	T	W	T	F	S
9				1	2	3	4
10	5	6	7	8	9	10	11
11	12	13	14	15	16	17	18
12	19	20	21	22	23	24	25
13	26	27	28	29	30	31	

April 2023

W	S	M	T	W	T	F	S
13							1
14	2	3	4	5	6	7	8
15	9	10	11	12	13	14	15
16	16	17	18	19	20	21	22
17	23	24	25	26	27	28	29
18	30						

May 2023

W	S	M	T	W	T	F	S
18		1	2	3	4	5	6
19	7	8	9	10	11	12	13
20	14	15	16	17	18	19	20
21	21	22	23	24	25	26	27
22	28	29	30	31			

June 2023

W	S	M	T	W	T	F	S
22					1	2	3
23	4	5	6	7	8	9	10
24	11	12	13	14	15	16	17
25	18	19	20	21	22	23	24
26	25	26	27	28	29	30	

July 2023

W	S	M	T	W	T	F	S
26							1
27	2	3	4	5	6	7	8
28	9	10	11	12	13	14	15
29	16	17	18	19	20	21	22
30	23	24	25	26	27	28	29
31	30	31					

August 2023

W	S	M	T	W	T	F	S
31			1	2	3	4	5
32	6	7	8	9	10	11	12
33	13	14	15	16	17	18	19
34	20	21	22	23	24	25	26
35	27	28	29	30	31		

September 2023

W	S	M	T	W	T	F	S
35						1	2
36	3	4	5	6	7	8	9
37	10	11	12	13	14	15	16
38	17	18	19	20	21	22	23
39	24	25	26	27	28	29	30

October 2023

W	S	M	T	W	T	F	S
40	1	2	3	4	5	6	7
41	8	9	10	11	12	13	14
42	15	16	17	18	19	20	21
43	22	23	24	25	26	27	28
44	29	30	31				

November 2023

W	S	M	T	W	T	F	S
44				1	2	3	4
45	5	6	7	8	9	10	11
46	12	13	14	15	16	17	18
47	19	20	21	22	23	24	25
48	26	27	28	29	30		

December 2023

W	S	M	T	W	T	F	S
48						1	2
49	3	4	5	6	7	8	9
50	10	11	12	13	14	15	16
51	17	18	19	20	21	22	23
52	24	25	26	27	28	29	30
1	31						

Formal Hearing: March 2, June 15, Sept 28, Dec 7
Board Meeting: March 3, June 16, Sept 29, Dec 8

Tentative Dates: Mar 31, May 19, Oct 27

SCC-A: Jan 6, Feb 3, Apr 14, May 5, Jun 23, July 14
Aug 4, Sept 1, Oct 6, Nov 3

SCC-B: Jan 20, Feb 10, Mar 24, Apr 7, May 12
Jun 30, July 21, Aug 11, Sept 22, Oct 13, Nov 17, Dec 15

SCC-C: Jan 27, Feb 24, Mar 17, Apr 21, June 2, July 28
Aug 25, Sept 15, Oct 20, Dec 1

Disciplinary Report

Virginia Department of
Health Professions
Board of Dentistry
Disciplinary Board Report

Today's report reviews the January –May 2022 case activity

January – May 2022

The table below includes all cases that have received Board action since January 1, 2022 through May 24, 2022

Year 2022	Cases Received	Cases Closed No Violation	Cases Closed W/Violation	Total Cases Closed
Jan	27	34	6	40
Feb	27	14	13	27
March	51	28	6	34
April	42	20	15	35
May	30	38	4	42
TOTALS	139	134	44	178

Closed Case with Violations consisted of the following:

Patient Care Related:

- **26 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.
- **11 Business Practice Issues:** Advertising, default on guaranteed student loan, solicitation, records, inspections, audits, self-referral of patients, required to report not filed, prescription blanks, or disclosure.
- **3 Unlicensed Activity:** Practicing a profession or occupation without holding a valid license as required by statute or regulations._
- **2 Standard of Care-Surgery**: Improper/unnecessary performance of surgery, improper patient management, and other surgery-related issues
- **1 Inability to Safely Practice:** Impairment due to the use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions.
- **1 Compliance:** Violation of a board order term or probation violation

CCA's

There were **14** CCA's issued from January 1, 2022 to May 24, 2022. The CCA's issued consisted of the following violations:

- **12 Business Practice Issues:** Recordkeeping
- **1 Unlicensed Activity:** Practicing a profession or occupation without holding a valid license as required by statute or regulations. (didn't renew license)
- **1 Drug Related- Security**: Failure to maintain security of controlled substances.

Virginia Department of
Health Professions
Board of Dentistry
Disciplinary Board Report

Suspensions/Revocations

There have been 2 Summary Suspensions issued from January 1, 20212 to May 24, 2022.

- 2 summary suspension for **Standard of Care-Medication/Prescription**: Prescribing, labeling, dispensing, and administration errors. Also, includes improper management of patient regimen and failure to provide counseling as well as other medication/prescription related issues.