OUR FILE NO. 55213

DATE FILED 1-30-2023

State of Utah
Administrative Rule Analysis
Revised June 2022

NOTICE OF PROPOSED RULE		
TYPE OF RULE: New ___; Amendment _x__; Repeal ___; Repeal and Reenact ___		
Title No. - Rule No. - Section No.		
Rule or Section Number:	R156-69	**Filing ID: Office Use Only**

Agency Information

1. Department:	Department of Commerce	
Agency:	Division of Professional Licensing	
Room number:		
Building:	Heber M. Wells Building	
Street address:	160 East 300 South	
City, state and zip:	Salt Lake City UT 84111-2316	
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City, state and zip:	Salt Lake City UT 84114-6741	
Contact persons:		
Name:	**Phone:**	**Email:**
Larry Marx	801-530-6628	lmarx@utah.gov
Please address questions regarding information on this notice to the agency.		

General Information

2. Rule or section catchline:

Dentist and Dental Hygienist Practice Act Rule

3. Purpose of the new rule or reason for the change (Why is the agency submitting this filing?):

The Division in collaboration with the Dentist and Dental Hygienist Licensing Board is filing these proposed amendments to update permit classifications, scopes of practice, qualifications, and standards for the use of anesthesia and sedation in accordance with statutory changes made by HB 384 passed in the 2022 General Session, to update the standards regarding the use of unlicensed personnel as dental assistants, and to clarify the rules regarding the practice of teledentistry.

4. Summary of the new rule or change (What does this filing do? If this is a repeal and reenact, explain the substantive differences between the repealed rule and the reenacted rule):

The amendments to Section R156-69-102 and new Sections R156-69-301a and R1560-69-301 update the rule to redefine the classifications of anesthesia permits for dentists and to update scopes of practice and the qualifications and training and safety standards for permit holders in accordance with new Section 58-1-510 that was enacted by HB 384 in the 2022 General Session. Generally the permits are reclassified as follows: "Class A" to "local anesthesia" permit, "Class B" and "Class C" permits to "minimal sedation" permit, "Class D" to "moderate sedation" permit, "and Class E" to "deep sedation and general anesthesia" permit. The standards now additionally incorporated by reference are as follows: (1) American Society of Anesthesiologists (ASA) standards: (a) Basic Standards for Preanesthesia Care, 2020 edition; (b) Standards for Basic Anesthetic Monitoring, 2020 edition; and (c) Standards for Postanesthesia Care, 2019 edition; (2) Cote CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. Pediatr Dent 2019; 41(4):E-26-E-52; (3) ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists, 2007 edition; and (4) American Association of Oral and Maxillofacial Surgeons (AAOMS) standards: (a) Office Anesthesia Evaluation Manual, 2018 9th edition; and (b) Parameters of Care, 2017 6th edition.

Section R156-69-302c is amended to clarify that each dental hygienist shall obtain CPR-BLS or ACLS-PALS certification to qualify for licensure.

Section R156-69-304a is amended to clarify that each applicant for renewal or reinstatement must maintain certification in appropriate lifesaving courses as required by the license and permit classification to qualify for reinstatement or renewal, and to clarify that the applicant's recertification hours do not count toward the applicant's 30 required hours of continuing professional education. The section is further amended to reduce the required time period for a licensee to maintain documentation of compliance with the section from four years after the end of the renewal cycle to two years.

Section R156-69-603 that establishes the standards regulating the use of unlicensed individuals as dental assistants is

amended to add the following prohibitions: An unlicensed individual may not (1) start an intravenous (IV) line or administer medication in an IV line; (2) convert a denture into a fixed implant prosthesis, also known as performing a conversion; or (3) adjust a permanent or final prosthetic, removable or fixed, that is worn by a patient or will be worn by a patient.

New Subsection R156-69-807 clarifies that under Subsections 58-69-802(2) and 58-69-807(4), the requirements and parameters for teledentistry to ensure the safe use of teledentistry are those established in Title 26, Chapter 60, Telehealth Act and Sections R156-1-602 and R156-1-603.

Per Executive Order No. 2021-12, formatting changes are also made throughout the rule to streamline and update the rule and conform the rule to the current edition of the OAR Rulewriting Manual.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

None of these proposed amendments are expected to impact state government revenues or expenditures because the changes merely update the rules to establish operating standards that encompass current statutory requirements and practices in the profession, and make changes for clarity to facilitate compliance and enforcement in accordance with Executive Order 2021-12, and will not affect existing state government procedures beyond the impacts described in the fiscal note for HB 384 at https://le.utah.gov/~2022/bills/static/HB0384.html.

B) Local governments:

The proposed amendments will have no measurable impact on local government revenues or expenditures as none of the amendments are expected to impact local government practices or procedures.

C) Small businesses ("small business" means a business employing 1-49 persons):

The proposed amendments to Section R156-67-603 prohibiting certain practices by unlicensed dental assistants are not expected to result in a measurable impact to small business because the amendments prohibit activities that are already outside the standard of care for a dental practice. A dentist who would delegate such tasks to unlicensed assistants would be operating outside the standard of care, which would place the dentist and associated small business at risk for a violation of the law and increase liability. Because the practices of most small businesses are, or should be, already consistent with this standard of care, the proposed amendments will only affect businesses with licensees who violate the rules and are disciplined, and as described below for other persons it is estimated that for the typical licensee the proposed amendments will have no measurable fiscal impact. The remainder of the proposed amendments are expected to have no measurable impact on small business revenues or expenditures as they merely clarify the rule based on existing practices, laws and rules, streamline and update the rule in accordance with Executive Order No. 2021-12, or implement statutory changes enacted in the 2022 General Session.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

As described in Paragraph 5.C for small businesses, no measurable impact is expected for non-small businesses.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***):

There are approximately 3,500 licensed dentists and 3,600 dental hygienists that may be affected by the proposed amendments, but the Division does not anticipate any measurable fiscal impact to these persons over and above the statutory changes and the impact already addressed in the fiscal note for those changes. In particular, the proposed amendments to R156-67-306 that limit certain procedures that may be delegated to an unlicensed dental assistant are not expected to result in a measurable impact to licensees because engagement in this conduct by untrained and unlicensed individuals is outside of the standard of care for a licensee. Delegating this task would place an individual at risk for a violation of the law and increase liability, and the practices of most licensees are, or should be, already consistent with these rules. Additionally, the proposed amendments will only affect licensees who violate the rules and are disciplined for unprofessional conduct, so that any impact from non-compliance will never be uniformly felt across the industry and most will never be impacted. Although a licensee disciplined for unprofessional conduct may face financial costs for such noncompliance, potential sanctions will vary widely depending on the individual characteristics and actions of each licensee. This relevant data is unavailable and the cost of acquiring any such data is prohibitively expensive. In sum, the scope of these proposed amendments is so narrow that they will not affect the vast majority of licensees and are not expected to result in any measurable fiscal impact. Finally, the remaining amendments are not expected to result in any measurable impact to these licensees as the amendments simply clarify the rule based on existing practices and laws and rules, streamline and update the rule in accordance with Executive Order No. 2021-12, or implement statutory changes enacted in the 2022 General Session.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):

As described in paragraph 5.E for other persons, no compliance costs are expected to affected persons.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are

inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	**FY2023**	**FY2024**	**FY2025**
State Government	$0	$0	$0
Local Governments	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Persons	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2023**	**FY2024**	**FY2025**
State Government	$0	$0	$0
Local Governments	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Persons	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Commerce, Margaret W. Busse, has reviewed and approved this fiscal analysis.

The Division of Professional Licensing ("Division"), in concert with Dentist and Dental Hygienist Licensing Board, propose amendments to Rule R156-69 to harmonize it to the changes in H.B. 384 out of the 2022 General Session. The rule will allow the update the rule to redefine the classifications of anesthesia permits for dentists, update scopes of practice, qualifications, and training and safety standards for permit holders. Also, the Division has made formatting conformities throughout the rule to align with the Office of Administrative Rules' Formatting Manual in accordance with Executive Orders 2021-1 and 2021-12.

Small Businesses (less than 50 employees):

There are 3,500 licensed dentists and 3,600 dental hygienists in Utah. The Division finds that will not be a fiscal impact for small businesses. A dentist cannot delegate certain aspects of the standard of care, which would place a business at risk for a violation of the law and increase liability if it is violated. However, since the practices of most small businesses are already consistent with this standard of care, the proposed amendments will only affect businesses with licensees who violate the rules and are disciplined. Further, the Division does not foresee any negative impact on small businesses from the grammar since the new rule was drafted to comport to the Office of Administrative Rules *Rule Writing Manual*.

Regulatory Impact to Non-Small Businesses (50 or more employees)

The Division finds that the non-small businesses in the Utah will not suffer a negative fiscal impact from the proposed changes for the same rationale as described above for small businesses. Further, any of these costs are either inestimable, for the reasons stated above, or there is no fiscal impact.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 58-69-101	Subsection 58-1-106(1)(a)	Subsection 58-1-202(1)(a)

Incorporations by Reference Information

7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

Official Title of Materials Incorporated (from title page)	American Association of Oral and Maxillofacial Surgeons (AAOMS) Office of Anesthesia Evaluation Manual
Publisher	American Association of Oral and Maxillofacial Surgeons
Issue Date	2018 9th edition

Issue or Version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):	
Official Title of Materials Incorporated (from title page)	American Association of Oral and Maxillofacial Surgeons (AAOMS) Parameters of Care
Publisher	American Association of Oral and Maxillofacial Surgeons
Issue Date	2017 6th edition
Issue or Version	

C) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):	
Official Title of Materials Incorporated (from title page)	American Dental Association (ADA) Policy Statement: The Use of Sedation and General Anesthesia by Dentists
Publisher	American Dental Association
Issue Date	2007 edition
Issue or Version	

D) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):	
Official Title of Materials Incorporated (from title page)	American Society of Anesthesiologists (ASA) Basic Standards for Preanesthesia Care
Publisher	American Society of Anesthesiologists
Issue Date	2020 edition
Issue or Version	

E) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):	
Official Title of Materials Incorporated (from title page)	American Society of Anesthesiologists (ASA) Standards for Basic Anesthetic Monitoring
Publisher	American Society of Anesthesiologists
Issue Date	2020 edition
Issue or Version	

F) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):	
Official Title of Materials Incorporated (from title page)	American Society of Anesthesiologists (ASA) Standards for Postanesthesia Care
Publisher	American Society of Anesthesiologists
Issue Date	2019 edition
Issue or Version	

G) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):	
Official Title of Materials Incorporated (from title page)	Cote CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics Guidelines for Monitoring and Management of Pediatric Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures, Pediatr Dent 2019; 41(4):E-26-E-52
Publisher	American Academy of Pediatric Dentistry and American Academy of Pediatrics
Issue Date	2019

Issue or Version	

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until:		**03/17/2023**
B) A public hearing (optional) will be held:		
On (mm/dd/yyyy):	**At** (hh:mm AM/PM):	**At** (place):
02/16/2023	9:00 am	160 East 300 South - Conference Room 402 (4th floor) - Salt Lake City, Utah and also by Google Meet: **Meeting link** meet.google.com/eke-jzdq-oig **Join by phone** (US) +1 575-425-0148 PIN: 281873899

9. This rule change MAY become effective on:	**03/24/2023**
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:	Mark B. Steinagel, Division Director	**Date:**	**01/30/2023**

R156. Commerce, [~~Occupational and~~]Professional Licensing.
R156-69. Dentist and Dental Hygienist Practice Act Rule.
R156-69-101. Title.

(1) This rule is known as the "Dentist and Dental Hygienist Practice Act Rule."

(2) This rule is adopted by the Division under Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act.

(3) The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-69-102. Definitions.

[~~In addition to~~]The following definitions supplement the definitions in Title 58, Chapter[~~s~~] 1, Division of Professional Licensing Act, and Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act[~~ as used in Title 58, Chapters 1 and 69 or this rule~~]:

(1) "AAOMS standards" means the following American Association of Oral and Maxillofacial Surgeons (AAOMS) standards, which are incorporated by reference:

(a) Office Anesthesia Evaluation Manual, 2018 9th edition; and

(b) Parameters of Care, 2017 6th edition.

(2) "AAPD" means the American Academy of Pediatric Dentistry.

([~~1~~]3) "ACLS" means Advanced Cardiac Life Support.

([~~2~~]4) "ADA" means the American Dental Association.

([~~3~~]5) "ADA CERP" means American Dental Association Continuing Education Recognition Program.

(6) "ADA Sedation and General Anesthesia Policy Statement" means the ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists, 2007 edition, which is incorporated by reference.

([~~4~~]7) "ADA Teaching Guidelines" means the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students published by the American Dental Association, as adopted by the ADA House of Delegates, October 2016, which is incorporated by reference.

([~~5~~]8) "ADA Use Guidelines"[~~,~~] means the Guidelines for the Use of Sedation and General Anesthesia by Dentists published by the American Dental Association, as adopted by the ADA House of Delegates, October 2016, which is incorporated by reference.

([~~6~~]9) "ADEX" means American Board of Dental Examiners.

(10) "ADHA" means the American Dental Hygienists' Association.

([~~7~~]11) "Advertising or otherwise holding oneself out to the public as a dentist" means representing or promoting oneself as a dentist through any of the following or similar methods:

(a) business names;
(b) business signs;
(c) door or window lettering;
(d) business cards;
(e) letterhead;
(f) business announcements;
(g) flyers;
(h) mailers;
(i) promotions;
(j) advertisements;

(k) radio or television commercials;
(l) listings in printed or online telephone directories; or
(m) any other type of advertisement or promotional communication.
([~~8~~]12) "Analgesia" means the same as defined in the ADA Use Guidelines.
([~~9~~]13) "Anesthesiology" means the science of administration of anesthetics and the condition of the patient while under anesthesia.[
~~(10) "ADHA" means the American Dental Hygienists' Association.~~]
(14) "ASA standards" means the following American Society of Anesthesiologists (ASA) standards, which are incorporated by reference:
(a) Basic Standards for Preanesthesia Care, 2020 edition;
(b) Standards for Basic Anesthetic Monitoring, 2020 edition; and
(c) Standards for Postanesthesia Care, 2019 edition;
([~~11~~]15) "BCLS" means Basic Cardiac Life Support.
([~~12~~]16) "BLS" means Basic Life Support.
([~~13~~]17) "CDCA" means Commission on Dental Competency Assessments.
(18) "CDEL" means the Council on Dental Education and Licensure.
([~~14~~]19) "CITA" means Council of Interstate Testing Agencies, Inc.[
~~(15) "CDEL" means the Council on Dental Education and Licensure.~~]
(20) "CODA" means the Commission on Dental Accreditation of the American Dental Association (ADA).
(21) "Competency" means displaying special skill or knowledge derived from training and experience.
([~~16~~]22) "CPR" means cardiopulmonary resuscitation.
([~~17~~]23) "CRDTS" means the Central Regional Dental Testing Service, Inc.[
~~(18) "CODA" means the Commission on Dental Accreditation.~~
~~(19) "Competency" means displaying special skill or knowledge derived from training and experience.~~]
([~~20~~]24) "DANB" means the Dental Assisting National Board, Inc.
([~~21~~]25) "Deep sedation" [~~means the same as defined in the ADA Use Guidelines~~]as defined in Subsection 58-1-510(1)(b) is further defined in the standards in Subsection R156-69-301b(3).
(26) "Deep sedation and general anesthesia permit" means the dentist deep sedation and general anesthesia permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).
(27) "Dental hygienist with local anesthesia permit" means the dental hygienist local anesthesia permit classification and scope of practice established in Section R156-69-301c under Subsection 58-69-301(4).
([~~22~~]28) "Discharge criteria" means the minimum requirements for a patient to be safely discharged from the care of a dentist.
([~~23~~]29) "General anesthesia" [~~means the same as defined in the ADA Use Guidelines~~]as defined in Subsection 58-1-510(1)(c) is further defined in the standards in Subsection R156-69-301b(3).
([~~24~~]30) "Local anesthesia" means the same as defined in the [~~ADA Use Guidelines~~]standards in Subsection R156-69-301b(3).
(31) "Local anesthesia permit" means the dentist local sedation permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).

([~~25~~]32) "Maximum recommended dose (MRD)" is the maximum FDA recommended dose of a drug, as printed in FDA approved labeling for unmonitored home use.

([~~26~~]33) "Minimal sedation" [~~means the same as defined in the ADA Use Guidelines~~]as defined in Subsection 58-1-501(1)(e) is further defined in the standards in Subsection R156-69-301b(3).

(34) "Minimal sedation permit" means the dentist minimal sedation permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).

([~~27~~]35) "Moderate sedation" [~~means the same as defined in the ADA Use Guidelines~~]as defined in Subsection 58-1-510(1)(f) is further defined in the standards in Subsection R156-69-301b(3).

(36) "Moderate sedation permit" means the dentist moderate sedation permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).

([~~28~~]37) "PALS" means Pediatric Advanced Life Support.

(38) "Pediatric dentistry" means the age-defined dental specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(39) "Pediatric Sedation Guidelines" means the guidelines established in Cote CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures, Pediatric Dent 2019; 41(4):E-26-E-52, which is incorporated by reference.

[~~(29) "Practice of dentistry" in regard to administering sedation or anesthesia is further defined as follows:~~

~~(a) a Class A permit allows administration of, or supervision of the administration of, local anesthesia in compliance with the ADA Use Guidelines.~~

~~(b) a Class B permit allows administration of, or supervision of the administration of, minimal sedation induced by nitrous oxide in compliance with the ADA Use Guidelines.~~

~~(c) a Class C permit allows administration of minimal sedation via nitrous oxide/oxygen with or without the administration of a single enteral drug, in compliance with the ADA Use Guidelines.~~

~~(d) a Class D permit allows administration of, or supervision of the administration of, moderate sedation via any route of administration, in compliance with the ADA Use Guidelines.~~

~~(e) a Class E permit allows administration of, or supervision of the administration of, deep sedation and general anesthesia in compliance with the ADA Use Guidelines.~~]

(40) "Practice of dental hygiene" under Subsection 58-69-102(7)(a)(ix) includes performing:

(a) laser bleaching; and

(b) laser periodontal debridement.

([~~30~~]41) "Prominent disclaimer" in Subsection 58-69-502(2)(b) means a disclaimer [~~as described in and as required by Subsection R156-69-502(2)(b)~~]that:

(a) [~~if in writing,~~] is in the same size of lettering as the largest lettering [~~otherwise~~] contained in [~~an~~] the advertisement, publication, or other communication in which the disclaimer appears; or

(b) [~~if not in writing,~~] is in the same volume and speed as the slowest speed and highest volume [~~otherwise~~] included in [~~a radio or television commercial or other oral advertisement or promotion~~] the advertisement, commercial, or other communication in which the disclaimer appears.

([~~31~~] 42) "Route of administration" means the technique of administering agents, and includes the following, as defined in the ADA Use Guidelines:

(a) enteral;

(b) parenteral;

(c) transdermal;

(d) transmucosal; and

(e) inhalation.

([~~32~~] 43) "Specialty area" or "dental specialty" means an area of dentistry in which the dentist has successfully completed at least two full-time years in a specialty post[-] doctoral program[~~ in a specialty area of dentistry consisting of at least two full time years and which is accredited by an accreditation agency that is recognized by the U.S. Department of Education~~] accredited by CODA.

([~~33~~] 44) "SRTA" means Southern Regional Testing Agency, Inc.[

~~(34) "Unprofessional conduct," as defined in Title 58 Chapters 1 and 69, is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-69-502.~~]

([~~35~~] 45) "UDA" means Utah Dental Association.

([~~36~~] 46) "UDHA" means Utah Dental Hygienists' Association.

(47) "Unprofessional conduct is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-69-502.

([~~37~~] 48) "WREB" means the Western Regional Examining Board.[

~~**R156-69-103. Authority - Purpose.**~~

~~This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 69.~~

~~**R156-69-104. Organization - Relationship to Rule R156-1.**~~

~~The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.~~

~~**R156-69-201. Classifications of Anesthesia and Analgesia Permits - Dentist.**~~

~~In accordance with Subsection 58-69-301(4)(a), a dentist may be issued an anesthesia and analgesia permit in the following classifications:~~

~~(1) class A permit;~~

~~(2) class B permit;~~

~~(3) class C permit;~~

~~(4) class D permit; or~~

~~(5) class E permit.~~

~~R156-69-202. Qualifications for Anesthesia and Analgesia Permits - Dentist.~~

~~In accordance with Subsection 58-69-301(4)(b), the qualifications for dentist anesthesia and analgesia permits are:~~

~~(1) for a class A permit current CPR or BCLS/BLS certification;~~

~~(2) for a class B permit:~~

~~(a) current BCLS/BLS certification; and~~

~~(b) completion of training in the administration of nitrous oxide that:~~

~~(i) conforms to the ADA Teaching Guidelines; or~~

~~(ii) is the substantial equivalent of the ADA Teaching Guidelines provided in a continuing education format by an ADA accredited school;~~

~~(3) for a class C permit compliance with Subsections (1) and (2) above:~~

~~(a) evidence of successful completion of training in pharmacological methods of minimal sedation that:~~

~~(i) conforms to the ADA Teaching Guidelines; or~~

~~(ii) is the substantial equivalent of the ADA Teaching Guidelines provided in a continuing education format by an ADA accredited school;~~

~~(b) evidence of holding a current Utah controlled substance license in good standing and a current Drug Enforcement Administration (DEA) registration in good standing;~~

~~(4) for a class D permit:~~

~~(a) compliance with Subsection(3)(b) above;~~

~~(b) current ACLS or PALS certification; and~~

~~(c) completion of:~~

~~(i)(A) a comprehensive predoctoral or postdoctoral training in the administration of moderate sedation that conforms to the ADA Teaching Guidelines, including a letter from the course director documenting competency in performing conscious sedation; and~~

~~(B) 60 hours of didactic education in sedation and successful completion of 20 cases; or~~

~~(ii) the substantial equivalent of Subsection(4)(c)(i) provided in a continuing education format by an ADA accredited school;~~

~~(5) for a class E permit:~~

~~(a) compliance with Subsections(4)(a) and (b) above;~~

~~(b) if treating pediatric patients, current PALS certification;~~

~~(c) completion of advanced training in the administration of general anesthesia and deep sedation, consisting of at least one year in a program which conforms to the ADA Teaching Guidelines, including a letter from the course director documenting competency in performing general anesthesia and deep sedation.~~]

R156-69-301a. Dentist Anesthesia and Analgesia - Permit Classifications and Scopes of Practice.

(1) Under Section 58-1-510 and Subsection 58-69-301(4)(b), the classification of dentist anesthesia and analgesia permits are as follows:

(a) local anesthesia permit;

(b) minimal sedation permit;

(c) moderate sedation permit; and

(d) deep sedation and general anesthesia permit.

(2) Under Subsections 58-1-510(2) through (4) and Subsection 58-69-301(4)(a), the scope of practice for each dentist anesthesia and analgesia permit is established as follows:

(a) a dentist with a local anesthesia permit may administer local anesthesia and nitrous oxide and supervise the administration of local anesthesia and nitrous oxide in compliance with the standards in Subsection (3);

(b) a dentist with a minimal sedation permit may:

(i) exercise the privileges of a local anesthesia permit; and

(ii) administer and supervise the administration of minimal sedation via nitrous oxide-oxygen, with or without the administration of enteral medications, in compliance with the standards in Subsection (3);

(c) a dentist with a moderate sedation permit may:

(i) exercise the privileges of a minimal sedation permit;

(ii) administer and supervise the administration of moderate sedation in compliance with the standards in Subsection (3); and

(iii) when engaging in the administration of moderate sedation shall:

(A) use pulse oximetry and end tidal CO2 monitoring with capnography; and

(B) have at least one ACLS or PALS trained assistant present in-operatory during sedation; and

(d) a dentist with a deep sedation and general anesthesia permit may:

(i) exercise the privileges of a moderate sedation permit;

(ii) administer or supervise the administration of deep sedation or general anesthesia in compliance with the standards in Subsection (3); and

(iii) when engaging in the administration of deep sedation or general anethesia, shall:

(A) use pulse oximetry and end tidal CO2 monitoring with capnography; and

(B) have at least one ACLS or PALS trained assistant present in-operatory during sedation.

(3) Under Subsections 58-1-510(3) and (4) and 58-69-102(8) and Section 58-69-802:

(a) a dentist shall possess the knowledge, skills, education, and training required by and shall comply with the following standards, as applicable to the dentist's permitted sc ope of practice:

(i) the ADA Use Guidelines;

(ii) the Pediatric Sedation Guidelines;

(iii) the ADA Sedation and General Anesthesia Policy Statement;

(iv) the AAOMS standards;

(v) the ASA standards; and

(vi) Section 58-1-510; and

(b) a dentist who practices facial cosmetic dentistry using the neurotoxin clostridium botulinum or an injectable dermal filler shall demonstrate competency by having successfully completed a minimum of eight hours of training that:

(i) is taught by properly trained and licensed individuals teaching within their scope of practice;

(ii) includes a hands-on component; and

(iii) includes the following topics:

(A) treatment for temporomandibular joint dysfunction;
(B) infection control; and
(C) risk factors for administration of neurotoxin clostrium botulinum and dermal fillers.

R156-69-301b. Dentist Anesthesia and Analgesia - Permit Qualification.

(1) Under Sections 58-1-510 and 58-69-802 and Subsection 58-69-301(4)(b), the qualifications and training and safety standards for each classification of dentist anesthesia and analgesia permit are established in this section.
(2) An applicant for a local anesthesia permit shall:
(a) hold current CPR or BCLS-BLS certification; and
(b) document successful completion of:
(i) training in the administration of nitrous oxide that conforms to the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines; or
(ii) continuing education training provided by an ADA accredit school that is the substantial equivalent of the training in Subsection (3)(b)(i).
(3) An applicant for a minimal sedation permit shall:
(a) hold current BCLS-BLD certification;
(b) hold a current Utah controlled substance license in good standing;
(c) hold a current Drug Enforcement Administration (DEA) registration in good standing;
(d) document successful completion of:
(i) training in the administration of nitrous oxide that conforms to the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines; or
(ii) continuing education training provided by an ADA accredited school that is the substantial equivalent of the training in Subsection (3)(d)(i); and
(e) document successful completion of:
(i) training in pharmacological methods of minimal sedation that conforms to the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines; or
(ii) continuing education training provided by an ADA accredited school that is the substantial equivalent of the training in Subsection (3)(e)(i).
(4) An applicant for a moderate sedation permit shall:
(a) hold current ACLS or PALS certification, except if engaging in pediatric dentistry, the applicant shall hold current PALS certification;
(b) hold a current Utah controlled substance license in good standing;
(c) hold a current Drug Enforcement Administration (DEA) registration in good standing; and
(d) document successful completion, as evidenced by a letter from the course director, of:
(i) comprehensive predoctoral or postdoctoral training in the administration of moderate sedation that:
(A) conforms to the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines;

(B) includes at least 60 hours of didactic education in sedation; and

(C) includes at least 20 sedation cases; or

(ii) continuing education training provided by an ADA accredited school that is substantial equivalent of the education and training in Subsection (4)(d)(i).

(5) An applicant for a deep sedation and general anesthesia permit shall:

(a) hold current ACLS or PALS certification, except if engaging in pediatric dentistry, the applicant shall hold current PALS certification;

(b) hold a current Utah controlled substance license in good standing;

(c) hold a current Drug Enforcement Administration (DEA) registration in good standing; and

(d) document successful completion, as evidenced by a letter from the program director, of at least one full-time year in a program of advanced postdoctoral training in the administration of deep sedation and general anesthesia, that conforms to:

(i) the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines; and

(ii) the ASA standards or the AAOMS standards.

R156-69-[~~203~~]301c. [~~Classification of~~]Dental Hygienist Anesthesia and Analgesia [~~Permits - Dental Hygienist~~] - Permit Classification.

[~~In accordance with~~]Under Subsections 58-69-102(7)(b) and 58-69-301(4)(a), a dental hygienist may be issued an anesthesia and analgesia permit in the classification of dental hygienist with local anesthesia.

R156-69-204. [~~Qualifications for~~]Dental Hygienist Anesthesia and Analgesia Permit[~~s - Dental Hygienist~~] Qualifications.

[~~In accordance with~~]Under Subsection 58-69-301(4)(b), the qualifications for a dental hygienist with local anesthesia permit are the following:

(1)(a) current Utah licensure as a dental hygienist; or

(b) documentation of meeting [~~all~~]Utah requirements for licensure as a dental hygienist;

(2) completion of a program of training in the administration of local anesthesia, including nitrous oxide, that:

(a)(i) is accredited by the CODA; or

(ii) is the substantial equivalent of Subsection (2)(a)(i) provided in a continuing education format by an ADA accredited school; and

(b) documentation of successful completion of the program by a letter from the program director, or equivalent; and

(3)(a) a passing score on the WREB, CDCA, or SRTA written anesthesia examination; or

(b) a current, active in good standing license to administer local anesthesia in another state in the United States; and

(4) current CPR or BCLS[~~/~~]-BLS certification.

R156-69-302b. Qualifications for Licensure - Examination Requirements - Dentist.

[~~In accordance with~~]Under Subsections 58-69-302(1)(e) and (f)[~~and (g)~~], an applicant for licensure as a dentist shall pass the [~~examination requirements for licensure as a dentist include the~~]periodontics, endodontics, operative, class 2 restoration, class 3 restoration, and prosthodontics sections [~~and are established as~~]of any of the following regional dental clinical licensure examinations:

(1) the WREB examination, with a passing score as established by the WREB;

(2) the CDCA examination, with a passing score as established by the CDCA;

(3) the SRTA examination, with a passing score as established by the SRTA;

(4) the CRDTS examination, with a passing score as established by the CRDTS; or

(5) the CITA examination, with a passing score as established by the CITA.

R156-69-302c. Qualifications for Licensure - Examination and Certification Requirements - Dental Hygienist.

[~~In accordance with~~]Under Subsections 58-69-302(3)(e) and (f)[~~and (g)~~], [~~the examination requirements for licensure~~]an applicant for licensure as a dental hygienist [~~are established as~~]shall pass the following examinations:

(1) any one of the following examinations:

(a) the WREB examination, with a passing score as established by the WREB;

([~~2~~]b) the [~~NERB~~]CDCA examination, with a passing score as established by the [~~NERB~~]CDCA;

([~~3~~]c) the SRTA examination, with a passing score as established by the SRTA;[~~or~~]

([~~4~~]d) the CRDTS examination, with a passing score as established by the CRDTS; or

(e) the CITA examination, with a passing score as established by the CITA: and

(2) the CPR-BLS or ACLS-PALS examination, as evidenced by current CPR-BLS or ACLS-PALS certification.

R156-69-303. Renewal Cycle - Procedures.

(1) [~~In accordance with~~]Under Subsection 58-1-308(1), the renewal date for the two-year renewal cycle [~~applicable to~~]for licensees under Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act is established [~~by rule~~]in Section R156-1-308a.

(2) Renewal procedures shall be in accordance with Sections R156-1-308[~~e~~]b through R156-1-308l.

R156-69-304a. Continuing Education and Certification - Dentist and Dental Hygienist.

[~~In accordance with~~](1) Under Section 58-69-304, [~~qualified continuing professional education requirements are established as follows: (1) All~~]each licensed dentist[~~s~~] and dental hygienist[~~s~~] shall complete at least 30 hours of qualified continuing professional education during each two-year licensure period, to include:

(a) for [~~class C anesthesia~~]a minimal sedation permit holder[~~s~~], at least two hours [~~of CPE~~]specific to the administration of enteral anesthesia[~~/~~]-pharmacology and minimal sedation;

(b) for [~~class D anesthesia~~]a moderate sedation permit holder[~~s~~]:

(i) at least four didactic hours specific to moderate sedation and anesthesia[~~-specific CPE didactic hours~~]; and

(ii) attestation of successful completion of at least ten sedation cases; and

(c) for [~~class E anesthesia~~]a deep sedation permit holder[~~s~~]:

(i) at least eight didactic hours specific to general anesthesia[~~-specific CPE didactic hours~~]; and

(ii) attestation of successful completion of at least 30 sedation cases.

(2) Under Subsections 58-1-203(1)(g) and 58-69-301(4), an applicant for renewal or reinstatement of licensure shall hold current CPR-BLS, ACLS, or PALS certification as required by the license and permit classification to qualify for reinstatement or renewal, but the applicant's recertification hours do not count toward the applicant's 30 required hours of continuing professional education.

([~~2~~]3) Qualified continuing professional education hours for licensees who have not been licensed for the entire two-year period shall be prorated from the date of licensure.

([~~3~~]4) Continuing education under this section shall:

(a) be relevant to the licensee's professional practice;

(b) be prepared and presented by individuals who are qualified by education, training, and experience to provide dental and dental hygiene continuing education; and

(c) have a method of verification of attendance and completion.

([~~4~~]5) Credit for continuing education shall be recognized as follows:

(a) unlimited hours for continuing education completed in blocks of time of not less than 50 minutes in formally established classroom courses, seminars, lectures, conferences, or training sessions [~~which meet the criteria listed in~~]that comply with Subsection [~~(3) above, and which~~](4) and are approved by, conducted by or under sponsorship of:

(i) a government agency, including the Division of [~~Occupational and~~]Professional Licensing;

(ii) recognized universities and colleges, or an accredited dental, dental hygiene, or dental postgraduate program;

(iii) professional associations, societies, and organizations representing a licensed profession whose program objectives relate to the practice of dentistry and dental hygiene; or

(iv) the ADA or any subgroup[~~thereof~~], the ADHA or any subgroup[~~thereof~~], a recognized health care professional association or a peer study club;

(b) a maximum of ten hours per two-year period may be recognized for teaching continuing education relevant to dentistry and dental hygiene;

(c) a maximum of 15 hours per two-year period may be recognized for continuing education that is provided [~~via Internet~~]online or through home study [~~which provides~~]with an examination and a completion certificate; and

(d) a maximum of three hours per two-year period may be recognized for continuing education in practice and office management.

([~~5~~]6) A licensee may fulfill up to 15% of the licensee's continuing professional education requirement by providing direct patient care volunteer services at a qualified location[~~, in accordance with~~] under Section 58-13-3. For every four documented hours of [~~such~~]volunteer services, the licensee may earn one hour of continuing education.[~~(6) Hours for recertification in CPR, BCLS, ACLS, and PALS may not count as continuing education.~~]

(7) A licensee shall maintain [~~competent records of the licensee's completed qualified continuing professional education for a period of four years after close of the two-year licensure period. It is the responsibility of the licensee to demonstrate that their continuing professional education meets the requirements of this section~~]documentation sufficient to prove compliance with this section for two years after the end of the renewal cycle for which the continuing professional education is due.

(8) The Division may defer or waive continuing professional education requirements for a licensee [~~as provided in~~]under Section R156-1-308d.

R156-69-502. Unprofessional Conduct.

"Unprofessional Conduct" includes the following:

(1) for any patient under any level of sedation, including nitrous oxide:

(a) failing to provide continuous in-operatory observation by a trained dental patient care staff member until the patient continuously and independently maintains their airway and may be safely discharged; or

(b) failing to record the discharge time and the person discharging the patient in the patient's records;

(2) under Subsections 58-69-502(1)(b) and (2), advertising or otherwise holding oneself out to the public as a dentist or dental group that practices in a specialty area[~~ unless~~], if:

(a) the dentist, or each dentist in the dental group, has not successfully completed an advanced educational program accredited by [~~the ADA's Commission on Dental Accreditation (or its equivalent if completed prior to 1967) of two or more years in length, as specified by the Council on Dental Education and Licensure~~]CODA;

(b) as specified in Subsection 58-69-502(2)(b), the advertisement or other method of holding oneself out to the public as a dentist or dental group [~~includes~~]does not include a prominent disclaimer under Subsection R156-69-102(41) that the dentist or dentists performing services are licensed as general dentists or that the specialty services:

(i) is or are licensed as general dentists or that the specialty services will be provided by a general dentist; or

([~~c~~]ii) [~~the advertisement or other method of holding oneself out to the public as a dentist or dental group that practices in a specialty area includes a prominent disclaimer that the dentist or dentists performing services a~~]is or are specialists, but not qualified as a specialist in the specialty area being advertised;[~~ or~~

~~(d) otherwise advertising in a specialty area by representing that a dentist has attained any education, training or certification in the specialty area when the dentist has not met the criteria;~~]

(3) advertising in any form that is misleading, deceptive, or false[~~,~~], including the display of any credential, education, or training that is inaccurate, or [~~the~~]making [~~of~~]any unsubstantiated claim of superiority in education, certification, training, skill, experience, or any other quantifiable aspect;

(4) prescribing treatments and medications outside the scope of dentistry;

(5) prescribing for oneself any Schedule II or III controlled substance;

(6) engaging in practice as a dentist or dental hygienist without prominently displaying a copy of the current Utah license;

(7)(a) failing to personally maintain current CPR, BCLS[~~/~~]-BLS, ACLS, or PALS certification as required by the licensee's anesthesia permit; or

(b) employing patient care staff who fail to maintain current CPR or BCLS[~~/~~]-BLS certification;

(8) providing consulting or other dental services under anonymity;

(9) engaging in unethical or illegal billing practices or fraud, including:

(a) reporting an incorrect treatment date for [~~the purpose of~~]obtaining payment;

(b) reporting charges for services not [~~rendered~~]provided;

(c) incorrectly reporting services [~~rendered~~]provided for [~~the purpose of~~]obtaining payment; or

(d) generally representing a charge to a third party that is different from that charged to the patient;

(10) failing to establish and maintain appropriate dental records;

(11) failing to maintain patient records for [~~a period of~~]seven years;

(12) failing to provide copies of x-rays, reports or records to a patient or the patient's designee upon written request and payment of a nominal fee for copies, regardless of the payment status of the services [~~reflected~~]in the record;[~~and~~

~~(13) failing to submit a complete report to the Division within 30 calendar days concerning an incident, in which any anesthetic or sedative drug was administered to any patient, which resulted in, either directly or indirectly, the death or adverse event resulting in patient admission to a hospital; and~~]

([~~14~~]13) failing to discuss the risks of using an opiate with a patient or the patient's guardian before issuing an initial opiate prescription in accordance with Section 58-37-19;

(14) violating Section R156-69-301a or R156-69-301b; or

(15) for a dental hygienist working a public health setting, violating Subsection 58-69-801(4).[

~~**R156-69-601. Scope of Practice - Anesthesia and Analgesia Permits.**~~

~~In accordance with Subsection 58-69-301(4)(a), the scope of practice permitted under each classification of anesthesia and analgesia permit includes the following:~~

~~(1) A dentist with a class A permit may administer, or supervise the administration of, minimal sedation using local anesthesia in compliance with the ADA Use Guidelines.~~

~~(2) A dentist with a class B permit:~~

~~(a) may exercise all of the privileges of a Class A permit; and~~

~~(b) administer, or supervise the administration of, nitrous oxide induced minimal sedation in compliance with the ADA Use Guidelines.~~

~~(3) A dentist with a class C permit:~~

~~(a) may exercise all of the privileges of a Class B permit; and~~

~~(b) may administer, or supervise the administration of, minimal sedation via nitrous oxide/oxygen with or without the administration of a single enteral drug in compliance with the ADA Use Guidelines.~~

~~(4) A dentist with a class D permit:~~

~~(a) may exercise all of the privileges of a Class C permit;~~

~~(b) may administer, or supervise the administration of, moderate sedation in compliance with the ADA Use Guidelines; and~~

~~(c) shall comply with Section 58-69-502.5 if administering sedation or anesthesia intravenously in an outpatient setting that is not an emergency department.~~

~~(5) A dentist with a class E permit:~~

~~(a) may exercise all of the privileges of a Class D permit;~~

~~(b) may administer, or supervise the administration of, general anesthesia or deep sedation in compliance with the ADA Use Guidelines; and~~

~~(c) shall comply with Section 58-69-502.5 if administering sedation or anesthesia intravenously in an outpatient setting that is not an emergency department.~~

~~(6) A dentist who practices facial cosmetic dentistry utilizing the neurotoxin clostridium botulinum or injectable dermal fillers shall demonstrate competency by completing a minimum of eight hours of PACE or CERP training, which shall include a hands-on component.~~

~~R156-69-602. Practice of Dental Hygiene.~~

~~In accordance with Subsection 58-69-102(6)(a)(ix), other practices of dental hygiene include performing:~~

~~(1) laser bleaching; and~~

~~(2) laser periodontal debridement.~~]

R156-69-603. Use of Unlicensed Individuals as Dental Assistants.

[~~In accordance with~~]Under Section 58-69-803, the standards regulating the use of unlicensed individuals as dental assistants are that an unlicensed individual [~~shall~~]may not, under any circumstance:

(1) [~~render~~]provide definitive treatment diagnosis;

(2) place, condense, carve, finish, or polish restorative materials, or perform final cementation;

(3) cut hard or soft tissue or extract teeth;

(4) remove stains, deposits, or accretions, except as is incidental to polishing teeth coronally with a rubber cup;

(5) initially introduce nitrous oxide and oxygen to a patient for [~~the purpose of~~]establishing and recording a safe plane of analgesia for the patient, except under the direct supervision of a licensed dentist after a baseline percentage and flow rate suitable for the patient is

established and documented by a licensed dentist holding the appropriate permit;

(6) remove bonded materials from [~~the~~]teeth with a rotary dental instrument or use any rotary dental instrument within the oral cavity, except to polish teeth coronally with a rubber cup;

(7) take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, including electronic imaging, except for diagnostic or opposing models for the fabrication of temporary or provisional restorations or appliances;

(8) correct or attempt to correct the malposition or malocclusion of teeth, or make an adjustment that will result in the movement of teeth upon an appliance [~~which~~]that is worn in the mouth;

(9) perform sub-gingival instrumentation;

(10) [~~render~~]provide decisions concerning the use of drugs, including their dosage or prescription;

(11) expose radiographs without meeting the following [~~criteria~~]qualifications:

(a) completing a dental assisting course accredited by the ADA Commission on Dental Accreditation; or

(b) passing one of the following examinations:

(i) the DANB Radiation Health and Safety Examination (RHS); or

(ii) a radiology exam approved by the Board that [~~meets the criteria established~~]covers the topics in Section R156-69-604;

(12) work without a current CPR or BCLS certification;[~~ or~~]

(13) provide injection[~~s~~] of any substance;

(14) start an intravenous (IV) line or administer medication in an IV line;

(15) convert a denture into a fixed implant prosthesis, also known as performing a conversion; or

(16) adjust a permanent or final prosthetic, removable or fixed, that is worn by a patient or will be worn by a patient.

R156-69-604. Radiology Course for Unlicensed Individuals as Dental Assistants.

[~~In accordance with~~]Under Section 58-69-803 and Subsection 58-54-306(2), the radiology course in Subsection R156-69-603(11) shall include radiology theory consisting of:

(1) orientation to radiation technology;

(2) terminology;

(3) radiographic dental anatomy and pathology - [~~(~~]cursory[~~)~~];

(4) radiation physics - [~~(~~]basic[~~)~~];

(5) radiation protection to patient and operator;

(6) radiation biology including interaction of ionizing radiation on cells, tissues and matter;

(7) factors influencing biological response to cells and tissues to ionizing radiation and cumulative effects of x-radiation;

(8) intraoral and extraoral radiographic techniques;

(9) processing techniques including proper disposal of chemicals;

(10) infection control in dental radiology; and

(11) use of portable and handheld x-ray devices.

R156-69-807. Teledentistry Requirements and Parameters.

Under Subsections 58-69-802(2) and 58-69-807(4), the requirements and parameters for teledentistry to ensure the safe use of teledentistry are established in Title 26, Chapter 60, Telehealth Act and Sections R156-1-602 and R156-1-603.

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