

STATE OF THE STATES

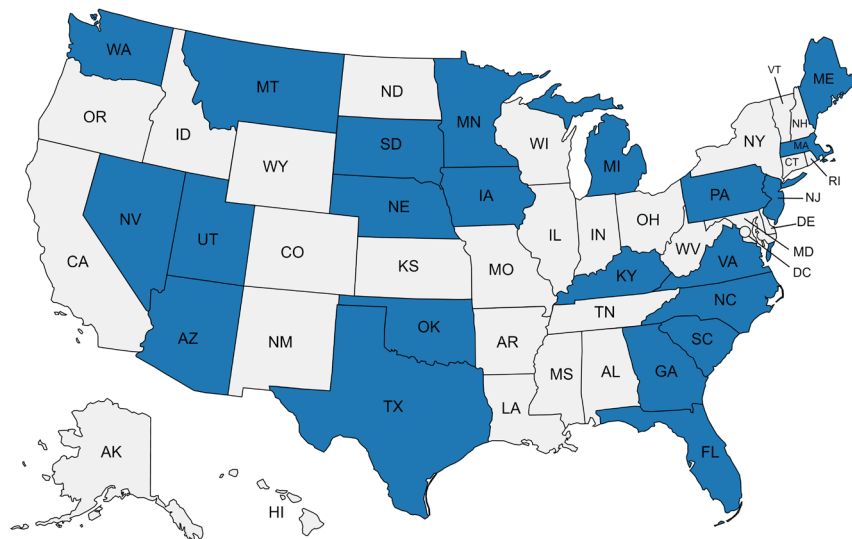
August 2020-July 2021



DANB's compilation of state dental assisting requirements — on its website and in its state publications — is one of the most comprehensive resources available on this topic. The updates below highlight recent state legislative and regulatory changes that are of interest to stakeholders of DANB and the DALE Foundation.

Arizona

In February 2021, the Arizona State Board of Dental Examiners published a substantive policy statement addressing a dental assistant's scope of practice as it relates to digital impressions. Under existing regulations, dental assistants are prohibited from taking final impressions for any activating orthodontic appliance or fixed or removable prosthesis. The policy statement indicated that the Board does not interpret the existing rule as prohibiting a dental assistant from taking digital impressions, provided the digital impression is done under the direct supervision of a dentist, and the dentist approves the impression and is the one who submits it for processing.



Florida

In March 2020, the Florida Board of Dentistry adopted a comprehensive revision to rules governing the administration of sedation and anesthesia by dentists, which included both housekeeping and substantive amendments. The new rules clarify the following:

- Dentists with sedation permits must employ an “office team” approach whereby the dentist uses two or more qualified assistants/dental hygienists who, working under the direct supervision of the dentist, assist the dentist and assist in emergency care of the patient
- A dental assistant or hygienist who is monitoring nitrous oxide inhalation analgesia may make only diminishing adjustments during the administration of nitrous oxide oxygen and turn it off at the completion of the procedure

Georgia

Signed into law May 10, 2021, and effective July 1, Senate Bill 5 established educational requirements for dental assistants and licensed dental hygienists to perform phlebotomy and venipuncture procedures. Existing Georgia regulations allowed dental assistants to perform these procedures under the direct supervision of a licensed dentist “after appropriate training is acquired.”

The new law specifies that dental auxiliaries must complete Georgia Board of Dentistry-approved courses in phlebotomy, intravenous access, infection control, the handling of any medical or dental emergencies related to these procedures, and any other safety related topic as required by the Board before performing phlebotomy and venipuncture. The new law also specifies that a dental assistant or licensed dental hygienist assisting a licensed dentist during the lawful administration of conscious sedation or general anesthesia shall complete Board-approved training on the applicable procedures, protocols, patient monitoring techniques, equipment, and any other safety related topics required by the Board.

Iowa

The Iowa legislature passed a bill during its 2020 legislative session that makes the following amendments to existing dental statute:

- Modifies the scope of practice of dental assistants to specify that registered dental assistants who have completed additional education and training may become cer-

STATE OF THE STATES

August 2020-July 2021



tified to perform expanded functions or qualified to participate in dental radiography (*Note: Provisions for dental assistants to become certified in expanded functions and qualified in radiography already exist in Iowa rules, so it appears the statute was being updated to conform to existing practice.*)

- Specifies that a registered dental assistant who has successfully completed expanded function training through the University of Iowa College of Dentistry or a program accredited by the Commission on Dental Accreditation may place dental sealants on teeth
- Adds a provision that prohibits the Iowa Dental Board from adopting a rule that allows delegation to dental assistants of “the administration of local anesthesia or the removal of plaque, stain, calculus, or hard natural material except by toothbrush, floss, or rubber cup coronal polish”

In February 2020, the Iowa Dental Board rescinded prior rules related to mandatory child abuse and dependent adult abuse reporter training requirements for all licensees and adopted new rules to implement a 2019 statute change governing mandatory reporter training.

Prior rules required licensees to indicate on their licensure renewal application that they had completed two hours of mandatory reporter training in the preceding five years. New rules require licensees who treat adults to complete an initial two-hour course in mandatory reporter training related to dependent adult abuse offered by the department of human services within six months of employment or prior to expiration of the current certificate. Licensees who treat children must complete an initial two-hour course in mandatory reporter training related to child abuse, also within six months of employment or prior to expiration of the current certificate. Thereafter, mandatory reporters are required to take a one-hour mandatory reporter training every three years.

Additionally, effective January 20, 2021, the Iowa Dental Board adopted rules that allow dentists, dental hygienists and dental assistants to receive continuing education credit for volunteer dental services. To be eligible, the licensees performing these services must do so without compensation, through a free clinic, and in the service of “low-income and underserved individuals.” One credit hour of CE will be earned for every three hours worked and dental assis-

tants can report a maximum of four CE credit hours earned through volunteer dental service in every two-year period.

In June 2021, the Iowa Dental Board adopted a rule adding placement of sealants to the list of Level 2 expanded functions that may be performed by a registered dental assistant who has completed Level 2 expanded functions training at the University of Iowa College of Dentistry or a program accredited by the Commission on Dental Accreditation. This rule implements legislation passed in Iowa’s 2020 legislative session and becomes effective August 18, 2021.

Also effective August 18, 2021, new subrules added to Iowa Administrative Code establish procedures for “registration by verification” for dental assistants licensed or registered for at least a year in another jurisdiction with a scope of practice similar to Iowa. Applicants must establish residency in Iowa or be the spouse of an active-duty military member permanently stationed in the state to be eligible for such registration.

Kentucky

The Kentucky Board of Dentistry adopted comprehensive amendments, effective July 2020, to regulations governing anesthesia and sedation in dental settings. The amended regulations clarify the role of auxiliaries in anesthesia and sedation by defining more specific requirements for a “trained individual” who monitors patients during anesthesia and sedation, specifying that the trained individual must hold an active certificate in Basic Life Support for Healthcare Providers; that the individual must have been trained in monitoring EKGs, pulse oximetry, blood pressures, airway management and capnography; and that the training must be documented in the employee’s record.

The rule amendment also clarifies that a Kentucky registered dental assistant may not independently administer nitrous oxide sedation, but may initiate nitrous oxide sedation if the dentist is in the office and gives the dental assistant specific instructions regarding the mode of administration and the titration, rate and dosage of the anesthetic agent.

Maine

Signed on June 10, 2021, LD76 amended the Maine Dental Practice Act to define teledentistry and to make a series of amendments and additions related to supervision of and delegation to unlicensed and licensed persons. The bill made the following revisions to existing law:



- Amended the definition of “direct supervision” to remove language indicating that the supervisor must examine the condition after treatment and prior to discharge; the definition continues to specify that the supervisor must be physically present, identify or diagnose the condition, and authorize the treatment procedure prior to implementation
 - Amended the definition of “general supervision” to clarify that although the supervisor need not be physically present in the practice setting while procedures are being performed, the tasks and procedures must be performed with his or her prior knowledge and consent
 - Added definitions of “supervision,” “supervisor” and “teledentistry”
 - Removed provisions specifying which functions may be delegated to unlicensed persons and to unlicensed persons who have passed DANB’s CDA exam, and replaced them with a provision authorizing the dentist to “delegate to an unlicensed person or a licensed person activities related to dental care and treatment that are delegated by custom and usage as long as those activities are under the supervision and control of the dentist”; the new provision further specifies that the dentist is legally liable for the activities of the unlicensed person and the unlicensed person is considered the dentist’s agent
 - Amended a provision about what may not be delegated to specify that the dentist may not delegate activities requiring a license to an unlicensed person, and the dentist may not delegate activities to a licensed person that are outside the scope of practice of that licensed person
 - Changed the supervision level required from direct to general for delegation of the following tasks to Expanded Function Dental Assistants:
 - Apply cavity liners and bases, as long as the dentist has ordered the cavity liner or base and has checked the cavity liner or base prior to the placement of the restoration
 - Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement
 - Apply supragingival desensitizing agents to an exposed root surface or dentinal surface of teeth
 - Apply topical fluorides recognized for the prevention of dental caries
 - Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material
 - Place and remove gingival retraction cord
 - Size, place and cement or bond orthodontic bands and brackets with final inspection by the dentist
 - Supragingival polishing using a slow-speed rotary instrument and rubber cup
 - Contour or finish restorative materials using a high-speed, power-driven handpiece or instrument
 - Removed the following tasks from the EFDA duties list, because performance of these functions is not limited to EFDAs:
 - Cement provisional or temporary crowns and bridges and remove excess cement
 - Perform pulp vitality tests
 - Obtain impressions for athletic mouth guards, provisional or temporary crowns and bridges
- The bill also amended the lists of activities that may be performed by dental hygienists and dental therapists and authorizes the Maine Board of Dental Practice to adopt rules creating guidelines and practice standards for teledentistry.

Massachusetts

At its September 16, 2020, meeting, the Massachusetts Board of Registration in Dentistry voted to permit licensed dental assistants to administer COVID-19 tests under the direct supervision of a licensed dentist and determined that such action falls within their permissible scope of practice.

Michigan

The Michigan Board of Dentistry updated its rules, effective April 26, 2021. The amendments:

- Require at least one hour per licensure renewal period of continuing education in infection control for dentists, dental therapists, registered dental hygienists and registered dental assistants (RDAs)
- Require, for initial RDA licensure, a one-time training in identifying victims of human trafficking beginning January 6, 2022, and outline specific requirements for such training
- Update content requirements for the Michigan RDA exam, including the addition of content in “infection con-

STATE OF THE STATES

August 2020-July 2021



- "control, safety and occupational safety and health administration" and 18 additional new topics
- Modify rules related to educational and nonclinical/administrative limited licenses for dentists, dental hygienists, dental therapists and dental assistants
- Modify rules related to reinstatement of a lapsed RDA license
- Clarify that dental assisting programs accredited by the Commission on Dental Accreditation (CODA) are approved by the Board to meet RDA education requirements
- Reorganize and update rules related to continuing education for all licensees

The new rule also reorganizes and updates the list of dental procedures that may be assigned and delegated to allied dental personnel into a table and makes additions and adjustments, including but not limited to the following:

These tasks were added to the scope of practice of dental assistants:

- Applying commonly accepted emergency procedures under the assignment of a dentist
- Taking digital scans for final restorations or intraoral appliances under the direct supervision of a dentist

These tasks may now be performed by RDAs under assignment of a dentist:

- Instructing in the use and care of dental appliances (formerly allowed under general supervision)
- Applying nonprescription topical anesthetic solution (formerly allowed under general supervision)
- Placing and removing a nonmetallic temporary or sedative restoration with non-tissue cutting instruments (formerly allowed under general supervision)
- Fabricating temporary restorations and temporary crowns and temporary bridges (new function; former permission limited to replacing existing temporary restorations, crowns and bridges)
- Temporarily cementing and removing temporary crowns and bands (formerly allowed under direct supervision)
- Sizing of temporary crowns and bands (formerly allowed under general supervision)

- Temporarily cementing and removing temporary crowns and bands (formerly allowed under direct supervision)
- Placing and removing periodontal dressings (formerly allowed under direct supervision)

These tasks may now be performed by RDAs under general supervision of a dentist:

- Prior to cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations, and after cementation, removing excess cement from around restorations (new function)
- Taking digital scans for final restorations or intraoral appliances (new function)

In a separate rulemaking proceeding, amendments to the Public Health Code general rules were adopted, effective June 1, 2021, requiring healthcare licensees — including dentists, dental therapists, dental hygienists and dental assistants — to receive training in implicit bias, both as an initial requirement for licensure and a continuing education requirement. An applicant for licensure must complete two hours of this training within five years prior to application, and one hour of CE per year of the license/registration cycle (for RDAs, this equates to a total of three hours per three-year renewal cycle).

Minnesota

At its November 18, 2020, meeting, the Policy Committee of the Minnesota Board of Dentistry stated that the taking of a digital scan is to be considered a digital impression and is therefore allowed under the scope of practice for Licensed Dental Assistants. The Committee clarified that unlicensed dental assistants remain prohibited from taking digital scans, but that there would be future discussion regarding digital impressions that unlicensed individuals may be permitted to perform.

Additionally, the Committee clarified that silver diamine fluoride is considered an application of topical fluoride that Licensed Dental Assistants are permitted to perform under general supervision.

Montana

Effective May 1, 2021, the Montana Board of Dentistry amended its rules to add the following actions (among others) to the list of examples of "unprofessional conduct" for which a dentist may be disciplined:

STATE OF THE STATES

August 2020-July 2021



- Delegating to dental hygienists or auxiliaries duties or responsibilities regarding patient care that are not permitted to be delegated
- Employing, supervising or otherwise using more dental hygienists or dental auxiliaries than a dentist can reasonably supervise in keeping with his or her ethical and professional responsibilities
- Failing to assure that the radiation source under the dentist's jurisdiction is used only by competent individuals
- Failing to adhere to the OSHA Bloodborne Pathogens Standard

The Board's rulemaking proposal cited the new law allowing dentists to supervise certain dental assistants (i.e., those holding DANB's CDA certification) under general supervision as the reason for the addition of these provisions, which reinforce the dentist's obligation to delegate to and supervise auxiliaries in accordance with the law.

Nebraska

Effective December 23, 2020, the Nebraska Board of Dentistry adopted rules to implement the 2017 law creating new "licensed dental assistant" and "expanded function dental assistant" categories of dental assistant.

The rule specifies that licensed dental assistants must complete 30 hours of continuing education in each 24-month period; a minimum of two hours of continuing education in the renewal period must be in infection control. Under new rules, dentists and dental hygienists are also required to earn two hours of CE in infection control per renewal period.

Nevada

On October 8, 2020, the Nevada State Board of Dental Examiners issued an Advisory Opinion stating that "the administration of silver diamine fluoride by a dental assistant is within their scope of practice" in response to a question from the public.

New Jersey

Effective April 19, 2021, the State Board of Dentistry completed rulemaking that established the following new requirements:

- Applicants for registration as a Registered Dental Assistant (RDA) or Limited Registered Dental Assistant in Orthodontics (LRDA-O) must now complete an online jurisprudence orientation within six months prior to application

- The 10-hour biennial CE requirement for RDAs and LRDA-Os must now include six hours in mandatory topics:
 - one hour in preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings
 - three hours in practical hands-on CPR meeting the American Heart Association standards for healthcare providers
 - one hour in professional ethics and New Jersey dental assisting law
 - one hour in topics related to prescription opioid drugs; the amendment provides for a waiver of up to two non-mandatory CE hours for rendering volunteer clinical services to eligible persons
- All licensed dentists must provide or make available infection prevention education and training to all personnel involved in patient-related sterilization, care and/or equipment maintenance at least once biennially
- Licensees and registrants are required to notify the Board in writing within 30 days of adverse legal, criminal, or licensing activity, including but not limited to arrests, indictments, pleading guilty to a crime, and denial or revocation of a professional license

North Carolina

The North Carolina Board of Dental Examiners adopted the following rule amendments, effective September 1, 2020:

- Added "administering any sedation or general anesthesia pharmacological agents, including drawing a dosage into a syringe" to the list of functions that a dentist shall not delegate to a dental hygienist; procedures that may not be delegated to dental hygienists are also not delegable to dental assistants
- Clarified that a Dental Assistant I who has completed the required courses in sterilization and infection control and dental office emergencies but who has not yet completed the work experience required to qualify as a Dental Assistant II may receive training in and perform, under the direct control and supervision of a licensed dentist, all duties of a Dental Assistant II with the exception of coronal polishing (the previous rule did not expressly exclude coronal polishing, but the Board had provided guidance in the past indicating that a Dental Assistant I who



is receiving training in Dental Assistant II duties may not perform coronal polishing)

Effective June 1, 2021, the Board amended its rule pertaining to sterilization and infection control. The amended rule:

- Specifies that instruments and equipment must be sterilized “according to manufacturer specifications,” as opposed to the former “according to usage”
- Requires licensees to comply with CDC infection prevention and control recommendations and guidelines in dental settings and incorporates such guidelines, including subsequent amendments and editions, by reference; former rules cited infection control recommendations adopted by ADA
- Specifies that all licensees, not just dentists, are responsible for utilizing and maintaining sterilization and infection control techniques and precautions aimed at preventing cross contamination and transmission of infection to all persons

Additionally, at its April 8, 2021, meeting, the Board reached an opinion that a dentist trained outside the U.S. may work as a Dental Assistant II, provided that the supervising dentist verifies their credentials.

Oklahoma

A bill passed during the 2021 legislative session and signed May 25, 2021, adjusts the State Dental Practice Act to revise the renewal term and number of hours of continuing education for oral maxillofacial surgery assistants from 12 hours every three years to eight hours every two years to be consistent with other sections of Act.

Pennsylvania

Effective August 1, 2020, all licensees and certificate holders are required to complete two hours of continuing education in approved courses on child abuse recognition and reporting.

South Carolina

At its July 9, 2021, meeting, the South Carolina Board of Dentistry clarified that, in accordance with a rule provision allowing dental assistants to “apply topical drugs as prescribed by the dentist,” dental assistants may apply silver diamine fluoride as prescribed by a dentist, under the direct supervision of a dentist present on the premises and licensed in South Carolina.

South Dakota

The South Dakota State Board of Dentistry adopted rules effective August 12, 2020, amending sections regulating the practice of dental radiography. These amendments most notably do the following:

- Create the title of “Dental Radiographer”
- Remove the minimum requirements to hold a high school diploma or equivalent and be at least 18 years old to qualify as a dental radiographer
- Include passing DANB’s Radiation Health and Safety (RHS) exam as a pathway to earn Dental Radiographer status

Texas

The Texas Board of Dental Examiners adopted a new rule effective June 25, 2020, which implements Senate Bill 1200, relating to licensure exemptions. Specifically, this rule allows for a military spouse to practice as a dental assistant without registration while their respective service member spouse is stationed at a Texas military installation, so long as they possess active registration for the practice of dental assisting in another state with substantially equivalent requirements. Additionally, this exemption applies only with the authorization of the Board and for a period not to exceed three years.

Other recent changes include a new rule implementing House Bill 2059 that mandates completion of a course in human trafficking prevention as a prerequisite to dental assistant certificate renewal, and an amendment to the board fee structure for dental assistants.

Utah

Effective March 10, 2020, the Utah Dentists and Dental Hygienists Licensing Board adopted a comprehensive set of amendments related to anesthesia permits for dentists. The same rule package included the following amendments relevant to dental assistants:

- Clarified that dental assistants may initially introduce nitrous oxide and oxygen to a patient under the direct supervision of a dentist only after a baseline percentage and flow rate suitable for the patient is established and documented by a licensed dentist holding the appropriate permit
- Specified that the prohibition on taking jaw registrations

STATE OF THE STATES

August 2020-July 2021



or oral impressions for supplying artificial teeth as substitutes for natural teeth except for diagnostic or opposing models for the fabrication of temporary or provisional restorations or appliances also applies to electronic imaging; that is, a dental assistant may not use electronic imaging to take a final impression

- Added a provision prohibiting dental assistants from injecting any substance
- Added “use of portable and handheld x-ray devices” to the list of topics that must be addressed in acceptable radiography courses for dental assistants

Virginia

The Virginia Board of Dentistry amended its rules related to education and training for Dental Assistants II, effective March 31, 2021; the revised rules:

- Place greater emphasis on mastering specific competencies through laboratory and clinical experiences and specify requirements for performance of expanded function procedures a minimum number of times during the required educational program
- Add a new section establishing requirements for Dental Assistant II educational programs, including but not limited to a requirement that the program be provided by an educational institution that maintains a CODA-accredited program; requirements related to credentials for program coordinators, clinical practice advisors and instructors; and requirements related to supervision of clinical experiences, calibration of clinical experience supervisors, and enrollment of practice sites
- Add a pathway allowing an active dental hygiene license to meet the prerequisite for entry into a Dental Assistant II educational program in lieu of DANB’s CDA certification

Washington

Pursuant to legislation passed in 2020 and reflected in Washington Dental Quality Assurance Commission rules effective January 23, 2021, AIDS education and training is no longer required for dental registration, certification and licensure (AIDS education requirements were repealed for all health professionals).

Also effective January 23, 2021, the Commission finalized and adopted a comprehensive infection control rule package that it had been working on since 2016. The adopted rules

incorporate many of the Centers for Disease Control and Prevention (CDC) recommendations for dental infection control standards to ensure patient safety including: (1) written policies and procedures with annual staff training; (2) sterilization of low-speed hand piece motors; (3) sterilization of single use items when appropriate; (4) storage and wrapped packages, container or cassette requirements; (5) identification of appropriate disinfectants; (6) high-volume evacuation; and (7) water line testing. The rule specifies that all practitioners, including EFDAs and RDAs, must complete one hour of current infection prevention standards education provided by a qualified individual or organization.

Additionally, the Washington State Dental Quality Assurance Commission adopted an emergency rule in December 2020 allowing dentists to delegate the administration of COVID-19 screening tests (swab tests) to registered dental assistants, licensed EFDAs and licensed dental hygienists. The Commission subsequently pursued rulemaking to make this rule permanent; the permanent rule will become effective August 28, 2021.