

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT
REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Administrative Rules of the Board of Dental Examiners

_____/s/ Sarah Copeland Hanzas_____, on 4/16/2025
(signature) (date)

Printed Name and Title:

Sarah Copeland Hanzas
Secretary of State

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

1. TITLE OF RULE FILING:

Administrative Rules of the Board of Dental Examiners

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

24P044

3. ADOPTING AGENCY:

Secretary of State, Office of Professional Regulation

4. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Emily Tredeau, Esq.

Agency: Office of Professional Regulation

Mailing Address: 89 Main St., 3rd Fl., Montpelier, VT 05602

Telephone: 802-828-1505 Fax:

E-Mail: emily.b.tredeau@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<https://sos.vermont.gov/dental-examiners/statutes-rules-resources/>

5. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Gina Hruban

Agency: Office of Professional Regulation

Mailing Address: 89 Main St., 3rd Fl., Montpelier, VT 05602

Telephone: 802-828-1505 Fax:

E-Mail: gina.hruban@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

3 V.S.A. § 123.

8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

26 V.S.A. § 582(3) authorizes the Board of Dental Examiners, within the Secretary of State's Office of Professional Regulation, to adopt rules as necessary to carry out the regulation of the dental professions, as specified by the other rules in the above answer to question #6. In addition, 26 V.S.A. §§ 561, 601, 602, 611, 612, 623, 624, 642, and 661.

9. THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.

10. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.

11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.

12. THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.

13. THE AGENCY HAS INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.

14. CONCISE SUMMARY (150 WORDS OR LESS):

These rules generally update standards for dentists, dental hygienists, and dental assistants. The standards specify scope of practice and licensing standards for dental therapists (a new license type since the last rule update), and for public-health dental hygienists; update practice requirements for the use of anesthesia; incorporate fast-track licensure and uniform processes for licensure of internationally educated dentists; creates standards for the use of new non-invasive techniques by dental hygienists.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

Updating the rule is necessary for regulation of dental professionals to keep pace with their education and new developments in the field. In addition, in 2023 the Vermont General Assembly adopted Act 77, which permits the use of non-invasive caries therapy by public-health hygienists in public-health settings such as schools

and prisons. By statute, this practice will be authorized only upon adoption of rules governing the practice.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The Rules are not arbitrary, as that term is defined in 8 V.S.A. § 801(b)(13)(A), because there are factual bases for the decision to regulate dental professionals consistent with new developments in the field and to permit the use of non-invasive techniques. Those non-invasive techniques may not be used by dental hygienists in public-health settings until relevant rules are promulgated, per Act 77. The decision to adopt such rules, so that such practice may commence, would make sense to the reasonable person. It would also make sense to a reasonable person to adopt rules reflecting changes in dental practice since the last dental rule promulgation.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Vermont Department of Health, Department of Vermont Health Access, dentists, dental therapists, dental hygienists, dental assistants, Vermont State Dental Society, Vermont Dental Hygienists Association, University of Vermont Dental Residency Program, Vermont State University, dental schools, patients of dental offices, individuals without access to traditional dental offices, current students of the dental professions, graduates of dental programs seeking licensure in Vermont.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

No added costs are anticipated to accrue beyond the current costs to dental practices, professionals, and educational programs of compliance with existing dental regulations.

There are no direct savings associated with this rule. There may be indirect savings to patients and health systems through the expansion of public-health hygienists' scope of practice to include non-invasive caries treatment. There may also be indirect savings to dental practices, and therefore to their patients and to health systems, from allowing dental hygienists and

dental assistants to perform certain activities as soon as they are competent to do so, instead of waiting for a fixed amount of time as required by the current rules.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 12/3/2024

Time: 02:00 PM

Street Address: Office of Professional Regulation Board
Room, 89 Main St., 3rd Fl., Montpelier, VT

Zip Code: 05667

URL for Virtual: MS Teams at <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> Meeting ID: 280 101 242 854 Passcode: Szjm4w Dial in by phone +1 802-828-7667,,6079543#, conference ID: 607 954 3#

Date: 12/5/2024

Time: 06:00 PM

Street Address: Office of Professional Regulation Board
Room, 89 Main St., 3rd Fl., Montpelier, VT

Zip Code: 05667

URL for Virtual: MS Teams at <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> Meeting ID: 280 004 090 778 Passcode: kq7rR9 Dial in by phone +1 802-828-7667,,295727414#, conference ID: 295 727 414#

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

12/12/2025

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Dental

Dentist

Dental hygienist

Dental assistant

Dental therapist

Dentistry

Oral health

Silver diamine fluoride

SMART

Silver modified atraumatic technique

SDF

Dental education

Professional regulation

Licensing

License

Office of professional regulation

Board of Dental Examiners

Scope of practice

Teeth

Tooth

Caries

Anesthesia

Nitrous oxide

Radiography

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

Administrative Rules of the Board of Dental Examiners

2. ADOPTING AGENCY:

Secretary of State, Office of Professional Regulation

3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):

09-042, Rules of the Board of Dental Examiners, January 15, 2010.

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

Administrative Rules of the Board of Dental Examiners

2. ADOPTING AGENCY:

Secretary of State, Office of Professional Regulation

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Vermont Department of Health, Department of Vermont Health Access, dentists, dental therapists, dental hygienists, dental assistants, Vermont State Dental Society, Vermont Dental Hygienists Association, University of Vermont Dental Residency Program, Vermont State University, dental schools, patients of dental offices, individuals without access to traditional

dental offices, current students of the dental professions, and graduates of dental programs seeking licensure in Vermont will be affected.

No new costs are anticipated to result from this rule.

Individuals in public-health settings who rely on public-health hygienists for dental care will be able to access non-invasive caries treatment. This could conceivably result in savings to individuals and Medicaid through the avoidance of sequelae of untreated caries. OPR does not have the data to calculate how many public-health-setting patients would be able to access early caries treatment as a result of this rule, or of the total savings that could result.

The current rule, which this rule is replacing, contains rigid time-based prerequisites for dental hygienists and dental assistants to engage in certain activities. This rule instead allows for individualized determinations of competence to engage in those activities. Conceivably, this flexibility could reduce costs to dental offices and, indirectly, their patients, by allowing dental offices' existing staff to perform a greater range of activities earlier in their practice. OPR does not have the data to estimate what these savings, if any, would be.

4. IMPACT ON SCHOOLS:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

There will be no costs to schools associated with this rule. Public schools participating in the 802 Smiles program of the Vermont Department of Health will benefit indirectly from this rule because their students will gain access to in-school caries treatment by public-health hygienists. OPR is not able to quantify this indirect benefit.

5. **ALTERNATIVES:** *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

There will be no costs to local school districts to ameliorate.

6. **IMPACT ON SMALL BUSINESSES:**

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

Dental offices are the small businesses that this rule will affect. This rule codifies fast-track endorsement for dentists, dental therapists, and dental hygienists, and creates an alternative to the clinical exam for dentists in the form of a one-year postgraduate clinical residency. These additional pathways to licensure have the potential to ease small businesses' staff recruitment efforts by increasing the number of licensed or license-eligible professionals in the state.

We do not anticipate any added costs of compliance with this rule beyond those of compliance with the preexisting rule it is replacing.

7. **SMALL BUSINESS COMPLIANCE:** *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

There are no new costs to reduce.

8. **COMPARISON:**

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

There are no separate requirements for small businesses because this rule is already primarily about small businesses--i.e., dental offices.

The impact of having no rule governing the practice of dentistry would be either no licensure of dental professionals (because the statute relies on OPR to create and enforce professional standards) or freewheeling unlicensed practice of dentistry. The

result either way would be less public protection in a medical profession where there is significant risk to the public posed by unskilled practice.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

No quantitative analysis was conducted because no costs are anticipated.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

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2. ADOPTING AGENCY:

Secretary of State, Office of Professional Regulation

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

This rule has no anticipated impact on the emission of greenhouse gas.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*

This rule has no anticipated impact on water.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

This rule has no anticipated impact on land.

6. **RECREATION:** *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*

This rule has no anticipated impact on recreation in the state.

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

This rule has no anticipated impact on the climate in the state.

8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

This rule has no anticipated impact on other aspects of Vermont's environment.

9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The nature of this rule is such that there is no rational nexus to environmental or resource outcomes.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

Administrative Rules of the Board of Dental Examiners

2. ADOPTING AGENCY:

Secretary of State, Office of Professional Regulation

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

In addition to online posting and publication in newspapers of record, it is the agency's practice to email notice and invitation to comment to each person actively licensed in the field--in this case, all dentists, dental therapists, dental hygienists, and dental assistants. We also make direct contact with known stakeholder groups and key contacts whose officers may not be licensees. We have already solicited and received extensive input from the Vermont State Dental Society, Vermont Dental Hygienists Association, Vermont Department of Health, Department of Vermont Health Access, University of Vermont Dental Residency Program, and Vermont State University. Additionally, well-attended open meetings of the Board of Dental Examiners feature ongoing discussion of rule development, including real-time drafting in exacting detail, and progress through the APA rulemaking process.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

Vermont Dental Hygienists Association, Vermont Department of Health, Department of Vermont Health Access, University of Vermont Dental Residency Program, and Vermont State University, and any licensees who choose to respond to the invitation to comment in writing or at public hearings.

Incorporation by Reference

THIS FORM IS ONLY REQUIRED WHEN INCORPORATING MATERIALS BY REFERENCE. PLEASE REMOVE PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:

Instructions:

In completing the incorporation by reference statement, an agency describes any materials that are incorporated into the rule by reference and how to obtain copies.

This form is only required when a rule incorporates materials by referencing another source without reproducing the text within the rule itself (e.g., federal or national standards, or regulations).

Incorporated materials will be maintained and available for inspection by the Agency.

1. TITLE OF RULE FILING:

Administrative Rules of the Board of Dental Examiners

2. ADOPTING AGENCY:

Secretary of State, Office of Professional Regulation

3. DESCRIPTION (*DESCRIBE THE MATERIALS INCORPORATED BY REFERENCE*):

Vermont state statutes and rules; professional ethical codes

4. FORMAL CITATION OF MATERIALS INCORPORATED BY REFERENCE:

Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005

Office of Professional Regulation Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, CVR 04-030-013

American Dental Association Principles of Ethics and Code of Conduct

American Dental Hygienists Association Code of Ethics

American Dental Assistants Association Principles of Ethics and Code of Professional Conduct

American Dental Assistants Association Guidelines for the Use of Sedation and General Anesthesia by Dentists

(2016)

American Dental Assistants Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2021)

American Academy of Pediatric Dentistry's Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures (2019)

5. **OBTAINING COPIES:** *(EXPLAIN WHERE THE PUBLIC MAY OBTAIN THE MATERIAL(S) IN WRITTEN OR ELECTRONIC FORM, AND AT WHAT COST):*

<http://www.lexisnexis.com/hottopics/codeofvtrules/>

<https://www.ada.org/about/principles/code-of-ethics>

[https://www.adha.org/wp-](https://www.adha.org/wp-content/uploads/2023/01/ADHA_Bylaws_Code_of_Ethics_FY22.pdf)

[content/uploads/2023/01/ADHA_Bylaws_Code_of_Ethics_FY22.pdf](https://www.adha.org/wp-content/uploads/2023/01/ADHA_Bylaws_Code_of_Ethics_FY22.pdf)

<https://adaausa.org/about/about-adaa/>

<https://www.ada.org/resources/ada-library/oral-health-topics/anesthesia-and-sedation>

https://www.aapd.org/globalassets/media/policies_guidelines/bp_monitoringsedation.pdf

6. **MODIFICATIONS** *(PLEASE EXPLAIN ANY MODIFICATION TO THE INCORPORATED MATERIALS E.G., WHETHER ONLY PART OF THE MATERIAL IS ADOPTED AND IF SO, WHICH PART(S) ARE MODIFIED):*

None

Run Spell Check

Administrative Rules of the Board of Dental Examiners

Part 1: Definitions and Clarification of Terms

1-1 “AAOMS” means the American Association of Oral and Maxillofacial Surgeons.

1-2 “Active practice” means engaging in licensed activities, while lawfully authorized to do so in the jurisdiction of practice, and may include services to patients in any environment, including traditional clinical practice, military service, and volunteer work; supervising clinical practice; acting as dental educator; providing dental health education; or participating in residency programs in ADA-recognized board specialties.

1-3 “ADBA” means the American Dental Board of Anesthesiology.

1-4 “ADA” means the American Dental Association.

1-5 “Board,” when capitalized, means the Vermont Board of Dental Examiners, except where unambiguously used in the proper name of a different board.

1-6 “CDCA” means the Commission on Dental Competency Assessment.

1-7 “CODA” means Commission on Dental Accreditation of the American Dental Association.

1-8 “CITA” means Council of Interstate Testing Agencies.

1-9 “CPR Course” and “Training in CPR” mean:

- (a) a program of education in cardiopulmonary resuscitation that is provided by a DANB-approved CPR provider and requires a hands-on examination; or
- (b) training in cardiopulmonary resuscitation, as demonstrated by current licensure with the Vermont Department of Health as an emergency medical technician, advanced emergency medical technician, or paramedic.

1-10 “CRDTS” means Central Regional Dental Testing Service.

1-11 “DANB” means the Dental Assisting National Board.

1-12 “Direct Supervision” means supervision by a dentist or dental therapist who is readily available at the dental facility for consultation or intervention. The term is distinguished from “general supervision.”

1-13 “Director” means the Director of the Office of Professional Regulation.

Administrative Rules of the Board of Dental Examiners

1-14 “Emergency Office Procedures Course” means a Board-approved training course of at least 2 hours, consistent with current curricula in CODA-accredited schools, in identification and management of conditions that may result in medical emergencies in the course of dental care.

1-15 “General Supervision” means supervision by a dentist or dental therapist who is readily available for consultation, including by telephone or videoconference. The term is distinguished from “direct supervision.”

1-16 “Maximum Recommended Dose” means the FDA maximum recommended dose of a drug as printed on the FDA-approved labeling for unmonitored home use.

1-17 “Office” means the Office of Professional Regulation.

1-18 “SDF” means silver diamine fluoride.

1-19 “SMART” means silver modified atraumatic restorative technique.

1-20 “SRTA” means the Southern Regional Testing Agency.

1-21 “Specialty,” except in the phrase “dental specialty certifying board,” means a supplemental Board-issued credential authorizing a licensee to undertake defined practices not otherwise within the scope of the primary license. “Specialty” is synonymous with “special endorsement.”

1-22 “Titration” means the administration of incremental doses of a drug until a desired effect is reached. One must know whether the previous dose has taken full effect before administering an additional drug increment.

1-23 “United States jurisdiction” means a governmental licensing authority, other than the State of Vermont or any subdivision thereof, having authority in any of the fifty United States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands.

1-24 “WREB” means the Western Regional Examining Board.

Administrative Rules of the Board of Dental Examiners

Part 2: Administration

2-1 Applicable Law. The practice of dentistry is defined and regulated under 26 V.S.A. ch. 12. The Director administers licensure consistent with these and other Vermont laws, including the Administrative Procedure Act, 3 V.S.A. ch. 25; the Public Records Act, 1 V.S.A. § 315 *et seq.*; and the Laws of Professional Regulation, 3 V.S.A. § 121 *et seq.*

2-2 Military Service. The Office offers special procedures to ensure recognition of education, training, or service completed by a member of the U.S. Armed Forces toward the requirements of professional licensure. Expedited processing may be available for the spouse of a member of the U.S. Armed Forces who has been subject to a military transfer to Vermont. See the Office website for details.

Part 3: Procedures

3-1 Applications. Applications for licensure must be made through an online licensing system linked from the Office website.

- (a) Incomplete applications will not be processed. Applications are complete only when all required questions have been answered fully, all attestations made, all required documentation and materials provided, and all fees paid.
- (b) When the Board denies or intends to deny an application, notice stating the reasons for the action shall be given to the applicant by certified mail and email. The applicant shall have 30 days to appeal or petition for review, as provided in 3 V.S.A. §§ 129, 130a.
- (c) The Office may refuse to accept any application that is redundant with a denied or in-process application.
- (d) Applications are valid only for 6 months from the date they were initially submitted.

3-2 Complaints. Complaints against licensees, applicants for licensure, or persons practicing without a license may be submitted through the Office website.

3-3 Contested Cases. Procedures in contested cases relating to licensure or discipline are governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

Administrative Rules of the Board of Dental Examiners

3-4 Conflict of Standards. Where a standard in statute conflicts with a standard in rule, the standard that is most protective of the public shall govern. 3 V.S.A. § 129a(e).

3-5 Determination of Equivalency. Where the Board is permitted by law to accept training or experience as equivalent to a fixed standard, the applicant bears the burden to produce credible, clear, and convincing evidence of equivalence. The Board has no obligation to research the bona fides of any institution, program, course, degree, certification, practicum, fellowship, or examination and may resolve all inferences in favor of withholding a credential, approval, or recognition.

3-6 Waiver or Variance. The Board will not grant routine waivers or variances from any provisions of its rules without amending the rules. 3 V.S.A. § 845. Where, in extraordinary circumstances, application of a rule would result in manifest unfairness, an absurd result, unjustifiable inefficiency, or an outcome otherwise contrary to public health, safety, and welfare, the Board may, upon written request of an interested party, find that waiver is or is not appropriate and may impose particular conditions and limitations. The decision and its justification shall be recorded in writing. This rule does not create any hearing or appeal right or cause of action.

3-7 Pro Bono Service. A person otherwise eligible for a license or registration issued under these rules, whose practice in this State will be limited to providing pro bono services at a free or reduced-fee clinic or similar setting approved by the Board, may be credentialed at no fee. 26 V.S.A. § 662(b). A pro-bono license or registration shall be used only in the setting or settings for which it is approved and shall not authorize practice elsewhere.

Part 4: Dentists

4-1 Eligibility. To be eligible for licensure as a dentist, a person must:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) pass the Vermont Statutes and Rules Exam for dentists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

Administrative Rules of the Board of Dental Examiners

4-2 Licensure by Examination. To qualify by examination, an applicant must:

(a) demonstrate qualifying education, meaning:

- (1) a dental degree (D.D.S. or D.M.D.) from a CODA-accredited school of dentistry or dental college, including schools and colleges reciprocally accredited by the Commission on Dental Accreditation of Canada;
- (2) a dental degree or certificate from a program of dental education outside the United States, and a degree from a CODA-accredited postgraduate program, of at least 1 year's duration, acceptable to the Board on the basis that it admits and graduates persons with appropriate training in general dentistry; or
- (3) an education determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited D.D.S. or D.M.D.; and

(b) have passed:

- (1) the National Board Dental Examination (NBDE) Parts I and II;
- (2) the Integrated National Board Dental Examination (INDBE); or
- (3) the written examination of the National Dental Examining Board of Canada; and

(c) have either:

- (1) passed every required part of at least 1 of the following clinical examinations:
 - (A) the American Dental Licensing Examination (ADEX), administered by CDCA or CITA, not including the optional periodontal exam;
 - (B) CRDTS;
 - (C) SRTA;
 - (D) WREB, if examined prior to July 1, 2020;
 - (E) another regional or national clinical examination approved by the Board before the examination is taken; or
 - (F) the certifying examinations of a clinical dental specialty certifying board recognized by the ADA; or
- (2) completed at least 1 year of graduate dental training in a CODA-accredited clinical training program, provided that the applicant's

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supervising dentist attests to the applicant's competency in all areas tested on the CDCA.

4-3 Licensure by Endorsement. A dentist licensed in good standing in another jurisdiction may qualify based on any of the following:

- (a) Equivalency Endorsement.** Licensure as a dentist in a United States or Canadian jurisdiction with requirements substantially equivalent to those of this State. Such an applicant must be a graduate of a CODA-accredited dental college, including colleges reciprocally accredited by the Commission on Dental Accreditation of Canada. Applicants licensed in the jurisdiction of origin for more than 2 years must demonstrate active practice equivalent to that required for Vermont license renewal.
- (b) Fast-track Endorsement from United States Jurisdictions.** Licensure as a dentist in a United States jurisdiction, regardless of that jurisdiction's licensing requirements, with 3 years of practice in good standing.
- (c) 5-year Endorsement from Canadian jurisdictions.** Licensure as a dentist in a Canadian jurisdiction, regardless of that jurisdiction's licensing requirements, with 5 years of practice in good standing, including at least at least 1,200 hours of practice per year.

4-4 Scope of Practice. The scope of practice of a licensed dentist is set out at 26 V.S.A. § 561.

4-5 Supervision and Delegation. A dentist may delegate dental tasks to persons qualified by training, education, experience, and licensure. Dentists are responsible for the general supervision and, where required, direct supervision of dental hygienists. Dentists are also responsible for the direct supervision of dental assistants.

4-6 Non-delegable Tasks. A dentist may not delegate:

- (a)** surgical procedures; or
- (b)** except as permitted of dental therapists in Part 5:
 - (1) any intraoral procedure that results in an irreversible change to the oral anatomy, other than debridement, SDF, SMART; or
 - (2) definitive diagnosis, treatment planning, prescribing drugs, or authorizing restorative, prosthodontic, or orthodontic appliances.

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Part 5: Dental Therapists

5-1 Eligibility. To be eligible for licensure as a dental therapist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental therapists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

5-2 Licensure by Examination. To be eligible for licensure as a dental therapist by examination, an applicant shall:

- (a) hold a Vermont dental hygienist license in good standing;
- (b) hold a degree from:
 - (1) a CODA-accredited dental therapist educational program; or
 - (2) a program determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental therapist educational program; and
- (c) successfully complete the CDCA or CRDTS clinical examination for dental therapists. An applicant who has failed the clinical examination twice may retake the examination only after successful completion of 1 or more appropriate clinical courses within a CODA-accredited dental therapy program, at the discretion of the Board.

5-3 Licensure by Endorsement. A dental therapist licensed in good standing in another jurisdiction may qualify based on either:

- (a) **Equivalency Endorsement.** Licensure as a dental therapist in a United States or Canadian jurisdiction that has requirements substantially, with at least 800 hours of practice as a dental therapist; or
- (b) **Fast-track Endorsement.** Licensure as a dental therapist in a United States jurisdiction, regardless of that jurisdiction's licensing requirements, with 3 years of practice in good standing.

5-4 Duplicate Licensure Unnecessary. A person licensed as a dental therapist under this section shall not be required to maintain a dental hygienist license in order to practice as a dental hygienist. 26 V.S.A. § 611(d).

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5-5 Collaborative Agreement Required. Dental therapists may practice only under a collaborative agreement that meets the requirements of 26 V.S.A. § 614. The supervising dentist must meet all the requirements of 26 V.S.A. § 614(c). A licensed dental therapist must maintain a copy of the collaborative agreement and provide it to the Office upon request.

5-6 Scope of Practice. The scope of practice of a licensed dental therapist is set out at 26 V.S.A. § 613.

Part 6: Dental Hygienists

6-1 Eligibility. To be eligible for licensure as a dental hygienist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed an emergency office procedures course and a CPR course within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental hygienists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

6-2 Licensure by Examination. To qualify by examination, an applicant shall:

- (a) do one of the following:
 - (1) complete a program of dental hygiene that is
 - (A) CODA-accredited, including programs reciprocally accredited by the Commission on Dental Accreditation of Canada; or
 - (B) determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental hygiene educational program;
 - (2) be licensed as a dentist in a non-United States jurisdiction with at least 5 years of practice in good standing; or
 - (3) complete at least 4 semesters at a CODA-accredited dental school; and
- (b) pass the National Board Dental Hygiene Examination or the Canadian National Dental Hygiene Certification Examination; and
- (c) successfully complete a clinical examination for dental hygienists offered by CDCA, CRDTS, WREB, CITA, SRTA, or one of their successor organizations.

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6-3 Licensure by Endorsement. A dental hygienist licensed in good standing in another jurisdiction may qualify based on:

- (a) **Equivalency Endorsement.** Licensure as a dental hygienist in a United States or Canadian jurisdiction with substantially equivalent requirements to those of this State; or
- (b) **Fast-track Endorsement.** Licensure as a dental hygienist in any United States jurisdiction, with 3 years of practice in good standing.

6-4 Dental Hygienist Practice.

- (a) **Scope of practice.** The scope of practice of a dental hygienist is established through their education and by agreement with the supervising dentist or dental therapist and may include:
 - (1) oral prophylaxis;
 - (2) oral debridement;
 - (3) periodontal descriptions and charting, including periodontal probing and placement of supra- and subgingival chemotherapeutic agents;
 - (4) exposure of radiographs;
 - (5) application of sealants;
 - (6) application of silver diamine fluoride;
 - (7) oral health screening and pre-diagnostic examination;
 - (8) use of periodontal lasers for pocket debridement;
 - (9) acquisition of impressions or images;
 - (10) temporary replacement of crowns; and
 - (11) such other dental practices as are generally accepted as appropriate for delegation based on the training, education, and experience of the hygienist.
- (b) **Location.** A dental hygienist, other than a public-health hygienist practicing under Part 6-5, may practice only in the office of a licensed dentist or dental therapist.
- (c) **Local Anesthesia.** A dental hygienist shall not administer local anesthesia unless the hygienist holds a local anesthesia specialty under Part 9-1 and is supervised directly by a dentist or, if permitted by the dental therapist's collaborative practice agreement, by a dental therapist.
- (d) **Nitrous oxide.** A dental hygienist shall not initiate or discontinue nitrous oxide unless the hygienist holds a nitrous oxide specialty under Part 9-2.

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(e) **SMART.** A dental hygienist, other than a public-health hygienist practicing under Part 6-5, may employ SMART only if the hygienist:

- (1) has received training in SMART from either:
 - (A) a CODA-accredited institution; or
 - (B) a program approved by the Vermont Department of Health under Part 6-5(c), below; and
- (2) is directly supervised by a dentist or dental therapist.

6-5 Guidelines for Public-Health Hygienists. A hygienist with at least 3 years of experience may establish a general supervision agreement with a licensed dentist authorizing out-of-office practice in settings recognized as appropriate by the Board or the Vermont Department of Health. A hygienist so practicing is a public-health hygienist. A public-health hygienist must maintain a copy of the general supervision agreement and provide it to the Office upon request.

(a) **Public-health orientation.** A general supervision agreement under this Rule shall be oriented toward the goals of:

- (1) maximizing the availability of competent and appropriate dental-health education, screening, and care to every Vermonter; and
- (2) matching each patient with a dental home, meaning an ongoing relationship with a dentist or dental therapist through which the patient can expect continuously accessible, consistent, and coordinated care across the continuum of the patient's dental health needs.

(b) **Silver Diamine Fluoride (SDF).** A public-health hygienist who has completed an SDF training course approved by the Vermont Department of Health may employ SDF after completing a visual inspection of the teeth and documenting all relevant findings if:

- (1) inspection shows suspected caries;
- (2) there appears an immediate need for care for which SDF is indicated;
- (3) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and
- (4) the patient or parent or guardian of the patient has executed a Board-approved, SDF-specific informed consent form advising that follow-up care should be obtained from a dentist or dental therapist, or from a public-health hygienist authorized to perform SMART.

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(c) Silver Modified Atraumatic Restorative Technique (SMART). A public-health hygienist who has completed a SMART training course approved by the Vermont Department of Health may employ SMART under the following principles:

- (1) General supervision agreements between public-health hygienists and dentists may, but are not required to, address the use of telehealth for visual diagnosis of suspected caries.
- (2) Public-health hygienists performing SMART should always emphasize the education of patients, parents, and caregivers on the means and importance of prevention techniques.
- (3) Prior to placing SMART, a public-health hygienist must complete a visual inspection of the teeth and document all relevant findings. SMART may be applied if:

- (A) inspection shows suspected caries in an asymptomatic tooth without apparent pulpal exposure;
- (B) there appears an immediate need for care for which SMART is indicated;
- (C) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and
- (D) the patient or parent or guardian of the patient has executed a Board-approved, SMART-specific informed consent form advising that a follow-up evaluation should be obtained from a dentist or dental therapist.

(d) Nothing in these Rules shall restrict the use of SDF or SMART by a dental hygienist working in a dental office under Part 6-4, above.

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Part 7: Dental Assistants

7-1 Registration. No person shall practice in this State as a dental assistant unless registered with the Board. Registrations are available in 2 categories:

- (a) Traditional.** A traditional dental assistant registration may be issued to an eligible applicant who is not DANB-certified. A traditional dental assistant may not place sealants or engage in coronal polishing unless the supervising dentist has personally verified the assistant's ability to competently perform those tasks. A traditional dental assistant may place SDF if appropriately trained.
- (b) Certified.** A certified dental assistant registration may be issued to an eligible applicant who is DANB-certified.

7-2 Education required. Within 2 years before or 6 months after initial registration, a dental assistant must complete courses of at least 2 hours each in CPR and emergency office procedures. A dental assistant shall provide documentation of completing this course to the Office upon request. Continued practice after 6 months of initial registration, if this requirement is not satisfied, is unauthorized practice under 3 V.S.A. § 127.

7-3 Transition. A traditional dental assistant who becomes DANB certified must apply for registration as a certified dental assistant. DANB certification alone does not upgrade the registration.

7-4 Scope of Practice and Supervision. The scope of a dental assistant's practice is determined by an individual agreement with a supervising dentist or dental therapist, based on the assistant's education and experience. All intraoral dental tasks require direct supervision by a dentist. A dental assistant may use radiography and expanded procedures only if appropriately endorsed under Part 9 of these rules. The following are never delegable to a dental assistant:

- (a)** diagnosis, treatment planning, prescribing drugs, and authorizing restorative, prosthodontic, or orthodontic appliances;
- (b)** surgical procedures on hard or soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in a permanent change of the oral anatomy; or
- (c)** oral debridement, direct periodontal probing, or placement of subgingival chemotherapeutic agents.

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Part 8: Dentist Anesthesia Specialties

8-1 Specialty-related Definitions. For purposes of this Part, “Minimal Sedation,” “Moderate Sedation,” “Deep Sedation,” and “General Anesthesia” have the definitions given in the *ADA’s Guidelines for the Use of Sedation and General Anesthesia by Dentists* (2016) or its successor publication most current at the time of practice.

8-2 Requirement for Anesthesia Specialty. Except as provided in Part 8-3:

- (a) Dentists who use minimal or moderate sedation must hold a minimal and moderate sedation specialty.
- (b) Dentists who use deep sedation or general anesthesia must hold a deep sedation and general anesthesia specialty.
- (c) Dental therapists are not eligible for anesthesia specialties.

8-3 Exceptions from the Requirement for the Anesthesia Specialty.

- (a) **Hospital Setting.** The specialty requirement does not apply to dentists practicing in a hospital setting with supervision by a physician, a certified registered nurse anesthetist, or a dentist credentialed by the hospital to provide anesthesia services.
- (b) **Nitrous Oxide.** Nitrous oxide sedation used alone or in conjunction with a single dose of oral medication, not to exceed the FDA maximum recommended dose, shall not require a specialty. Titration of oral medication is not permitted under this exception.

8-4 Minimal and Moderate Sedation Specialty for Dentists. To be eligible for a minimal and moderate sedation specialty, a dentist must:

- (a) complete either:
 - (1) a comprehensive training program to the level of competency in moderate sedation consistent with that prescribed in the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*; or
 - (2) a CODA-accredited dental training program with comprehensive training on administration and management of moderate sedation; and
- (b) be certified in Advanced Cardiac Life Support and/or Pediatric Advanced Life Support, as appropriate to the age of the dentist’s patients; and

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- (c) either comply with the AAOMS self-inspection/assessment checklist for moderate sedation, or hold board certification through AAOMS or ADBA.

8-5 Deep Sedation and General Anesthesia Specialty for Dentists. To be eligible for a deep sedation and general anesthesia specialty, a dentist must:

- (a) complete a CODA-accredited advanced education program that provides comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia;
- (b) be certificated in Advanced Cardiac Life Support and/or Pediatric Advanced Life Support, as appropriate to the age of the dentist's patients; and
- (c) either comply with the AAOMS self-inspection/assessment checklist for moderate sedation, or hold board certification through AAOMS or ADBA.

8-6 Standard-of-Care Requirements for Sedation and Anesthesia. Dentists employing sedation or anesthesia shall practice in accordance with one or both of the following, as appropriate to the age of the dentist's patients:

- (a) the ADA's *Guidelines for the Use of Sedation and General Anesthesia by Dentists* (2016), or its successor publication most current at the time of practice;
- (b) the American Academy of Pediatric Dentistry's *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures* (2019) or its successor publication most current at the time of practice.

8-7 Incident Reports. A dentist, regardless of whether the provider holds an anesthesia specialty, must report incidents and adverse outcomes related to anesthesia or sedation as further set out in Part 11-1(d).

8-8 Emergency Office Procedures. All facilities or dental practices that provide moderate or deep sedation are required to provide annual emergency office procedures training to all clinical personnel.

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Part 9: Dental Hygienist and Dental Assistant Specialties: Local Anesthesia, Nitrous Oxide, Expanded Function, and Radiography

9-1 Local Anesthesia Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the local anesthesia specialty, a dental hygienist must:

- (1) complete a dental hygiene program that includes at least 24 hours of didactic and clinical instruction in the administration of block and infiltration anesthesia at a CODA-accredited institution; and
- (2) pass an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, SRTA, or a successor organization.

(b) Endorsement. A dental hygienist licensed in good standing in any United States or Canadian jurisdiction may qualify for the nitrous oxide specialty if:

- (1) the dental hygienist's licensed scope of practice in that jurisdiction includes the use of nitrous oxide; and
- (2) the jurisdiction has standards substantially equivalent to the requirements of Part 9-2(a).

9-2 Nitrous Oxide Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the nitrous oxide specialty, a dental hygienist must:

- (1) complete a dental hygiene program that includes at least 6 hours of didactic and clinical instruction at a CODA-accredited institution, or other course provider approved by the Board, in the initiation, administration, monitoring, and discontinuation of nitrous oxide; and
- (2) pass an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, SRTA, or a successor organization.

(b) Endorsement. A dental hygienist licensed in good standing in any United States or Canadian jurisdiction may qualify for the nitrous oxide specialty if:

- (1) the dental hygienist's licensed scope of practice in that jurisdiction includes the use of nitrous oxide; and
- (2) the jurisdiction has standards substantially equivalent to the requirements of Part 9-2(a).

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9-3 Expanded Function (EFDA) Specialty for Dental Hygienists and Certified Dental Assistants.

(a) Eligibility. To be eligible for the expanded function dental assistant specialty, a person must demonstrate:

- (1) current DANB certification as a certified dental assistant or current licensure as a dental hygienist; and
- (2) successful completion of an expanded function dental assistant program at a CODA-accredited institution that included at least:
 - (A) 50 hours of didactic training;
 - (B) 5 weeks of clinical training; and
 - (C) a subsequent 6 weeks of field training in a dental office under the supervision of the faculty of the accredited institution or its designee.

(b) Scope of Practice and Limitations on Practice. A certified dental assistant or dental hygienist retains the scope of original licensure and is permitted to perform the expanded function duties within their training.

9-4 Radiography Specialty for Traditional Dental Assistants. A traditional dental assistant may be issued a radiography specialty if the traditional dental assistant is at least 18 years of age and has, within 10 years preceding application:

- (a)** successfully completed a CODA-accredited dental assisting program that included a dental radiology course; or
- (b)** successfully completed a didactic and clinical radiology course offered at a CODA-accredited institution.

9-5 Recognition of Non-Vermont Radiography Credentials. The Office may issue a radiography specialty to a traditional dental assistant holding a current and unrestricted radiography specialty from another U.S. or Canadian jurisdiction with requirements substantially equivalent to those of Part 9-4.

9-6 Limitation on Student Radiography. A student enrolled in a radiography course may take up to 100 radiographs, in the office of the supervising dentist or dental therapist, as necessary to complete a course required by Part 9-4.

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Part 10: License Renewal and Continuing Education

10-1 Biennial Licensing Period. Licenses are valid for fixed 2-year periods. Expiration dates are printed on licenses. A license becomes inactive if not renewed by midnight on the date of expiry. Practicing while a license is lapsed is a violation of 3 V.S.A.

§ 127. An initial license issued fewer than 90 days prior to the beginning of the fixed 2-year period shall be valid through the end of that period. The lookup tool on the Office website may be considered a primary source verification as to license status and expiration.

10-2 License Renewal. License renewal applications must be completed through the Office website. The Office sends email reminders to licensees at the end of each licensing period; however, non-receipt of such reminders shall not excuse a licensee from maintaining continuous licensure or the consequences of failing to do so.

10-3 Late Renewal Penalties. Late renewal applications are subject to reinstatement penalty fees. Waivers of reinstatement penalty fees can be requested through the online licensing system. 3 V.S.A. § 127(d).

10-4 Renewal Requirements.

(a) Dentists. To be eligible for renewal, a dentist must show:

- (1) 30 hours of continuing education, including opioid prescribing where applicable, the emergency office procedures course (2 hours minimum), and the CPR course, during the preceding 2-year renewal cycle; and
- (2) Active practice of at least 800 hours or 100 continuing education credits within the previous 5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 8 hours of active practice.

(b) Dental Therapists. To be eligible for renewal, a dental therapist must show:

- (1) 24 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and
- (2) Active practice of at least 400 hours or 80 continuing education credits within the previous 5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 5 hours of active practice.

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(c) Dental Hygienists. To be eligible for renewal, a dental hygienist must show:

- (1) 18 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and
- (2) Active practice of at least 100 hours or 50 continuing education credits within the previous 5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 2 hours of active practice.

(d) Dental Assistants.

- (1) To be eligible for renewal, a dental assistant must complete the emergency office procedures course (2 hours minimum) and the CPR course during the preceding 2-year renewal cycle.
- (2) Renewing certified dental assistant registration or an expanded function dental assistant specialty requires documentation of current DANB certification.
- (3) A radiography specialty may be renewed only if the bearer has completed training within the preceding 10 years or practiced radiography under the supervision of a licensed dentist within the preceding 5 years.

(e) Active-Practice Requirements Generally. An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.

10-5 Continuing Education Audit. The Office may conduct a continuing-education compliance audit of any licensee. All licensees shall retain continuing education documentation for the previous 2 licensing cycles.

10-6 Pre-approved Continuing Education. Continuing education provided by the following is pre-approved by the Board:

- (a) AAOM, ADBA, ADA, CODA, DANB, ADHA, ADAA, the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or the Vermont Department of Health's Oral Health Program.
- (b) Any constituent or component entity of an organization named in 10-6(a).
- (c) Any education sponsor certified or accredited by an organization named in 10-6(a).

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10-7 Case-by-Case Continuing Education Approval Requests. A course provider or licensee may apply for approval by completing an online pre-approval application. The application must specify the course curriculum, instructor qualifications, and the dates of presentation. Application should be made before commencement of the course and at least 3 months before the renewal deadline. The Board has no obligation to retrospectively analyze or approve completed courses.

10-8 Approval and Credit Standards. Continuing-education credit shall be awarded based on clock hours of actual engagement in learning activities, not arbitrary assignments of credit value.

10-9 General Format. Eligible continuing education must be earned through a formal course of learning that is directly related to advancing professional competence in providing patient care. A formal course of learning can occur in the following formats:

- (a) in-person classroom instruction with a qualified instructor;
- (b) distance education with continuous 22-way communication and observation between a qualified instructor and students;
- (c) distance education with asynchronous exchanges between a qualified instructor and students; or
- (d) a self-study course, if completion is contingent upon examination.

10-10 Relevance Requirement. The Board may refuse recognition of continuing education activities that are not reasonably calculated to enhance professional competence in providing patient care, such as those focused on marketing, accounting, practice management, personal or business finance, speed reading, general self-improvement, or issue advocacy. The Board will recognize relevant courses that promote effective communication among providers and patients, cultural competence, ethics awareness, and competent recordkeeping. In addition, the following limitations apply:

- (a) No more than 2 hours each may be counted per renewal for a basic life support / basic CPR course or for an emergency office procedures course.
- (b) There is no limitation on the number of hours in advanced and pediatric life support that may count toward CE requirements, so long as those hours meet the requirements of this Part.

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Part 11: Duties and Standards

11-1 Duty to update and self-report. The following reports must be made to the Office in writing within 30 days.

(a) All licensees and applicants must report:

- (1) any material inaccuracy or change in circumstance regarding any application question; and
- (2) any allegation of professional negligence, misconduct, malpractice, substandard practice, or unethical conduct, that results in:
 - (A) any legal claim for damages, judgment, or settlement; or
 - (B) any adverse action, other than by the Office, against a professional license or non-governmental professional certification.

(b) Dentists must report any hospitalization, hospital transport with or without hospitalization, or death related to an incident that occurred:

- (1) in the dental office or outpatient facility; and
- (2) during or consequent to the administration of any anesthesia or sedative by any route.

(c) The report required by Part 11-1(b) must include:

- (1) the names and credentials of those present for the procedure;
- (2) a brief synopsis of the procedure; and
- (3) a copy of the patient's medical record of the procedure.

11-2 Ownership of Dental Offices. A dental practice may be owned and operated exclusively by those entities identified in 26 V.S.A. § 564.

11-3 Display of Licenses and Registrations. Each licensee shall display a copy of their current license or registration at each place of practice and in such a manner as to be easily seen and read by patients. 26 V.S.A. § 565.

11-4 Referral. A dentist or dental therapist confronted with a patient need that exceeds their scope of practice shall refer the subject patient to an appropriate dental or health care professional. 26 V.S.A. § 617.

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11-5 Examination and Diagnosis. A dentist or dental therapist must ensure that dental care provided directly, or by delegates under their supervision, meets generally accepted standards of care and the requirements of these Rules.

- (a) Direct Examination.** Dentists and dental therapists shall recommend that each patient be directly examined at least annually; however, it is not unprofessional conduct for a professional licensed under these rules to treat a patient who has not complied with that recommendation, provided the treatment is otherwise within the standard of care. No patient or payer may be billed for the dental examination by a dentist or dental therapist unless the dentist or dental therapist personally examined the patient.
- (b) Telepractice.** Telepractice modalities, including remote image acquisition and transmission, are tools of dental practice that may evolve with time. These modalities do not alter the standard of care. A dentist must ensure that diagnostic information employed in the exercise of clinical judgment has been acquired competently and in sufficient detail to inform the clinical decisions it supports.
- (c) Informed consent.** Before undergoing any procedure, the patient or their legal guardian should be informed of all treatment alternatives and their risks and benefits.

11-6 Professional Standards Generally. A hearing authority may consider the *ADA Principles of Ethics and Code of Conduct*, the *ADHA Code of Ethics*, and the *ADAA Principles of Ethics and Code of Professional Conduct* authoritative sources of professional standards applicable to the respective professions when determining “the essential standards of acceptable and prevailing practice” for purposes of 26 V.S.A. § 129a(b). All licensees should be familiar with these standards and the bases for discipline identified in Part 12.

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Part 12: Discipline

12-1 Bases. Unprofessional conduct includes those acts set out at 3 V.S.A. § 129a (applicable to all professional licensees) and 26 V.S.A. § 584 (applicable to Board licensees). Violation of these rules or other requirements of 26 V.S.A. ch. 12 is unprofessional conduct. 3 V.S.A. § 129a(a)(3).

12-2 Remedies. Upon finding that a licensee, applicant, or person who later becomes an applicant has committed unprofessional conduct, within or without this State, or has had a license application denied or a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct that would constitute unprofessional conduct in this State, or has surrendered a license while under investigation for unprofessional conduct, the Board may warn, reprimand, suspend, revoke, limit, condition, deny, or prevent the renewal of a license. *See* 3 V.S.A. § 129(a). A license may be summarily suspended pending further proceedings, consistent with 3 V.S.A. § 814(c), upon a finding that public health, safety, or welfare imperatively requires emergency action.

12-3 Procedures. Disciplinary prosecutions are contested cases governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

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Part 1: Definitions and Clarification of Terms

1-1 “AAOMS” means the American Association of Oral and Maxillofacial Surgeons.

1-2 “Active practice” means engaging in licensed activities, while lawfully authorized to do so in the jurisdiction of practice, and may include services to patients in any environment, including traditional clinical practice, military service, ~~and v~~volunteer work; ~~supervising on of~~ clinical practice; ~~acting as dental educator;~~ providing dental health education; ~~or enrolling enrollment~~ participating in residency programs in ADA-recognized board specialties.

1-3 “ADBA” means the American Dental Board of Anesthesiology.

1-4 “ADA” means the American Dental Association.

~~**1-5 “ADEX”** means the American Dental Licensing Examination.~~

~~**1-6 “ASA”** means American Society of Anesthesiologists Patient Physical Status Classification. ASA Classifications are:~~

~~(a) ASA I, a normal healthy patient;~~

~~(b) ASA II, a patient with mild systemic disease;~~

~~(c) ASA III, a patient with severe systemic disease;~~

~~(d) ASA IV, a patient with severe systemic disease that is a constant threat to life;~~

~~(e) ASA V, a moribund patient who is not expected to survive without the operation;~~

~~(f) ASA VI, a declared brain dead patient whose organs are being removed for donor purposes; and~~

~~(g) E, a modifying category appended to ASA I-VI designations, signifying an emergency operation of any kind.~~

~~**1-61-5**~~ **“Board,”** when capitalized, means the ~~State of~~ Vermont Board of Dental Examiners, except where unambiguously used in the proper name of a different board.

~~**1-71-6**~~ **“CDCA”** means the Commission on Dental Competency Assessment.

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~~1-81-7~~ **"CODA"** means Commission on Dental Accreditation of the American Dental Association.

~~1-9~~ **"Continual"** means ~~repeated regularly and frequently in steady succession.~~

~~1-10~~ **"Continuous"** means ~~prolonged and uninterrupted.~~

~~1-11-8~~ **"CITA"** means Council of Interstate Testing Agencies.

~~1-121-9~~ **"CPR Course"** and **"Training in CPR"** mean:

- (a) a program of education in cardiopulmonary resuscitation that is provided by a DANB-approved CPR provider and requires a hands-on examination developed or approved by the American Heart Association or the American Red Cross that includes hands-on and didactic education and that includes a hands-on; or
- (b) training in cardiopulmonary resuscitation ~~in connection with emergency medical services licensure~~, as demonstrated by current licensure with the Vermont Department of Health as an emergency medical technician, advanced emergency medical technician, or paramedic.

~~1-131-10~~ **"CRDTS"** means Central Regional Dental Testing Service.

~~1-141-11~~ **"DANB"** means the Dental Assisting National Board.

~~1-15~~ **"Deep Sedation"** means ~~a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimuli. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function usually is maintained.~~

~~1-161-12~~ **"Direct Supervision"** means supervision by a dentist or dental therapist who is readily available at the dental facility for consultation or intervention ~~oversight by a supervising dentist or dental therapist who is physically present at the facility where care is provided~~. The term is distinguished from "general supervision."

~~1-171-13~~ **"Director"** means the Director of the Office of Professional Regulation.

~~1-181-14~~ **"Emergency Office Procedure(s) Course"** means a Board-approved training course of at least ~~two~~ 2 hours, ~~that is Board approved, and~~ consistent with current ~~educational~~ curricula in CODA-accredited schools, ~~of dentistry and~~

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~~dental hygiene~~ in identification and management of conditions that may result in medical emergencies in the course of dental care.

~~1-19 “Enteral” means any means of drug administration in which a drug is absorbed through the gastrointestinal (GI) tract or oral mucosa.~~

~~1-20 “General Anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilation is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.~~

~~1-21 “General Supervision” means oversight supervision by a supervising dentist or dental therapist who is readily available for consultation, including by telephone or videoconference. The term is distinguished from “direct supervision.”~~

~~1-221-15 “Good Standing” means full and unrestricted active licensure without adverse disciplinary or limiting action, which includes any condition, limitation, warning, reprimand, suspension, revocation, or other official finding of misconduct or incapacity.~~

~~1-23 “INDBE” means the Integrated National Board Dental Examination.~~

~~1-24 “Inhalation” means a means of administration in which a gaseous or volatile agent is introduced into the lungs and achieves its primary effect via absorption through the gas/blood interface.~~

~~1-25 -16 “Maximum Recommended Dose” means the FDA maximum recommended dose of a drug as printed on the FDA-approved labeling for unmonitored home use.~~

~~1-26 “Minimal Sedation,” also called “anxiolysis,” means a minimally depressed level of consciousness produced by a pharmacological method that preserves the patient’s ability to maintain an airway independently and continuously, and to respond normally to tactile stimulation and verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.~~

~~1-27 “Moderate Sedation” means a drug-induced depression of consciousness in which a patient retains the ability to respond purposefully to verbal~~

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~~commands, either alone or accompanied by light tactile stimulation; no interventions are required to maintain a patent airway; and spontaneous ventilation is adequate. Cardiovascular function usually is maintained.~~

~~1-28 "NBDE" means the National Board Dental Examiners.~~

~~1-29 "Office" means the Office of Professional Regulation.~~

~~1-301-17 "Office Website" means the website of the Office of Professional Regulation.~~

~~1-31 "PGY1" means Post Graduate Year of dental practice.~~

~~1-321-18 "SDF" means sSilver Ddiamine Ffluoride.~~

~~1-331-19 "SMART" means silver modified atraumatic restorative technique.~~

~~1-341-20 "SRTA" means the Southern Regional Testing Agency.~~

~~1-351-21 "Specialty," except in the phrase "dental specialty certifying board," means a supplemental Board-issued credential, supplemental to a primary license, authorizing a licensee to undertake defined practices that would not otherwise be within the scope of the primary license; except in the phrase "dental specialty certifying board." "Specialty" is synonymous with "special endorsement;" as used in 26 V.S.A. § 624 regarding the local anesthesia specialty.~~

~~1-361-22 "Titration" means the administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached. One When the intent is moderate sedation, one must know whether the previous dose has taken full effect before administering an additional drug increment.~~

~~1-371-23 "United States jurisdiction" or "U.S. jurisdiction" means means a governmental licensing authority, other than the State of Vermont or any subdivision thereof, having authority in any of the fifty United States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands.~~

~~1-38 "Vermont Statutes and Rules Exam" means the online, Vermont specific exams related to the statutes and rules for each profession type within the dental profession.~~

~~1-39 -24 "WREB" means the Western Regional Examining Board.~~

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Part 2: Administration

2-1 Applicable Law. The practice of dentistry is defined and regulated under 26 V.S.A. ~~§ 561 et seq.~~ ch. 12. The Director administers licensure ~~consistent in conformity~~ with these and other Vermont laws, ~~to include~~ the Administrative Procedure Act, 3 V.S.A. ~~ch. 25; § 800 et seq.~~; the Public Records Act, 1 V.S.A. § 315 *et seq.*; and the Laws of Professional Regulation, 3 V.S.A. § 121 *et seq.*

2-2 Military Service. The Office offers special procedures to ensure recognition of education, training, or service completed by a member of the U.S. Armed Forces toward the requirements of professional licensure. Expedited processing may be available for the spouse of a member of the U.S. Armed Forces who has been subject to a military transfer to Vermont. See the Office website for details.

2-2

Part 3: Procedures

3-1 Applications. Applications for licensure must be made through an online licensing system linked from the Office website.

- (a) Incomplete applications will not be processed. Applications are ~~deemed~~ complete only when all required questions have been answered fully, all attestations made, all required documentation and materials provided, and all fees paid.
- (b) When the Board ~~denies~~ intends to deny or intends to deny an application, notice stating the reasons for the action shall be given to the applicant by certified mail and email. ~~whereupon~~ The applicant shall have 30 days to appeal or petition for review, as provided in ~~an administrative law officer.~~ 3 V.S.A. §§ 129, 130a.
- (c) The Office may refuse to accept any application ~~found that is to be~~ redundant with a denied or in-process application.
- (d) Applications are valid only for ~~six~~ 6 months from the date they were initially submitted.

3-2 Complaints. Complaints against licensees, applicants for licensure, or persons practicing without a license may be submitted through the Office website.

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3-3 Contested Cases. Procedures in contested cases relating to licensure or discipline are governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

~~**3-4 Declaratory Rulings.** Petitions for declaratory rulings as to the applicability of any statutory provision or of any rule or order of the Office may be made under 3 V.S.A. § 808.~~

3-53-4 Conflict of Standards. Where a standard ~~of unprofessional conduct set forth~~ in statute conflicts with a standard ~~set forth~~ in rule, the standard that is most protective of the public shall govern. ~~See~~ 3 V.S.A. § ~~129a~~(e).

3-63-5 Determination of Equivalency. Where the Board is permitted by law ~~or rule~~ to accept ~~certain~~ training or experience ~~as equivalent on the basis of equivalence~~ to a fixed standard, ~~the applicant bears it is~~ the burden ~~of the applicant to produce or licensee to establish equivalence to the Board's satisfaction, by producing~~ credible, clear, and convincing evidence of equivalence. ~~the same~~. The Board has no obligation to research the bona fides of any institution, program, ~~course~~course, degree, certification, practicum, fellowship, or examination and may resolve all inferences in favor of withholding a credential, approval, or recognition.

3-73-6 Waiver or Variance. The Board will not grant routine waivers or variances from any provisions of its rules without amending the rules. ~~See~~ 3 V.S.A. § 845. Where, in extraordinary circumstances, application of a rule would result in manifest unfairness, an absurd result, unjustifiable inefficiency, or an outcome otherwise ~~inimical contrary~~ to the public health, safety, and welfare, the Board may, upon written request of an interested party, find that waiver is or is not appropriate and may impose particular conditions and limitations. The ~~action decision~~ and ~~its~~ justification ~~therefor~~ shall be recorded in writing. ~~a writ ten memorandum~~. This rule ~~shall not be construed as creating does not create~~ any hearing or appeal right or cause of action.

3-8 Pro Bono Service. A person otherwise eligible for a license or registration issued under these rules, whose practice in this State will be limited to providing pro bono services at a free or reduced-fee clinic or similar setting approved by the Board, may be credentialed at no fee. 26 V.S.A. § 662(b). A pro-bono license or registration shall be used only in the setting or settings for which it is approved and shall not authorize practice elsewhere ~~for substantial monetary or non-monetary remuneration~~.

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~~3-7 Contacting the Office or Board. See the Office website for contact details and a communication portal. Send paper mail to: Office of Professional Regulation, ATTN: Dental Examiners, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402.~~

~~3-9.~~

Part 4: Dentists

4-1 Eligibility. To be eligible for licensure as a dentist, a person must:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) pass the Vermont Statutes and Rules Exam for dentists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

4-2 Licensure by Examination. To qualify by examination, an applicant must:

~~(a) 4-2 satisfy the requirements of Part 4-1;~~

~~(b)~~ (a) demonstrate qualifying education, meaning:

- (1) a dental degree (D.D.S. or D.M.D.) from a CODA-accredited school of dentistry or dental college, including schools and colleges reciprocally accredited by the Commission on Dental Accreditation of Canada;
- (2) a dental degree or certificate from a program of dental education outside the United States, and a degree from a CODA-accredited postgraduate program, of at least ~~one~~ 1 year's duration, ~~otherwise~~ acceptable to the Board on the basis that it admits and graduates persons with appropriate training in general dentistry; or
- (3) ~~an~~ education determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited D.D.S. or D.M.D.; and

(b) have passed: ~~either~~

(1) the National Board Dental Examination (NBDE) Parts I and II; ~~NBDE I and II, or~~

(2) the Integrated National Board Dental Examination (INDBE); or

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~~(c)~~(3) the written examination of the National Dental Examining Board of Canada; and

~~(d)~~(c) have eitherOne of the following:

- (1) ~~Have~~ passed every required part of at least ~~one~~1 of the following clinical examinations:
 - (A) the American Dental Licensing Examination (ADEX), administered by CDCA or CITA, not including the optional periodontal exam;
 - (B) CRDTS;
 - (C) SRTA;
 - (D) WREB, if examined prior to July 1, 2020; ~~or~~
 - (E) another regional or national clinical examination approved by the Board before the examination is taken; or
 - (F) the certifying examinations of a clinical dental specialty certifying board recognized by the ADA; or
- (2) ~~Have~~ completed ~~not less at least than one~~1 year of graduate dental training in a CODA-accredited clinical training program, provided that the applicant's supervising dentist attests to the applicant's competency in all areas tested on the CDCA.

4-3 Licensure by Endorsement. A dentist licensed ~~and~~ in good standing ~~in a United States jurisdiction in another jurisdiction~~ may qualify ~~attain Vermont licensure~~ based upon any of the following:

~~(a)~~ **Traditional Equivalency Endorsement.** Licensure ~~A dentist licensed and in good standing in as a dentist in a United States or Canadian jurisdiction with requirements substantially equivalent to those of this State. may apply~~ Such an applicant must be a graduate of a CODA-accredited dental college, including colleges reciprocally accredited by the Commission on Dental Accreditation of Canada. Applicants on that basis by demonstrating:

~~(1) satisfaction of the requirements of Part 4-1;~~

~~(2) evidence of good standing in state(s) of licensure; and~~

~~(3)~~(a) for applicants licensed in the jurisdiction of origin for more than ~~two~~2 years must demonstrate, active practice equivalent to that required ~~of an applicant~~ for Vermont license renewal.

~~(b)~~ **Fast-track Endorsement from United States Jurisdictions.** A dentist ~~licensed~~ Licensure as a dentist and in good standing in a United States

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jurisdiction, regardless ~~of whether of~~ that jurisdiction's ~~has~~ licensing requirements ~~substantially equivalent to those of this State, may apply on that basis by demonstrating with three 3~~ years of ~~active full-time~~ practice in good standing. ~~See 3 V.S.A. § 136a(a).~~

~~(b)~~(c) 5-year Endorsement from Canadian jurisdictions. Licensure as a dentist in a Canadian jurisdiction, regardless of that jurisdiction's licensing requirements, with 5 years of practice in good standing, including ~~which to~~ at least at least 1,200 hours of practice per year.

4-4 Scope of Practice. The scope of practice of a licensed dentist is set out at 26 V.S.A. § 561. ~~(3).~~

4-5 Supervision and Delegation. A dentist may delegate dental tasks to ~~persons~~persons ~~appropriately~~ qualified by training, education, experience, and ~~where applicable,~~ licensure. Dentists are responsible for the general supervision and, where required, direct supervision of dental hygienists. ~~and direct supervision of dental hygienists where specifically required elsewhere in these rules.~~ Dentists are also responsible for the direct supervision of dental assistants.

4-6 Non-delegable Tasks. A dentist may not delegate:

~~(a)~~ surgical procedures; or

(a)

(b) except as permitted of dental therapists in Part 5:

~~(b)~~ any intraoral procedure, ~~except debridement,~~ that results in an irreversible alteration change to the oral anatomy, other than debridement, SDF, or SMART, ~~unless specifically authorized by a collaborative agreement consistent with the requirements of these rules;~~ or

(1) except as permitted of dental therapists under Part 5,

~~(c)~~(2) definitive diagnosis; treatment planning; prescribing~~prescri~~ ption of legend ~~drugs;~~ or authorizing~~authorization for~~ restorative, prosthodontic, or orthodontic appliances.

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Part 5: Dental Therapists

5-1 Eligibility. To be eligible for licensure as a dental therapist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental therapists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

5-2 Licensure by Examination. To be eligible for licensure as a dental therapist by examination, an applicant shall:

~~(a)~~ satisfy the requirements of Part 5-1;

~~(b)~~(a) hold a Vermont dental hygienist license in good standing;

~~(b)~~ hold a degree from:

~~(1)~~ be a graduate of a CODA-accredited dental therapist educational program; or

~~(c)~~(2) ~~or of~~ a program determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental therapist educational program; and

~~(d)~~(c) successfully complete the CDCA or CRDTS clinical examination for dental therapists. An applicant who has failed the clinical examination twice may retake the examination only after successful completion of ~~one~~1 or more appropriate clinical courses within a CODA-accredited dental therapy program, at the discretion of the Board.

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5-3 Licensure by Endorsement. A dental therapist licensed ~~elsewhere as such outside~~ in good standing in another jurisdiction may qualify ~~Vermont may attain Vermont licensure~~ based upon ~~either any of the following~~:

~~(a) Traditional Equivalency Endorsement. Licensure as a dental therapistA dental therapist licensed and in good standing in a United States or Canadian jurisdiction that has with requirements substantially, with at least 800 hours of practice as a dental therapist; or equivalent to those of this state may apply on that basis by demonstrating:~~

~~(1) satisfaction of the requirements of Part 5-1;~~

~~(2) evidence of good standing in state(s) of licensure; and~~

~~(3)(a) active practice, as a dental therapist, for a minimum of 800 hours within the five years prior to the application.~~

(b) Fast-track Endorsement. ~~Licensure as a dental therapistA dental therapist licensed and in good standing in a United States jurisdiction, regardless of whether that jurisdiction's has licensing requirements substantially equivalent to those of this State, with may apply on that basis by demonstrating three 3 years of active full-time practice in good standing. See 3 V.S.A. § 136a(a).~~

5-4 Duplicate Licensure Unnecessary. A person licensed as a dental therapist under this section shall not be required to maintain ~~his or her a~~ dental hygienist license in order to practice as a dental hygienist. 26 V.S.A. § 611(d).

5-5 Collaborative Agreement Required. Dental therapists may practice only under a collaborative agreement that meets the requirements of 26 V.S.A. § 614. The supervising dentist must meet all the requirements of 26 V.S.A. § 614(c). A licensed dental therapist must maintain a copy of the ~~ir~~ collaborative ~~practice~~ agreement and provide it to the Office upon request.

5-6 Scope of Practice. The scope of practice of a licensed dental therapist is set out at 26 V.S.A. § 613.

Part 6: Dental Hygienists

6-1 Eligibility. To be eligible for licensure as a dental hygienist, a person shall:

(a) be 18 years of age or older;

(b) have completed ~~an training in~~ emergency office procedures course and a

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CPR course within the previous 24 months;

~~(c) have passed the National Board Dental Hygiene Examination;~~

~~(d)~~(c) have passed the Vermont Statutes and Rules Exam for dental hygienists;
and

~~(e)~~(d) qualify by examination or endorsement, as further set out in this Part.

6-2 Licensure by Examination. To qualify by examination, an applicant shall:

~~(a) demonstratesatisfy the requirements of Part 6-1;~~

~~(a)~~ bedo one of the following:

(1) ~~a graduate complete of a CODA-accredited school program~~ of dental hygiene that is

(A) CODA-accredited, including programs reciprocally accredited by the Commission on Dental Accreditation of Canada; or

(B) of a program determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental hygiene educational program;

(2) be licensed as a dentist in a non-United States jurisdiction with at least 5 years of practice in good standing; or

~~(b)~~(3) complete at least 4 semesters at a CODA-accredited dental school;
and

~~(e)~~(b) pass the National Board Dental Hygiene Examination or the Canadian National Dental Hygiene Certification Examination~~hold a certificate from the NBDE; and~~

~~(d)~~(c) successfully complete a clinical examination for dental hygienists offered by CDCA, CRDTS, WREB, CITA, SRTA, ~~or~~ or a one of their successor organizations ~~of one of the above.~~

6-3 Licensure by Endorsement. A dental hygienist licensed in good standing in another jurisdiction may qualify based on:~~A dental hygienist licensed as such outside Vermont may attain Vermont licensure based upon satisfaction of Part 6-1 and either of the following:~~

(a) **Traditional Equivalency Endorsement.** Licensure ~~in good standing~~ as a dental hygienist in a United States ~~S.~~ or Canadian jurisdiction with substantially equivalent requirements to those of this State, ~~and satisfaction of the requirements of Part 6-1;~~ or

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- (b) **Fast-track Endorsement.** Licensure ~~in good standing~~ as a dental hygienist in any ~~United States~~ jurisdiction, with ~~three 3~~ years ~~of demonstrated full-time active practice~~ in good standing.

~~6-4~~ **6-4 Scope Dental Hygienist Practice.**

- (a) **The Scope of practice.** The scope of practice of a dental hygienist is established through their education and by agreement with the supervising dentist or dental therapist and may include:

- (1) oral prophylaxis;
- (2) oral debridement;
- (3) periodontal descriptions and charting, including periodontal probing and placement of supra- and subgingival chemotherapeutic agents;
- (4) exposure of radiographs;
- (5) application of sealants;
- (6) application of silver diamine fluoride;
- (7) oral health screening and pre-diagnostic examination;
- (8) use of periodontal lasers for ~~purposes of~~ pocket debridement;
- (9) acquisition of impressions or images;
- (10) temporary replacement of crowns; and
- (11) ~~and~~ such other dental practices as are generally accepted as appropriate for delegation based on the training, education, and experience of the hygienist.

- ~~(a)(b)~~ **Location.** A dental hygienist, other than a public-health hygienist practicing under Part 6-5, may practice only in the office of a licensed dentist or dental therapist; ~~provided, however, that public health hygienists may work in out of office settings under Rule 6-5.~~

- ~~(b)(c)~~ **Local Anesthesia.** A dental hygienist shall not administer local anesthesia unless the hygienist holds a local anesthesia specialty under ~~Rule Part 9-1~~ and is supervised directly by a dentist or dental therapist if permitted by the dental therapist's collaborative practice agreement, ~~or~~ by a dental therapist.

- ~~(c)(d)~~ **Nitrous oxide.** A dental hygienist shall not initiate or discontinue nitrous oxide unless the hygienist holds a nitrous oxide specialty under ~~Rule Part 9-2~~.

- ~~(d)(e)~~ **SMART.** A dental hygienist, other than a public-health hygienist practicing under ~~Rule Part 6-5~~, may employ SMART only if the hygienist:

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- (1) ~~the hygienist~~ has received training in SMART from either:
 - (A) a CODA-accredited institution; ~~or~~
 - (B) a program approved by the Vermont Department of Health under Rule-Part 6-5(c), below; and
- (2) ~~the hygienist~~ is directly supervised by a dentist or dental therapist.

6-5 Guidelines for Public-~~H~~health Hygienists. A hygienist with ~~at no fewer than three~~ least 3 years of experience may establish a general supervision agreement with a licensed dentist authorizing out-of-office practice in settings recognized as appropriate by the Board or the Vermont Department of Health. A hygienist so practicing is ~~identified as~~ a public-health hygienist. ~~A P~~public-health hygienist~~s~~ must maintain a copy of the~~r~~ general supervision agreement and provide it to the Office upon request.

(a) Public-health orientation. A general supervision agreement under this Rule shall be oriented toward the goals of:

- (1) maximizing the availability of competent and appropriate dental-health education, screening, and care to every Vermonter; and
- (2) matching each patient ~~in need of one~~ with a dental home, meaning an ongoing relationship with a dentist or dental therapist through which the patient can expect continuously accessible, consistent, and coordinated care across the continuum of the patient's ~~his or her~~ dental health needs.

(b) Silver Diamine Fluoride (SDF). A public-health hygienist who has completed an SDF training course approved by the Vermont Department of Health may employ SDF after completing a visual inspection of the teeth and documenting all relevant findings ~~if and under the following principles~~:

- (1) inspection shows suspected caries;
- (2) there appears an immediate need for care for which SDF is indicated;
- (3) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and
- (4) the patient ~~or~~ parent, ~~or~~ guardian of the patient has executed a Board-approved, SDF-specific informed consent form advising that follow-up care should be obtained from a dentist or dental therapist, or from a public-health hygienist authorized to perform SMART.

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(c) **Silver Modified Atraumatic Restorative Technique (SMART).** A public-health hygienist who has completed a SMART training course approved by the Vermont Department of Health may employ SMART under the following principles:

- (1) General supervision agreements between public-health hygienists and dentists may, but are not required to, address the use of telehealth for visual diagnosis of suspected caries.
- (2) Public-health hygienists performing SMART should always emphasize the education of patients, parents, and caregivers on the means and importance of prevention techniques.
- (3) Prior to placing SMART, a public-health hygienist must complete a visual inspection of the teeth and document all relevant findings. SMART may be applied if:
 - (A) inspection shows suspected caries in an asymptomatic tooth without apparent pulpal exposure;
 - (B) there appears an immediate need for care for which SMART is indicated;
 - (C) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and
 - (D) the patient ~~or~~ parent, or guardian of the patient has executed a Board-approved, SMART-specific informed consent form advising that a follow-up evaluation should be obtained from a dentist or dental therapist.

(d) Nothing ~~in these~~ in this Rule 6-5 Rules shall restrict the use of SDF or SMART by a dental hygienist working in a dental office under ~~Rule-Part~~ 6-4, above.

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Part 7: Dental Assistants

7-1 Registration. No person shall practice in this State as a dental assistant unless registered ~~with~~for that purpose by the Board. Registrations are available in ~~two~~2 categories:

- (a) **Traditional.** A traditional dental assistant registration may be issued to an eligible applicant who is not DANB-certified. A traditional dental assistant may not place sealants or engage in coronal polishing ~~until and~~ unless the supervising dentist has personally verified the assistant's ability to competently perform those tasks. A traditional dental assistant may place SDF if appropriately trained.
- (b) **Certified.** A certified dental assistant registration may be issued to an eligible applicant who is DANB-certified. ~~A certified dental assistant may perform all tasks lawfully delegated by the supervising dentist or dental therapist.~~

7-2 Education required ~~within six months of initial registration.~~ Within 2 years before or 6 months after ~~six months after~~ initial registration ~~under this Part~~, a ~~registrant dental assistant~~ must complete ~~a course~~courses of at least ~~two~~2 hours ~~each~~ in CPR ~~and and~~ emergency office procedures. ~~A registrant may satisfy this requirement through documented completion of such a course within the two years immediately preceding initial registration.~~ A dental assistant shall provide documentation of completing this course to the Office upon request. Continued practice after ~~six~~6 months of initial registration, if this requirement is not satisfied, ~~is shall be considered~~ unauthorized practice under 3 V.S.A. § 127.

7-3 Transition. A traditional dental assistant who becomes DANB certified ~~eligible for registration as a certified dental assistant~~ must apply for registration as a certified dental assistant. ~~Certified Dental Assistant~~. DANB certification alone does not ~~confer the~~ upgrade the registration.

7-4 Scope of Practice and Supervision. The scope of a dental assistant's practice is determined by an individual agreement with a supervising dentist or dental therapist, based on the assistant's education and experience. All intraoral dental tasks ~~performed by a dental assistant shall be performed under the require~~ direct supervision ~~of by~~ a dentist. A dental assistant may use radiography and expanded procedures only if appropriately endorsed under Part 9 of these rules. The following are never delegable to a dental assistant:

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- (a) diagnosis, treatment planning, ~~and-prescribing, including for drugs, and authorizing and medicaments or authorization for~~ restorative, prosthodontic, or orthodontic appliances;
- (b) surgical procedures on hard or soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in a ~~permanent~~~~irremediable change~~ alteration of the oral anatomy; or
- (c) oral debridement, direct periodontal probing, or placement of subgingival chemotherapeutic agents.

Part 8: Dentist ~~and Dental Therapist and~~ Anesthesia Specialties

8-1 Specialty-related Definitions. For purposes of this Part, “Minimal Sedation,” “Moderate Sedation,” “Deep Sedation,” and “General Anesthesia” have the definitions given in the *ADA’s Guidelines for the Use of Sedation and General Anesthesia by Dentists* (2016) or its successor publication most current at the time of practice.

8-2 Requirement for Anesthesia Specialty. Except as provided in Part 8-3:

- (a) Dentists ~~or dental therapists~~ who use minimal or moderate sedation must hold a minimal and moderate sedation specialty.
- (b) Dentists who use deep sedation or general anesthesia must hold a deep sedation and general anesthesia ~~Specialty~~any type of sedation.
- (c) Dental therapists are not eligible for anesthesia specialties.

8-3 Exceptions from the Requirement for the Anesthesia Specialty.

- (a) **Hospital Setting.** The general anesthesia-specialty requirement does not apply to dentists ~~practicing administering general anesthesia, deep sedation, moderate sedation, or minimal sedation~~ in a hospital setting with supervision by a physician, a ~~certified~~CRNA registered nurse anesthetist, or a dentist credentialed by the hospital to provide anesthesia services.
- (b) **Nitrous Oxide.** Nitrous oxide sedation used alone or ~~used~~ in conjunction with a single dose of oral medication, not to exceed the FDA maximum recommended dose, shall not require a ~~the~~ anesthesia-specialty. Titration of oral medication is not permitted under this exception.

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~~8-4 ,except nitrous oxide administered alone or in conjunction with a single dose of oral medication not to exceed the maximum recommended dose, must hold an anesthesia specialty from the Board. The level of sedation is defined by the effect on the patient (see Part 1, "Definitions"), rather than the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration; thus an appropriately consistent level of training must be obtained.~~

~~(a) — Administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered moderate or deep sedation, depending on the resulting level of depression of consciousness;~~

~~(b) — Nitrous oxide/oxygen when used in combination with a sedative agent or agents may produce minimal sedation, moderate sedation, deep sedation, or general anesthesia.~~

~~**8-2 Minimal Sedation Requirements for Dentists or Dental Therapists.** To be eligible for a minimal sedation specialty, a dentist or dental therapist must demonstrate successful completion of:~~

~~(a) — a comprehensive training program to the level of competency in minimal, moderate, or deep levels of sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or~~

~~(b) — a CODA-accredited pre-doctoral dental or postdoctoral dental training program with comprehensive training on administration and management of minimal sedation.~~

~~**8-3 Minimal and Moderate Sedation Specialty for Dentists.** To be eligible for a minimal and -moderate sedation specialty, a dentist must ~~demonstrate~~:~~

~~(a) successful completion of either:~~

~~(1) a comprehensive training program to the level of competency in moderate ~~or deep~~ sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or~~

~~(2) a CODA-accredited ~~pre-doctoral dental or postdoctoral~~ dental training program with comprehensive training on administration and management of moderate sedation; and~~

~~(b) be certified~~a current certificate~~ in Advanced Cardiac Life Support and/or and/or ,if providing care to children under the age of twelve, a ~~current certificate in~~ Pediatric Advanced Life Support, as appropriate to the age of the dentist's patients; and~~

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- (c) either ~~compliance~~comply with the AAOMS self-inspection/assessment checklist for moderate sedation,⁷ or ~~hold~~current board certification through ~~the~~ AAOMS or ~~the~~ ADBA.

~~8-4~~ **8-5 Deep Sedation ~~or~~ and General Anesthesia Specialty for Dentists.** To be eligible for a deep sedation ~~and~~or general anesthesia specialty, a dentist must ~~demonstrate~~:

- (a) ~~successful completion~~complete of a ~~CODA comprehensive~~CODA-accredited advanced education program ~~accredited by CODA~~ that provides comprehensive and appropriate training necessary to administer and manage deep sedation ~~or~~and general anesthesia;
- ~~(b)~~ be certificated in Advanced Cardiac Life Support and/or Pediatric Advanced Life Support, as appropriate to the age of the dentist's patients; and
- ~~(c)~~ either comply with the AAOMS self-inspection/assessment checklist for moderate sedation, or hold board certification through AAOMS or ADBA.
- ~~(b)~~ a current certificate in Advanced Cardiac Life Support and, if providing care to children under the age of twelve, a current certificate in Pediatric Advanced Life Support; and
- ~~(c)~~ compliance with the AAOMS self-inspection/assessment checklist for deep sedation or current board certification through the AAOMS or the ADBA.

8-6 Standard-of-Care Requirements for Sedation and Anesthesia. Dentists employing sedation or anesthesia shall practice in accordance with one or both of the following, as appropriate to the age of the dentist's patients:

- ~~(a)~~ the ADA's *Guidelines for the Use of Sedation and General Anesthesia by Dentists* (2016), or its successor publication most current at the time of practice;
- ~~(b)~~ the American Academy of Pediatric Dentistry's *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures* (2019) or its successor publication most current at the time of practice.

~~8-5~~

~~(a) Patient History and Evaluation.~~

~~(1) For All Sedation:~~

~~(A) Patients must be suitably evaluated prior to the start of any sedative procedure.~~

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~~(B) Suitable evaluation of all patients must consist at least of evaluation of medical history and medication use.~~

~~(C) Suitable evaluation of patients with significant medical considerations (ASA III, IV) should also include consultation with a primary care provider or consulting medical specialist.~~

~~(2) For Deep Sedation or General Anesthesia:~~

~~(A) Suitable evaluation must also include review of NPO (nothing by mouth) status.~~

~~(B) Body Mass Index (BMI) must be assessed during pre-procedural workup. Patients with elevated BMI may be at increased risk for airway-associated morbidity, particularly in association with other factors such as obstructive sleep apnea.~~

~~(C) When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient has been informed of atraumatic treatment alternatives.~~

~~(b) Pre-operative Requirements.~~

~~(1) For All Sedation:~~

~~(A) The patient, parent, legal guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and informed consent for the proposed sedation/anesthesia must be obtained.~~

~~(B) Baseline vital signs including body weight, height, blood pressure, pulse rate, and respiration rate must be obtained unless invalidated by the nature of the patient, procedure, or equipment. Body temperature should be measured when clinically indicated.~~

~~(C) Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.~~

~~(D) If appropriate, a focused physical evaluation must be performed.~~

~~(E) Preoperative dietary restrictions must be considered based on the sedative technique prescribed.~~

~~(F) Preoperative verbal and written instructions must be given to the patient, parent, guardian, or caregiver.~~

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~~(2) For Moderate or Deep Sedation or General Anesthesia, pulse oximetry should be obtained unless precluded or invalidated by the nature of the patient, procedure, or equipment.~~

~~(3) For Deep Sedation or General Anesthesia, an intravenous line, which is secured throughout the procedure, must be established unless precluded by the nature of the patient.~~

~~(c) Personnel and Equipment Requirements.~~

~~(1) Supportive Personnel. Appropriately trained personnel must be licensed or registered by the Board and must hold current CPR certification; provided, however, that dental anesthesia may be practiced without redundant Board licensure by a certified registered nurse anesthetist, an osteopathic physician, an allopathic physician, or an anesthesiology assistant, authorized to practice in Vermont.~~

~~(A) While using minimal or moderate sedation, at least one appropriately trained personnel must be present in addition to the person performing the procedure.~~

~~(B) While using deep sedation or general anesthesia, at least two appropriately trained personnel must be present in addition to the person performing the procedure.~~

~~(C) When the same person administering the deep sedation or general anesthesia is performing the dental procedure, another of the personnel must be designated for patient monitoring.~~

~~(2) Equipment for all Sedation Procedures~~

~~(A) A positive-pressure oxygen delivery system suitable for the patient must be immediately available.~~

~~(B) When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. This equipment must have either:~~

~~(i) A functioning device that prohibits the delivery of less than thirty percent oxygen; or~~

~~(ii) An appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.~~

~~(C) Documentation of compliance with manufacturers' recommended maintenance of monitors, anesthesia delivery systems, and other anesthesia-related equipment~~

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~~should be maintained. A pre-procedural check of equipment for each administration of sedation must be performed.~~

~~(D) An appropriate scavenging system must be available if gases other than oxygen or air are used.~~

~~(3) Equipment for Moderate or Deep Sedation or General Anesthesia Procedures~~

~~(A) Equipment necessary for monitoring end-tidal CO₂ and auscultation of breath sounds must be employed.~~

~~(B) Equipment necessary to establish intravenous or intraosseous access must be available until the patient meets discharge criteria.~~

~~(4) Equipment for Deep Sedation or General Anesthesia Procedures~~

~~(A) Equipment and drugs necessary to provide advanced airway management, and advanced cardiac life support must be immediately available.~~

~~(B) Resuscitation medications and an appropriate defibrillator must be immediately available.~~

~~(d) Monitoring and Documentation.~~

~~(1) Personnel required for Monitoring.~~

~~(A) For minimal sedation: A qualified dentist or an appropriately trained personnel must continually monitor the patient in the operatory room until the patient meets the criteria for discharge to the recovery area. Personnel must be appropriately trained and familiar with the monitoring techniques and equipment.~~

~~(B) For moderate sedation: A qualified dentist must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. When active treatment concludes and the patient recovers to a minimally sedated level, a qualified auxiliary may be directed by the dentist to remain with the patient and continue to monitor them as required until they are discharged from the facility. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.~~

~~(C) For deep sedation or general anesthesia: A qualified dentist must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for discharge. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.~~

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~~(2) Monitoring Requirements.~~

~~(A) Oxygenation:~~

- ~~(i) Color of mucosa, skin or blood must be evaluated continually for all sedation.~~
- ~~(ii) Evaluation of oxygen saturation by pulse oximetry may be clinically useful and must be considered for mild and moderate sedation, and must be used continuously for deep sedation and general anesthesia.~~

~~(B) Ventilation:~~

- ~~(i) For minimal sedation, the dentist and/or appropriately trained personnel must continually observe chest excursions and verify respirations.~~
- ~~(ii) For moderate sedation:~~
 - ~~(I) The dentist must observe chest excursions continually; and~~
 - ~~(II) The dentist must monitor ventilation, by breath sounds, monitoring end-tidal CO₂ or by verbal communication with the patient.~~
- ~~(iii) For moderate or deep sedation or general anesthesia: ventilation should be monitored by continual observation of qualitative signs, including auscultation of breath sounds with a precordial or pretracheal stethoscope.~~
- ~~(iv) For deep sedation or general anesthesia:~~
 - ~~(I) End-tidal CO₂ must be continuously monitored and evaluated unless, in non-intubated patients only, precluded or invalidated by the nature of the patient, procedure, or equipment.~~
 - ~~(II) Respiration rate must be continually monitored and evaluated.~~

~~(C) Circulation:~~

- ~~(i) For minimal sedation, blood pressure and heart rate should be evaluated as clinically appropriate.~~
- ~~(ii) For moderate sedation:~~
 - ~~(I) The dentist must continually evaluate blood pressure and heart rate unless the patient is unable to tolerate this evaluation and it is noted in the record; and~~

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- ~~(II) The dentist must consider continuous ECG monitoring of patients with significant cardiovascular disease.~~
- ~~(iii) For deep sedation or general anesthesia, the dentist must continuously evaluate blood pressure, heart rate and rhythm via ECG, and pulse rate via pulse oximetry.~~
- ~~(D) Consciousness. For all sedation types the level of consciousness (e.g., responsiveness to verbal command) must be continually assessed.~~
- ~~(E) Temperature. For deep sedation or general anesthesia, equipment capable of continuously monitoring body temperature must be available and must be used whenever triggering agents associated with malignant hyperthermia are administered.~~
- ~~(3) Documentation Requirements. An anesthetic record must be maintained at appropriate time intervals including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.~~
 - ~~(A) For moderate sedation, pulse oximetry, heart rate, respiratory rate, blood pressure, and level of consciousness must be recorded continually:~~
 - ~~(B) For deep sedation or general anesthesia, pulse oximetry and end-tidal CO₂ measurements, heart rate, respiratory rate, and blood pressure must be recorded continually:~~
- ~~(c) Recovery and Discharge.~~
 - ~~(1) For minimal sedation, a qualified dentist or appropriately trained personnel must monitor the patient until the patient is discharged by the dentist.~~
 - ~~(2) For moderate, deep sedation, and general anesthesia, the following must occur until the patient is discharged by the dentist:~~
 - ~~(A) Oxygen and suction equipment must be immediately available if a separate recovery room is used.~~
 - ~~(B) Prior to the patient's discharge, the dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory.~~

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~~(C) Post-operative spoken and written instructions must be given to the patient, parent, escort, guardian, or caregiver. For deep sedation or general anesthesia, the instructions must also be given to the parent, escort, guardian, or caregiver.~~

~~(D) A qualified dentist or appropriately trained clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness.~~

~~(E) If a pharmacological reversal agent is administered before discharge criteria have been met, the patient must be monitored until the effects of the reversal agent have waned, since a relapse into sedation may occur.~~

~~(f) Emergency Management.~~

~~(1) If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the procedure until the patient returns to the intended level of sedation.~~

~~(2) The dentist is responsible for sedative/anesthetic management, adequacy of the facility and staff, and diagnosis and treatment of emergencies related to the administration of deep sedation or general anesthesia.~~

~~(3) The dentist must be prepared with equipment and protocols for patient rescue until either assistance arrives or the patient returns to the intended level of sedation without airway or cardiovascular complications.~~

~~(g) Management of Children.~~

~~(1) For children under the age of twelve, practitioners shall adhere to the Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, published by the American Academy of Pediatrics/American Academy of Pediatric Dentists.~~

~~(2) When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient's parent, guardian, or caregiver has been informed of atraumatic treatment alternatives.~~

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~~8-6 Exceptions from the Requirement for the Anesthesia Specialty.~~

~~(a) Hospital Setting. The general anesthesia specialty requirement does not apply to dentists administering general anesthesia, deep sedation, moderate sedation, or minimal sedation in a hospital setting with supervision by a physician, CRNA, or dentist credentialed by the hospital to provide anesthesia services.~~

~~(b) Nitrous Oxide. Nitrous oxide sedation alone or used in conjunction with a single dose of oral medication, not to exceed the maximum recommended dose, shall not require the anesthesia specialty. Titration of oral medication is not permitted under this exception.~~

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8-7 Incident Reports. A dentist ~~or dental therapist~~, regardless of whether the provider holds an anesthesia specialty, must report incidents and adverse outcomes related to anesthesia or sedation as further set out in Rule-Part 11-1(~~ddf~~).

8-8 Emergency Office Procedures. All facilities or dental practices that provide moderate or deep sedation are required to provide annual emergency office procedures training to all clinical personnel.

Part 9: Dental Hygienist and Dental Assistant Specialties: Local Anesthesia, Nitrous Oxide, Expanded Function, and Radiography~~ie~~

9-1 Local Anesthesia Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the local anesthesia specialty, a dental hygienist must ~~demonstrate~~:

- (1) ~~complete~~Successful completion of a dental hygiene program that includes at least ~~24~~twenty-four~~24~~ hours of didactic and clinical instruction in the administration of block and infiltration anesthesia at a CODA-accredited institution; and
- (2) ~~pass~~Successful completion of an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, ~~SRTA, SRTA,~~ or a successor organization ~~of one of the above~~.

(b) Endorsement. A dental hygienist licensed in good standing in any United States or Canadian jurisdiction may qualify for the nitrous oxide specialty if:

- (1) the dental hygienist's licensed scope of practice in that jurisdiction includes the use of nitrous oxide; and
- (2) the jurisdiction has standards substantially equivalent to the requirements of Part 9-2(a).

~~(2)~~

~~**(b) ——— Endorsement.** A dental hygienist who is licensed in good standing in any jurisdiction of the U.S. or Canada that which has standards substantially equivalent to the requirements of Part 9-1(a) may apply for the local anesthesia endorsement for dental hygienists.~~

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9-2 Nitrous Oxide Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the nitrous oxide specialty, a dental hygienist must ~~demonstrate~~:

- (1) ~~complete~~Successful completion of a dental hygiene program that includes at least ~~six~~6 hours of didactic and clinical instruction at a CODA-accredited institution, ~~or~~ other course provider approved by the ~~Board, Board,~~ in the initiation, administration, monitoring, and discontinuation of nitrous oxide; and
- (2) ~~pass~~Successful completion of an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, ~~SRTA, SRTA,~~ or a successor organization ~~of one of the above.~~

(b) Endorsement. A dental hygienist ~~who is~~ licensed in good standing in any United States or Canadian jurisdiction may qualify for the nitrous oxide specialty if:

- (1) the dental hygienist's licensed scope of practice in that jurisdiction includes the use of nitrous oxide; and
- ~~(b)(2) of the U.S. or Canada~~ the jurisdiction at which has standards substantially equivalent to the requirements of Part 9-2(a). ~~may apply for the nitrous oxide endorsement for dental hygienists.~~

9-3 Expanded Function (EFDA) Specialty for Dental Hygienists and Certified Dental Assistants.

(a) Eligibility. To be eligible for the expanded function dental assistant specialty, a person must demonstrate:

- (1) current DANB certification as a certified dental assistant or current licensure as a dental hygienist; and
- (2) successful completion of an expanded function dental assistant program at a CODA-accredited institution that included at least:
 - (A) fifty~~50~~ hours of didactic training;
 - ~~(A)(B)~~ five~~5~~ weeks of clinical training; and
 - ~~(B)~~ a subsequent ~~six~~6 weeks of field training in a dental office under the supervision of the faculty of the accredited institution or its designee; ~~and~~
 - (C) ~~a clinical examination.~~

(b) Scope of Practice and Limitations on Practice. A certified dental assistant or dental hygienist retains the scope of original licensure and is permitted to perform the expanded function duties within ~~his or her~~their training.

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9-4 Radiography Specialty for Traditional Dental Assistants. A traditional dental assistant may be issued a radiography specialty if the traditional dental assistant is at least 18 years of age and has, within ~~ten~~ 10 years preceding application:

- (a) successfully completed a CODA-accredited dental assisting program that included a dental radiology course; or
- (b) successfully completed a didactic and clinical radiology course offered at a CODA-accredited ~~program~~ institution ~~and didactic and clinical or practical radiology course and attained four months of working or observational experience in a dental office.~~

9-5 Recognition of Non-Vermont Radiography Credentials. The Office may issue a radiography specialty to ~~A~~ a traditional dental assistant holding a current and unrestricted radiography specialty from another U.S. or Canadian jurisdiction with- ~~issued upon~~ requirements substantially equivalent to those of Rule Part 9-43, ~~may be issued a radiography specialty on that basis.~~

9-6 Limitation on Student Radiography. A student enrolled in a radiography course may take up to 100 radiographs, in the office of the supervising dentist or dental therapist, as necessary to complete a course required by Part 9-4.

Part 10: License Renewal and Continuing Education

10-1 Biennial Licensing Period. Licenses are valid for fixed, ~~2,~~ two-year periods. Expiration dates are printed on licenses. A license becomes inactive if not renewed by midnight on the date of expiry. Practicing while a license is lapsed is a violation of 3 V.S.A. § 127. ~~Practice under an inactive license is prohibited.~~ An initial license issued fewer than 90 days prior to the beginning of the fixed ~~biennial~~ 2-year period shall be valid through the end of ~~the full biennium licensing that~~ period. ~~following initial licensure.~~ The lookup tool on the Office website may be considered a primary source verification as to license status and expiration.

10-2 License Renewal. License renewal applications must be completed through the Office website. The Office ~~transmits~~ sends email reminders to licensees at the end of each ~~biennial~~ licensing period; however, non-receipt of such reminders shall not excuse a licensee from ~~the obligation to~~ maintaining continuous licensure or the consequences of failing to do so. ~~Practicing while a license is lapsed is a violation of 3 V.S.A. § 127.~~

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10-3 Late Renewal Penalties. Late renewal applications are subject to reinstatement penalty fees. ~~under 3 V.S.A. § 127(d).~~ Waivers of reinstatement penalty fees can ~~also be requested~~ sought in accordance with 3 V.S.A. § 127(d). ~~Reinstatement penalty waivers may be requested~~ through the online licensing system. 3 V.S.A. § 127(d).

10-4 Renewal Requirements.

(a) Dentists. To be eligible for renewal, a dentist must show:

- (1) 30 hours of continuing education, including opioid prescribing where applicable, the emergency office procedures course (2 hours minimum), and the CPR course, ~~and opioid prescribing education where applicable~~, during the preceding 2-year renewal cycle; and
- ~~(2)~~ Active practice of at least 800 hours or 100 continuing education credits within the previous five-5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 8 hours of active practice.
- ~~(3)~~ (2) ~~An applicant for renewal who has not met minimum practice hour requirements may be required to complete one of the clinical examinations required for initial licensure.~~

(b) Dental Therapists. To be eligible for renewal, a dental therapist must show:

- (1) 24 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and ~~dd~~
- ~~(2)~~ Active practice of at least 40 hours or 80 continuing education credits within the previous five-5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 5 hours of active practice.
- ~~(3)~~ (2) ~~An applicant for renewal who has not met minimum practice hour requirements may be required to complete one of the clinical examinations required for initial licensure.~~

(c) Dental Hygienists. To be eligible for renewal, a dental hygienist must show:

- (1) 18 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and
- ~~(2)~~ Active practice of at least 100 hours or 50 continuing education credits within the previous five-5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 2 hours of active practice.

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~~(3)(2) An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.~~

(d) Dental Assistants. ~~To be eligible for renewal, a dental assistant must show:~~

- ~~(1) To be eligible for renewal, a dental assistant must complete completion of the emergency office procedures course (2 hours minimum) and and the CPR course during the preceding 2-year renewal cycle.~~
- ~~(2) Renewing A certified dental assistant registration or an expanded function dental assistant specialty requires may be renewed only if the bearer submits documentation of current DANB certification.~~
- ~~(3) A radiography specialty may be renewed only if the bearer has completed training within the preceding ten 10 years or practiced radiography under the supervision of a licensed dentist within the preceding five 5 years.~~

~~(3)(e) Active-Practice Requirements Generally. An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.~~

10-5 Continuing Education Audit. The Office may conduct a continuing-education compliance audit of any licensee. All licensees shall retain continuing education documentation for the previous ~~two 2~~ licensing cycles.

10-6 Pre-approved Continuing Education. Continuing education provided by the following is pre-approved by the Board:

- (a)** AAOM, ADBA, ADA, CODA, DANB, ADHA, ADAA, ~~CERP, the Academy of General Dentistry's Program Approval for Continuing Education (PPACE)~~, or the Vermont Department of Health's Oral Health Program.
- (b)** Any constituent or component entity of an organization named in 10-6(a).
- (c)** Any education sponsor certified or accredited by an organization named in 10-6(a).

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10-7 Case-by-Case Continuing Education Approval Requests. A course provider or licensee may apply for approval by completing an online pre-approval application. The application must specify the course curriculum, instructor qualifications, and the dates of presentation. Application should be made ~~prior to~~ before commencement of the ~~course~~ educational program and at least ~~thr~~ three months before ~~the licensethe~~ - renewal deadline. The Board has no obligation to ~~offer~~ retrospectively analyze or approve completed ~~sis and approval of accomplished continuing education offerings~~ courses.

10-8 Approval and Credit Standards. Continuing-education credit shall be awarded based on clock hours of actual engagement in learning activities, not arbitrary assignments of credit value.

10-9 General Format. Eligible continuing education must be earned through a formal course of learning that is directly related to advancing professional competence in providing patient care. A formal course of learning can occur in the following formats:

- (a) in-person classroom instruction with a qualified instructor;
- (b) distance education with continuous ~~2two~~ 2-way communication and observation between a qualified instructor and students;
- (c) distance education with asynchronous exchanges between a qualified instructor and students; or
- (d) a self-study course, if completion is contingent upon examination.

10-10 Relevance Requirement. ~~The~~ Notwithstanding any rule to the contrary, the Board may refuse recognition ~~of~~ to continuing education activities that are not reasonably calculated to enhance professional competence in providing patient care, such as those ~~focused with a dominant focus~~ on marketing, accounting, practice management, personal or business finance, speed reading, general self-improvement, or issue advocacy. The Board will recognize relevant courses that promote effective communication among providers and patients, cultural competence, ethics awareness, and competent recordkeeping. In addition, the following limitations apply:

- (a) No more than 2 hours each may be counted per renewal for a basic life support / basic CPR course or for an emergency office procedures course.

~~10-10~~ There is no limitation on the number of hours in advanced and pediatric life support that may count toward CE requirements, so long as those hours meet the requirements of this Part.

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(b)

Part 11: Duties and Standards

11-1 Duty to update and self-report. The following reports must be made to the Office in writing within 30 days. ~~Applicants and licensees owe a duty of candor to the Office and shall disclose circumstances that may call for further investigation to protect the public. That a matter is reportable does not imply that the matter necessarily is a basis for discipline. A licensee or applicant shall report to the Office in writing, within 30 days:~~

(a) All licensees and applicants must report:

~~(a)(1)~~ (1) any material inaccuracy or change in circumstance regarding relative to any application question, where the changed circumstance arises between submission of a license application and issuance of the license sought; and;

(2) any allegation of professional negligence, misconduct, malpractice, substandard practice, or unethical conduct, that results in:

~~(b)(A)~~ (A) any legal claim for damages, judgment, or settlement arising from alleged professional negligence, misconduct, or malpractice; or

~~(c)(B)~~ (B) any adverse action, other than by the Office, against a professional license, other than an action by the Office, or against a non-governmental professional certification, where the adverse action relates to an allegation of misconduct, substandard practice, or unethical conduct;

~~(d)~~ Dentists must report any change in supervisory arrangements or collaborative agreement terms;

(b) any any hospitalization, hospital transport to a hospital with or without hospitalization hospitalization, or or death related to an incident that occurred:-

(1) in the dental office or outpatient facility; and

(2) during or consequent to the administration of any anesthesia or sedative by any route. The incident report must be submitted even if the patient is not admitted to the hospital.

~~(c)~~ (c) The report required by Part 11-1(b) must include:

(1) the names and credentials of those present for the procedure;

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- (2) a brief synopsis of the procedure; and
- (3) a copy of the patient's medical record of the procedure.

11-2 Ownership of Dental Offices. A dental practice may be owned and operated exclusively by those entities identified in 26 V.S.A. § 564.

11-3 Display of Licenses and Registrations. Each licensee shall display a copy of ~~their~~his or her current license or registration at each place of practice and in such a manner as to be easily seen and read by patients. 26 V.S.A. § 565.

11-4 Referral. A dentist or dental therapist confronted with a patient need that exceeds ~~their~~his or her scope of practice shall refer the subject patient to an appropriate dental or health care professional. 26 V.S.A. § 617.

11-5 Examination and Diagnosis. A dentist or dental therapist ~~mustis responsible to~~must ensure that dental care provided directly, or by delegates under ~~their~~his or her supervision, ~~meetsis consistent with~~ generally accepted standards of care and the requirements of these Rules.

(a) Direct Examination. Dentists and dental therapists shall recommend that each patient be directly examined at least annually; however, it is not unprofessional conduct for a professional licensed under these rules to treat a patient who has not complied with that recommendation, provided the treatment is otherwise within the standard of care. No patient or payer may be billed for the dental examination by a dentist or dental therapist unless ~~such the~~ dentist or dental therapist personally examined the patient.

(b) Telepractice. Telepractice modalities, including remote image acquisition and transmission, are tools of dental practice that may evolve with time. These modalities do not alter the standard of care. A dentist ~~mustis responsible to~~ ensure that diagnostic information employed in the exercise of clinical judgment has been acquired competently and in sufficient detail to inform the clinical decisions it supports.

(c) Informed consent. Before undergoing any procedure, the patient or their legal guardian should be informed of all treatment alternatives and their risks and benefits.

11-6 Professional Standards Generally. A hearing authority may consider the *ADA Principles of Ethics and Code of Conduct*, the *ADHA Code of Ethics*, and the *ADAA Principles of Ethics and Code of Professional Conduct* authoritative sources of professional standards applicable to the respective professions when determining “the essential standards of acceptable and prevailing practice” for purposes of 26

Administrative Rules of the Board of Dental Examiners

V.S.A. § 129a(b). All licensees should be familiar with these standards and the bases for discipline identified in Part 12.

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Part 12: Discipline

12-1 Bases. Unprofessional conduct includes those acts set out at 3 V.S.A. § 129a (applicable to all professional licensees) and 26 V.S.A. § 584 (applicable to Board licensees). Violation of these rules or other requirements of 26 V.S.A. ch. 12 is ~~_cognizable as_~~ unprofessional conduct ~~_under_~~ 3 V.S.A. § 129a(a)(3).

12-2 Remedies. Upon finding that a licensee, applicant, or person who later becomes an applicant has committed unprofessional conduct, within or without this State, or has had a license application denied or a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct ~~that~~which would constitute unprofessional conduct in this State, or has surrendered a license while under investigation for unprofessional conduct, the Board may warn, reprimand, suspend, revoke, limit, condition, deny, or prevent the renewal of a license. See 3 V.S.A. § 129(a). A license may be summarily suspended pending further proceedings, consistent with 3 V.S.A. § 814(c), upon a finding that public health, safety, or welfare imperatively requires emergency action.

12-3 Procedures. Disciplinary prosecutions are contested cases governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

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Effective: January 15, 2010**

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**Vermont Board of Dental Examiners
Administrative Rules
Effective: January 15, 2010
(Cite as BDE Rules x.y)**

PART 1. GENERAL INFORMATION

1.1 Introduction These rules are divided into general information for all professions regulated herein and individual sections for each of the professions governed: dentists, dental hygienists, and dental assistants. These rules also contain rules governing the practice areas of sedation, analgesia, anesthesia, and general supervision of dental hygienists in public or private schools or public or private institutions.

1.2 Duty to Inform It is the responsibility of each supervising dentist to inform each person hired to work in an office subject to these rules of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered and trained. A copy of these rules shall be readily available to all persons subject to these rules. All persons subject to these rules are reminded that 3 Vermont Statutes Annotated (V.S.A.) § 129a(6) includes within the definition of "unprofessional conduct" "[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them."

1.3 The Board's Purpose The State Board of Dental Examiners ("the Board") has been created and given powers by Vermont law. The Board's purpose is to protect the public health, safety, and welfare. The Board does this by setting standards for issuing licenses and registrations, by licensing

and registering only qualified applicants, and regulating license and registration holders and their practices.

1.4 Business Address The Board's mailing address is the Office of the Secretary of State, Office of Professional Regulation, Board of Dental Examiners, National Life Bldg., North, FL2, Montpelier, VT 05620-3402 ("the Office"). Copies of these rules and more information about the Board and its requirements and procedures can be obtained by contacting the Office at 1-802-828-2363. This information may also be obtained from the Board's Web site at <http://vtprofessionals.org/>.

1.5 Board Members and Officers The Board is composed of five dentists, two dental hygienists, and two public members all of whom reside in Vermont. The dentists are in active practice and have practiced in Vermont for at least five years. The dental hygienists are in active practice and have practiced in Vermont for at least three years. All members may serve two consecutive five year terms. Members are appointed by the Governor.

1.6 Terms of Office A chair, vice chair, and secretary are elected annually, usually in September or the Board's first meeting after September. Their duties are:

(a) The Chair calls Board meetings, presides at meetings and signs all certificates, vouchers and other official Board papers.

(b) The Vice Chair is authorized to act when the chair is not present or is unable to attend to the duties of office.

(c) The Secretary may, unless delegated to the OPR administrative staff, handle the Board's correspondence, take the minutes of meetings, certify transcripts of proceedings, sign all certificates, and inform the public and all members of Board meetings.

1.7 Contacting the Board Names of the Board members and officers may be obtained from the Office or the Board's Web site at <http://vtprofessionals.org/>. Members may be contacted through the Office.

1.8 Regular, Special, and Emergency Meetings

(a) The Board holds at least one regular meeting a year, but usually meets monthly. The chair or two other Board members may call a special or emergency meeting when it is necessary.

(b) A majority of the Board constitutes a quorum for all meetings. No formal action at any meeting may be taken unless a majority of the quorum votes in favor of the action. The Office can provide meeting dates and locations. Notice of meetings may usually be found online at <http://vtprofessionals.org/>.

1.9 Laws Governing the Board

(a) The Board is created by law, Title 26, V.S.A., Chapter 13, which establishes its responsibilities for setting standards, issuing licenses and regulating the profession. The statutes are online at <http://www.leg.state.vt.us/statutes/statutes2.htm>. In addition, the Board is subject to several other state laws such as the Administrative Procedure Act (Title 3, V.S.A., Chapter 25), the "Law of Professional Regulation" (Title 3, V.S.A., Sections 121-131), the "Right to Know Law" (Title 1, V.S.A., Sections 311-314), and the "Access to Public Records Law" (Title 1, V.S.A., Sections 315-320). These laws spell out the rights of applicants, license holders or members of the public.

(b) The Vermont Statutes Annotated contain the complete text of these laws. They can usually be found in any Town Clerk's office or public library. "Vermont Statutes Online" are also available at <http://www.leg.state.vt.us>. The Board's statutes and rules may be accessed through the Board's website at <http://vtprofessionals.org/>.

1.10 Effect of Rules

(a) The Board is authorized to make these rules under Title 26, V.S.A., Sections 767 and 804. These rules are approved by the Vermont Legislative Committee on Administrative Rules and have the effect of law and govern the Board's proceedings. Rules are made following the Administrative Procedure Act ("APA"). The Office of Professional Regulation ("Office") helps the Board to comply with the Act. Rules are reviewed and revised periodically. Rules regulating supervised practice of dental hygienists in public or private schools or public or private institutions will become effective only upon passage of an authorizing amendment to 26 V.S.A. § 854.

(b) Legislative changes from time to time may create inconsistencies between statutes and administrative rules. When rules and statutes conflict, the statutes govern.

1.11 Permitted Practices

(a) **Dentists: The following tasks may be performed by licensed dentists only:**

(1) Practices permitted by Chapter 13 of Title 26 including diagnosis, treatment planning and prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances; or

(2) Surgical procedures on hard and soft tissues within or ancillary to them related to the treatment of the maxillofacial complex and any other intraoral procedure that contributes to and results in an irreversible alteration to the oral anatomy.

(3) Dentists are responsible for general supervision of dental hygienists and "direct supervision" of dental hygienists where specifically required elsewhere in these rules.

(4) Dentists are responsible for the direct supervision of dental assistants.

(b) **Clarifications, Limitations on Scope of Practice, Dentists or Dental Hygienists:**

Oral prophylaxis, oral debridement, periodontal descriptions and charting, including periodontal probing and placement of subgingival chemotherapeutic agents shall be performed only by a licensed dentist or dental hygienist.

PART 2. DEFINITIONS

2.1 Definitions As used in these rules:

(a) "Active practice" -

1. "active practice" for dentists: means maintaining a valid license in good standing in this or another U.S. or Canadian jurisdiction and providing dental services to patients for at least 800 hours, or accumulating 100 continuing education credits (1 hour = 1 credit) approved by the Board in patient care related subjects during the previous five years. A combination of practice hours and continuing education hours in that ratio may be accepted in the discretion of the Board.

2. "active practice" for dental hygienists means practicing under a valid license in this or another U.S. or Canadian jurisdiction for no fewer than 50 hours in five years.

(A) Active practice for dental hygienists includes activities which the Board determines to be reasonably related to the retention of competency skills. These may include, but are

not limited to traditional clinical practice or volunteer work at dental clinics, public health practice, teaching undergraduate or graduate education, teaching patient education or dental health education at schools, fairs, or meetings of dental professionals.

3. for dental assistants: there is no active practice requirement.

- (b) "ACLS" - means Advanced Cardiac Life Support.
- (c) "ADA" - means American Dental Association.
- (d) "Board" - means State of Vermont Board of Dental Examiners.
- (e) "CODA" - means Commission on Dental Accreditation of the American Dental Association.
- (f) "CITA" means Council of Interstate Testing Agencies.
- (g) "CPR" - means Cardio-Pulmonary Resuscitation.
- (h) "CRDTS" - means Central Regional Dental Testing Service.
- (i) "CSE" - means Conscious Sedation Endorsement.
- (j) "DANB" - means Dental Assisting National Board.
- (k) "Direct Supervision" - means a dentist agreeing to procedures or treatment performed by appropriate personnel by being readily available at the dental facility for consultation or intervention.
- (l) "Director" - means the Director of the Office of Professional Regulation.
- (m) "Emergency Office Procedures" - means courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross, or courses which include a review of health conditions and factors which might produce emergencies. Acceptable courses will be consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.
- (n) "General Supervision" - (1) in the office of a licensed dentist means a dentist with the responsibility to periodically examine patients, agreeing to procedures or treatment performed by appropriate personnel. The dentist must be available for consultation, but does not necessarily have to be physically present at the dental facility when providing general supervision.
"General supervision" (2) in a public or private school or public or private institution means supervision by a dentist with no less than three years experience in accordance with a general supervision agreement as set forth in Part 10 of these rules. When providing general supervision the dentist must be available for consultation but does not have to be physically present at the site where dental hygiene services are provided.
- (o) "GAE" - means General Anesthesia Endorsement.
- (p) "Good standing" means that the professional holds a current, unrestricted license and has not been subject to disciplinary action resulting in a finding of unprofessional conduct within the previous five years.
- (q) "OPR" - means the Office of Professional Regulation.
- (r) "Office" - means the Office of Professional Regulation.
- (s) "PALS" - means Pediatric Advanced Life Support.
- (t) "PGY1" - means Post Graduate Year.
- (u) "NERB" - means Northeast Regional Board of Dental Examiners.
- (v) "SRTA" - means Southern Regional Testing Agency.
- (w) "Supervising dentist" - means that dentist in a practice who is designated to ensure compliance with the licensing and registration requirements of these rules. The designation need not be formal and is not required to be reported to the Board. Each dentist in a practice is charged with ensuring that there is a designated supervising dentist. If no dentist has been designated as the supervising dentist, every dentist in the practice is responsible for ensuring compliance with the licensing and registration requirements of these rules.
- (x) "Unrestricted license" - means that the licensed or registered professional is not subject to a sanction following a completed disciplinary action which resulted in a finding of unprofessional conduct.
- (y) "V.S.A." - means Vermont Statutes Annotated.

(z) "WREB" - means Western Regional Examining Board.

PART 3. GENERAL LICENSING and REGISTRATION INFORMATION

3.1 Need for a License or Registration No person may practice in Vermont as a dentist, dental hygienist or dental assistant unless licensed or registered by the Board as specified by these rules and the statutes governing these professions.

3.2 Where to Obtain Applications

(a) License or registration applications may be obtained by writing the Office at:

Vermont Secretary of State
Office of Professional Regulation
National Life Bldg., North, FL2
Montpelier, VT 05620-3402

(b) License or registration applications may also be obtained online at <http://vtprofessionals.org/> in the section dedicated to The Board of Dental Examiners.

(c) Submitted applications for licensure or registration must show that the applicant meets the prerequisites listed below for each profession.

3.3 Responsibility for Compliance with the Licensing Requirements

(a) Each supervising dentist must inform each person hired to work in a dental office of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered. If there is no designated supervising dentist, every dentist in the practice shares this duty.

(b) A copy of these rules shall be readily available to all persons subject to these rules.

(c) All persons subject to these rules are reminded that 3 V.S.A. § 129a(6) includes within the definition of "unprofessional conduct" "[D]elegating professional responsibilities to a person whom the licensed professional knows or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them."

3.4 Decisions on Licensure and Renewal: Applicant's Right to a Written Decision

(a) The Board will notify applicants in writing of all decisions concerning the granting or denial of a license or registration or renewal of either. If a license or registration or renewal of either is denied, the applicant will be given specific reasons and will also be informed of the right to appeal the Board's decision.

(b) In some instances the Board, or the Office on behalf of the Board, will issue a preliminary denial of licensure or renewal. This most often occurs when it appears from the application and accompanying documents that the applicant does not meet the qualifications for licensure. When this occurs, the applicant is notified of the right to file an appeal which is heard in a formal hearing by the Board. If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final. At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error, and

that he or she is entitled under the statutes and rules to licensure. After that hearing the Board issues a written final decision. The decision will advise the applicant of how to file an appeal.

3.5 Applicant's Right to Appeal a Final Licensing Decision If the applicant is not satisfied with the Board's final decision denying a license or registration or renewal, after a formal hearing the applicant may appeal within 30 days of the date of the decision as provided by law. Further information about the appeal process may be obtained from the Office or at <http://vtprofessionals.org>.

PART 4. INFORMATION FOR DENTISTS

4.1 How to Obtain a License as a Dentist

(a) Qualifications for licensure as a dentist are set forth by 26 V.S.A. Chapter 13 §§ 801 through 805. 26 V.S.A. § 804 gives the Board authority to promulgate rules relating to 1) the qualifications of applicants; 2) conducting the examinations; and 3) granting licenses.

(b) Applications for a dental license may be obtained from the Office or online at <http://vtprofessionals.org/>. An applicant shall submit a fully completed application form with all supporting documentation and the fee to the Office.

(c) An applicant may obtain a license as a dentist through one of the following three paths: examination, credentials (also referred to as "endorsement"), or licensed practice experience.

d) Regardless of route to licensure, each applicant shall:

- 1) have graduated from a school of dentistry or dental college accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) or, if the applicant has completed a program of dental education in an unregistered and unaccredited foreign dental school, evidence of successful completion of a minimum of one year of study in a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association, resulting in the awarding of a dental degree (D.D.S. or D.M.D.) by that institution;
- 2) be at least 18 years of age and not in violation of these rules or statutes governing the profession;

4.2 Licensure by Examination The application and accompanying documents must show that the applicant:

(a) Is at least 18 years of age and not in violation of these rules or statutes governing the profession.

(b) Has graduated from a school of dentistry or dental college accredited by the Commission on Dental Accreditation of the American Dental Association or, if the applicant has completed a program of dental education in an unregistered and unaccredited foreign dental school, evidence of successful completion of a minimum of one year of study in a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association, resulting in the awarding of a dental degree (D.D.S. or D.M.D.) by that institution;

(c) Presents a certificate of the National Board of Dental Examiners; and

(d) Has passed every part of one of the following examinations:

- (1) the American Dental Licensing Exam (ADLEX) administered by the Northeast Regional Board (NERB);
- (2) the Central Regional Dental Testing Service Examination (CRDTS);
- (3) the Council of Interstate Testing Agencies (CITA);
- (4) the Southern Regional Testing Agency Examination (SRTA);
- (5) the Western Regional Examining Board Examination (WREB);
- (6) another regional or national clinical examination approved by the Board before the examination is taken, or;
- (7) has passed the board certifying examinations of the American Dental Association's recognized specialty boards.

(e) Has completed training in emergency office procedures required in Rule 2.1(m), and;

(f) Has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>.

4.3 Testing Information

(a) Information on the NERB may be obtained by writing to:

Office of the Secretary
Northeast Regional Board of
Dental Examiners
8484 Georgia Avenue, Suite 900
Silver Spring, MD 20910

(b) Information on the CRDTS may be obtained by writing to:

Central Regional Dental Testing Service
5200 Huntoon Street
Topeka, Kansas 66604

(c) Information on the SRTA may be obtained by writing to:

Southern Regional Testing Agency
1072 Laskin Road
Suite 203
Virginia Beach, Virginia 23451

(d) Information on the WREB may be obtained by writing to:

Western Regional Examining Board
10040 North 25th Avenue
No. 116
Phoenix, Arizona 85021

(e) Should changes occur after adoption of these rules, the Office should be able to provide up-dated contact information.

(f) If other regional board or national testing organizations are formed, the Board, at its discretion, may accept passage of their examinations as fulfilling the requirements of this rule.

(g) The Board will compare additional regional or national examinations and examination services to the ones listed before deciding whether other examinations should be approved.

(h) Applicants should check with the Board before taking an examination other than one specifically named herein to verify whether the examination has been approved by the Board.

4.4 Previously Licensed, but Who Do Not Meet Active Practice Requirements If the applicant meets all the requirements for licensure but has not actively practiced dentistry for five years or more, the applicant must:

- a) successfully complete a clinical course approved by the Board which will assure competence to reenter dental practice. A course taken to satisfy this rule must be one offered by a CODA accredited dental school, or;
- b) successfully complete the NERB, or the written portion of NERB and CRDTS, SRTA, WREB, or other examination as in Rule 4.3 immediately preceding the filing of the application.
- c) successfully complete the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>.

4.5 Licensure by Endorsement

- (a) The Board may issue a license to an applicant who meets the requirements of Rule 4.1(d) and:
- (1) is currently licensed to practice dentistry in any jurisdiction of the United States or Canada whose licensing requirements are deemed by the Board to be substantially equivalent to those of this state and;
 - (2) is in good standing as verified to the Board by the licensing authority of that jurisdiction, and;
 - (3) has been in active practice and;
 - (4) has passed an examination administered by the Board testing the applicant's knowledge of Vermont laws and rules of the profession; and
 - (5) has completed the emergency office procedure training as described in Rule 2.1(m).
- (b) For purposes of determining active practice the Board may include periods of
- (1) dental practice within the military service,
 - (2) teaching in an accredited dental school,
 - (3) accredited dental residency programs, and
 - (4) residency programs in American Dental Association recognized board specialties may be considered.

4.6 PGY Licensed Experience: Endorsement, 5 Year Rule

The Board may grant a license to a person licensed in a jurisdiction of the United States or Canada who obtained licensure through a CODA approved PGY1 residency program, rather than passing the examination required in Rule 4.3 if the Board in its discretion, determines:

- (a) that the applicant has been in practice full time of at least 1,200 hours per year for a minimum of five years and is in good standing in all jurisdictions in which licensed;
- (b) that the applicant's practice experience or education overcomes any lesser licensing requirement of that other jurisdiction; and
- (c) that the applicant has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>, and;
- (d) met the requirements of 4.1(d).

4.7 Licensure by Licensed Experience, 5 Year Rule

- (a) The Board may issue a license to an applicant who is currently licensed to practice dentistry in any jurisdiction of the United States or Canada whose licensing requirements are deemed by the Board to be not substantially equivalent to those of this state if:

- (1) the applicant meets the requirements of Rule 4.1(d);
- (2) the applicant is in good standing as verified to the Board by the licensing authorities of all jurisdictions in which licensed;
- (3) the applicant has been in practice full time of at least 1,200 hours per year for a minimum of five years before the application, and;
- (4) the Board in its discretion determines that the applicant's practice experience or education overcomes any lesser licensing requirement(s) of that other jurisdiction, and;
- (5) the applicant has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org>.

(b) For purposes of determining active practice the Board may include periods of:

- (1) dental practice within the military service,
- (2) teaching in an accredited dental school,
- (3) accredited dental residency programs, and
- (4) residency programs in American Dental Association recognized board specialties may be considered.

4.8 Transient Practice Permit A person who is not licensed in Vermont may obtain, without payment of a licensing fee, a transient practice permit from the Board to perform acts constituting the practice of dentistry, provided that:

- (a) The practice in Vermont does not exceed 10 days in any calendar year;
- (b) The person is licensed as a dentist in another jurisdiction of the United States or Canada which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and
- (c) The practice is for educational or volunteer purposes only.

4.9 Display of Dentist License The dental license or certificate, or a photo copy if the licensee practices at more than one location, must be conspicuously displayed in the licensee's place(s) of practice. Licensees may black out or cover their residence address if it appears on the license.

4.10 Maintaining a Dentist License The Board will renew a license when the dentist shows the active practice, continuing education, and emergency office procedures requirements set forth below have been met.

4.11 Active Practice Requirement In order to renew a license each dentist must maintain a license in good standing and engage in active practice, for at least 800 hours, or accumulate 100 continuing education credits approved by the Board in practice related subjects during the previous five years. A combination of practice hours and continuing education hours in that ratio may be accepted in the discretion of the Board.

4.12 Continuing Education Requirement In addition to meeting the active practice requirement in subsection (a) above, a dentist must also document completion of 30 hours professional education which shall include emergency office procedures courses during the two-year licensing period preceding renewal. Except for emergency office procedures, this provision shall apply only to renewals after an applicant's initial two years of practice in Vermont.

4.13 Approval of Continuing Education Programs

(a) **Standards** - A program meets Board qualifications if it is a formal course of learning which contributes to the growth of professional knowledge and competence in providing patient care.

(b) The board will consider a continuing education course to be a "formal course of learning" if it meets the following criteria: The course is conducted by a qualified instructor who will be able to instruct and

interact in any of the following formats:

- (1) Classroom Instruction - Traditional in-classroom, with instructor and student interaction and written materials;
- (2) Interactive Television which permits continuous mutual communication between the instructor and all students, continuous observation of the instructor by all students and continuous observation of all students by the instructor;
- (3) Distance Courses /Online Delivery Distance education courses are defined as programs whereby instruction does not take place in a traditional classroom setting but rather through other media where teacher and student are apart but exchange between instructor and student by electronic means.
- (4) Self-study courses which conclude with an examination may be accepted.

(c) Case-by-case approval - Individual courses may be approved upon submitting to the Board a course outline, instructor qualifications, sponsoring organization, and dates of presentation. Advance approval is not required. The Board will not approve a course or program for continuing education credit if, in its discretion, the Board determines that the program does not contain sufficient educational content.

(d) Approved sponsors may include the ADA, ADHA, ADAA, and their constituent and component dental societies and associations, CODA accredited schools or programs, and home study programs sponsored by any of the above groups. Approved sponsors will also include any sponsor that has ADA, CERP, or AGD, PACE certification.

(e) Courses in practice management and financial management will be accepted if they contribute to the growth of professional knowledge and competence in providing patient care. Examples include, but are not limited to the following:

- (1) courses that promote communication among members of the dental team and between members of the dental team and patients;
- (2) ethics;
- (3) insurance billing and coding; and
- (4) proper patient record keeping.

(f) The Board considers that the following are among the subjects that do not contribute to the growth of professional knowledge and competence in providing patient care, and will not be approved by the Board for continuing education credit:

- (1) accounting and similar topics;
- (2) business administration or management;
- (3) cultural matters;
- (4) general office and computer skills;
- (5) memory training;
- (6) personal business and financial planning matters;
- (7) personal development;
- (8) personal health and recreation;
- (9) personal money management;
- (10) politics;
- (11) software for office use;
- (12) speed reading;
- (13) success training;
- (14) time management; and
- (15) web site development.

4.14 Verification Audits The Board may conduct random audits to verify completion of continuing education up to seven years after a license is renewed. Upon request by the Board, the licensee shall submit certificates of completion for all programs listed in the licensee's renewal application.

4.15 Failure to Meet Active Practice/Continuing Education Requirement A dentist who fails to meet the active practice/continuing education requirement will be refused renewal and must file an application and must successfully complete the examinations required by Rule 4.4.

4.16 Emergency Office Procedures Completion of a course in emergency office procedures as defined in Rule 2.1(m) is required for license renewal.

PART 5. SEDATION, ANALGESIA, ANESTHESIA: SPECIAL ENDORSEMENTS, INCIDENT REPORTS

5.1 Preamble The Board seeks to protect the public health, safety and welfare by adopting specific rules in the area of anesthesia and pain reduction. The Board recognizes the value of making comfortable dental services available to those who might otherwise postpone or avoid necessary dental care. It recognizes that there can be some risk in the use of certain medications. By these rules the Board seeks to ensure that practitioners are adequately prepared to use such medications in their practice.

5.2 Incident Reports

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 60 days of any incident which occurs in the dentist's office or outpatient facility during, or as a direct result of the administration of any anesthetic, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation, or sedation regardless of the route of administration, which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

5.3 Anesthesia Definitions and Guidelines

(a) **"Administering nitrous oxide analgesia"** means: the dispensing, applying, or offering of nitrous oxide analgesia to a dental patient.

(b) **"Anxiolysis"** means: the reduction of anxiety through the administration of pharmacological agent or agents. The administered dose should be within the guidelines for dosage on the manufacturer's package insert, or using techniques taught by CODA approved programs. When anxiolysis is achieved, the patient

(1) is conscious;

(2) can and does respond to conversation appropriately without extra stimulation; and

(3) is fully able to independently and continuously maintain an unimpeded airway.

(c) **"Conscious Sedation"** means a depressed level of consciousness achieved through the administration of a pharmaceutical/pharmacological agent or agents in which:

- (1) the patient retains the ability to independently and continuously maintain an airway;
- (2) the patient's ability to comprehend questions and conversation and react appropriately is suppressed;
- (3) protective reflexes remain active; and
- (4) the patient is easily aroused.

(d) Techniques and pharmaceutical or pharmacological agents used to achieve conscious sedation must render unintended consequences unlikely. Doses shall be within the guidelines on the manufacture's package insert or used according to techniques taught by CODA approved programs. Intravenous pharmaceutical or pharmacological agents used to achieve conscious sedation are limited to those for which there is a reversal agent.

(e) Dentists who administer a pharmaceutical/pharmacological agent or agents with the intent to achieve conscious sedation in a patient and who do not possess a General Anesthesia Endorsement must obtain a Conscious Sedation Endorsement from the Board.

(f) **"Deep Sedation"** - Deep sedation is a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof. **Deep sedation may not be employed without a General Anesthesia Endorsement issued by the board.**

(g) **"General Anesthesia"** - General anesthesia is a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof.

(h) **"Monitoring"** - For purposes of these rules, monitoring patients who have received analgesic or anesthetizing drugs or otherwise mind altering drugs means observing the patient and evaluating through clinical evaluation, electronic and mechanical means, recognizing adverse reactions or complications, and reporting any adverse reaction or complication to the supervising dentist, where applicable, immediately. The degree of monitoring necessary depends on the level of sedation or anesthesia achieved.

5.4 Subsection Regarding: Authorization to Administer Anesthesia or Certain Pharmaceuticals or Pharmacological Agents

5.5 When No Endorsement Required A dentist needs no special endorsement to employ the following:

(a) **Nitrous Oxide:** Use of nitrous oxide in a dental office does not require a special license or endorsement.

- (1) Under direct supervision of a licensed dentist, registered dental assistants and licensed dental hygienists instructed and trained by the dentist may monitor nitrous oxide analgesia during a dental procedure. Administration of nitrous oxide analgesia, as well as prescription, initiation, and determination of nitrous oxide analgesia levels and release and discharge of the patient after administration of nitrous oxide analgesia, shall be performed by and shall be the responsibility of the supervising dentist.

(2) All individuals administering and monitoring nitrous oxide analgesia must, in addition to required emergency office procedures, have annual CPR training.

(b) **Local Anesthesia:** Administration of local anesthesia by dentists does not require a special endorsement from the Board.

(c) **Anxiolysis:** Dentists who administer a pharmaceutical/pharmacological agent or agents with intent to achieve a state of "anxiolysis" as defined in these rules do not require a specific Board endorsement of authority. This includes the prescription of orally-administered, rectally-administered, or nasally-administered sedatives by dentists for anxiolysis before treatment which may be supplemented by nitrous oxide.

5.6 Duty for Use of Pharmaceuticals As licensed professionals, dentists employing the above, or any pharmaceuticals, are responsible to assure that they possess sufficient knowledge of the proper use of medications to achieve analgesia, anxiolysis, sedation, or anesthesia. They must be able to respond if pharmaceuticals intended to achieve anxiolysis have unintended effects. If patients given anxiolysis medications go to the next level beyond anxiolysis, dentists must have the knowledge and resources to manage the effects of the medication.

5.7 Endorsements Required A Special Endorsement from the Board is required before use of Conscious Sedation or General Anesthesia.

5.8 Conscious Sedation: Special Endorsement Required

Dentists Who Do Not Have a General Anesthesia Endorsement and Who Wish to Employ Conscious Sedation as Defined by These Rules must Obtain a Conscious Sedation Privilege Endorsement from the Board.

5.9 Introduction To Conscious Sedation The administration of conscious sedation carries with it inherent risks and added responsibility for care of the patient. Titration of oral medication for the purposes of sedation is unpredictable. Improper or repeated dosing of orally administered sedative agents can result in an alteration in the state of consciousness beyond the intent of the practitioner. The administration of conscious sedation on an out-patient basis by dentists is, with appropriate safeguards, an accepted patient care modality.

5.10 Need for Conscious Sedation Endorsement

(a) Dentists who do not possess a general anesthesia endorsement under rules 5.24 - 5.26 herein and who wish to use pharmaceutical/pharmacological agents to achieve conscious sedation may do so only in compliance with the requirements of these rules.

(b) No Dentist may employ a pharmacological agent or agents with the intent of achieving conscious sedation without first obtaining from the Board an endorsement of authority to employ conscious sedation. The endorsement shall be maintained with the dentist's license.

5.11 Application for Conscious Sedation Endorsement A licensed dentist seeking conscious sedation administration privileges shall file an application with the Board, on the form provided by the Office. Applicants must submit:

(a) Documentation of satisfactory completion of a conscious sedation training program provided under the auspices of a dental school or program accredited by the Commission on Dental Accreditation of the ADA. The program must:

- (1) include a minimum of 60 hours of didactic and clinical study including training in conscious sedation, physical evaluation, venipuncture, technical administration;
- (2) include training in recognition and management of complications and emergencies;
- (3) include documented clinical experience in managing compromised airways and certification of competency in airway management from the program director;
- (4) include training in monitoring patient vital signs to assure expertise in interpretation of those signs and appropriate reaction to them;
- (5) contain additionally supervised experience in providing conscious sedation including successful management of parenteral conscious sedation for no fewer than 20 patients;
- (6) be given in an organized sequence of study administered by one entity; and
- (7) be completed in less than two calendar years or as part of a CODA accredited dental specialty training program; or

(b) Certification by an CODA accredited school showing that the applicant has completed a course of training in conscious sedation while a student in an accredited school of dentistry or through postgraduate training which meets the requirements of the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry; or

(c) Conscious Sedation Endorsement Based on Endorsement from Another Jurisdiction: documentation showing that he or she is a licensed dentist in good standing in a jurisdiction of the United States or Canada having conscious sedation standards substantially equivalent to those of this state; or

(d) **for those treating children under 12 years of age**, documentation of appropriate training, in pediatric sedation techniques according to the guidelines of the American Academy of Pediatric Dentistry and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems; and

(e) A signed affidavit certifying that the dentist:

- 1) understands the requirements of these rules; and
- 2) will use a properly staffed and equipped facility as defined in rule 5.13 of this Section for the administration of conscious sedation.

5.12 Issuance of Endorsement

(a) When the applicant has shown compliance with the rules, the Board will issue a conscious sedation endorsement. The endorsement, unless renewed with the biennial renewal, will expire at the end of the licensing period.

(b) The Board, in its discretion, may waive some or all of the Rule 5.11(a) training requirement upon the applicant's showing adequate initial training in conscious sedation in a CODA approved program, and treatment of a minimum of 10 patients in the preceding two years before the application (Rule 5.19(a)(2)), which assures the Board that the applicant has the current ability to employ conscious sedation with safety.

5.13 Facility and Personnel Requirements

(a) **Facility Requirements:** A dentist employing conscious sedation may do so only in a properly equipped facility which shall include at a minimum:

- 1) Sphygmomanometer, stethoscope, and pulse oximeter;
- 2) A positive pressure oxygen delivery system with full face masks and connectors capable of delivering to the sedated patient oxygen under positive pressure, plus a back up system;
- 3) emergency drugs and equipment appropriate to the medications administered including drugs appropriate to address emergencies and drugs appropriate for ACLS or PALS;
- 4) suction equipment;

- 5) an emergency back up light source system that will permit safe termination of any procedure under way; and
- 6) a defibrillator.

(b) Staffing Requirements:

- (1) In addition to the dentist or other professional permitted under these rules to administer pharmaceuticals to achieve conscious sedation, there must be a minimum of one assistant licensed or registered under Chapter 13 of Title 26 who possesses a current certification in cardio pulmonary resuscitation and is capable of assisting with procedures, problems and emergencies incident to the administration of such sedation.
- (2) A licensed or registered dental assistant or dental hygienist trained in airway management must remain with the patient until the patient's escort arrives, and the patient is able to maintain a patent airway unassisted.

5.14 Patient Risk Criteria

- (a) Conscious sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA).
- (b) Conscious sedation shall not be provided in a dental office for patients in ASA risk category V.
- (c) Patients in ASA risk categories Class III and Class IV shall only be provided conscious sedation:
 - (1) by an oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category and any special monitoring requirements that may be necessary; or
 - (2) by a dentist with a conscious sedation endorsement after consultation with the patient's primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary.

5.15 Monitoring Requirements

To minimize risks to patients, a dentist who uses conscious sedation shall:

- (a) Ensure that monitoring of a patient under conscious sedation begins prior to the administration of sedation, and takes place continuously during the procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer conscious sedation shall remain on the premises until the patient is responsive and discharged;
- (b) Ensure that monitoring includes:
 - (1) continuous direct clinical observation of the patient;
 - (2) interval recording of blood pressure and pulse;
 - (3) continuous evaluation of oxygen saturation; and
 - (4) additional devices such as EKG for monitoring when dictated by the medical needs of the patient;
- (c) Ensure that alarms on devices used for monitoring are enabled.

5.16 Conscious Sedation Protocols

The dental office shall develop written protocols for sedation of dental patients addressing the following:

- (a) preoperative patient evaluation and selection prior to conscious sedation,
- (b) informed consent,
- (c) sedation monitoring procedures,
- (d) sedation record keeping procedures, and

(e) patient discharge assessment.

5.17 Emergency Protocols

(a) The dental office shall develop written protocols for sedation-related emergencies addressing the following:

- (1) Laryngospasm,
- (2) Bronchospasm,
- (3) Aspiration of emesis,
- (4) Angina Pectoris,
- (5) Myocardial infarction,
- (6) Hypotension,
- (7) Hypertension,
- (8) Cardiac arrest,
- (9) Hyperventilation,
- (10) Hypoventilation,
- (11) Convulsions,
- (12) Allergic and toxic reaction, and
- (13) Airway occlusion by foreign body.

(b) Training to educate assistants with respect to these protocols must be provided to all sedation team assistants and updated periodically.

5.18 Records of Conscious Sedation Administration The following records shall be made for each administration of conscious sedation:

- (a) relevant medical history of the patient;
- (b) consent for administration of conscious sedation prior to the performance of any procedure and administration of any drugs;
- (c) preoperative, intra operative and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation where the level of patient cooperation and/or medical/physical limitations of the patient allows; and
- (d) drugs and dosages of drugs used during the operative procedure, and times of their administration over the course of the procedure.

5.19 Renewal of Conscious Sedation Endorsement: Continued Competence At the time of license renewal, a dentist who wishes to renew the conscious sedation endorsement shall:

- (a) provide documentation of:
 - (1) 6 hours of continuing education in conscious sedation during the licensing period; and
 - (2) treatment of a minimum of ten patients in the preceding two years. In cases where the renewal occurs less than two years after the conscious sedation endorsement was initially issued, the Board may waive all or part of this requirement.
- (b) provide documentation of current, successful completion of an Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) training as appropriate. This training may be applied toward the continuing education requirement in this rule.

5.20 Others Permitted to Administer Conscious Sedation: Certified Registered Nurse Anesthetists

(a) A dentist who holds a valid conscious sedation endorsement from the board may permit a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation. Use of a Certified Registered Nurse Anesthetist does not relieve the dentist of responsibility for the patient.

(b) A dentist who does not hold a conscious sedation endorsement may not have a CRNA administer conscious sedation.

5.21 Exemptions from Conscious Sedation Endorsement Requirement A dentist does not need to hold a conscious sedation endorsement when conscious sedation is administered by:

(a) another assisting dentist, who possesses one; or

(b) a physician anesthesiologist.

(c) "Physician" for purposes of this section means a physician who is licensed to practice medicine and all of its branches under the laws of Vermont and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center, or is an anesthesiologist.

(d) Administration of conscious sedation under the exemption sections above is permitted only in facilities which meet the equipment and staffing requirements of these rules.

5.22 Incident Reports

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any mortality, or other incident which occurs in the dentist's office or outpatient facility during, or as a direct result of, the administration of any anesthesia, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation or sedation regardless of the route of administration, and which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

5.23 Conscious Sedation Provisions: Effective Date Effective January 1, 2007 no dentist shall administer a pharmaceutical agent or agents to induce conscious sedation without first obtaining a conscious sedation endorsement or general anesthesia endorsement from the Board.

5.24 General Anesthesia: Endorsement Required Dentists who employ general anesthesia must obtain a Special Endorsement from the Board.

5.25 Obtaining a General Anesthesia Endorsement The Board will issue a General Anesthesia Endorsement to authorize qualified dentists to administer general anesthesia, parenteral deep sedation, and parenteral sedation, and parenteral conscious sedation in dental offices.

5.26 Prerequisites to Approval An applicant must demonstrate that he or she:

(a) has a properly staffed and equipped facility, as set forth in the current edition of the Office Anesthesia Evaluation Manual of the American Association of Oral and Maxillofacial Surgeons; and

(b) has either completed a minimum of 12 months of advanced clinical training in anesthesiology and related academic subjects (or the equivalent) beyond the undergraduate dental school level in a training program, as set forth in Part II of the current edition of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association; or

(c) is a diplomate of the American Board of Oral and Maxillofacial Surgery, is a fellow or member of the American Association of Oral and Maxillofacial Surgeons, or is a fellow of the American Dental Society of Anesthesiology or has successfully completed a CODA accredited oral and maxillofacial surgery residency program.

5.27 Incident Reports

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any mortality, or other incident which occurs in the dentist's office or outpatient facility during, or as a direct result of the administration of any anesthesia, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation, or sedation regardless of the route of administration, which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis, or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

5.28 Exemption from General Anesthesia Endorsement Requirement The General Anesthesia Endorsement requirement does not apply to dentists administering general anesthesia, parenteral deep sedation, or parenteral conscious sedation in a hospital setting with supervision by an physician or dentist credentialed by the hospital to provide anesthesia services.

5.29 Renewal of Special Endorsements A special endorsement must be renewed every two years at the same time as license renewal. A special endorsement which is not renewed lapses on the expiration date. In cases where the renewal occurs less than two years after the general anesthesia endorsement was initially issued, the Board may waive all or part of the renewal requirement.

5.30 Inspection of Dentist Offices The Board may as it deems appropriate inspect a licensee's facility, equipment, and staff. Such inspection shall be conducted by a person or team appointed by the Board or office.

PART 6. INFORMATION FOR DENTAL HYGIENISTS

6.1 Dental Hygienist License This license allows a person to practice dental hygiene in Vermont. It includes the dental hygienist who is practicing expanded function dental assisting duties or administering local anesthesia by endorsement.

6.2 How to Become Licensed as a Dental Hygienist There are two ways to qualify for a license as a dental hygienist, licensure by examination, licensure by endorsement.

6.3 Licensure by Examination To qualify by examination, the applicant must file a written application (obtained from the Office or online), showing that the applicant:

- (a) Is at least 18 years old; and
- (b) Has graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association;
- (c) Presents a certificate of the National Board of Dental Examiners;
- (d) Has completed the emergency office procedure training required in Rule 6.21; and
- (e) Has passed the Northeast Regional Board Examination ("NERB") or the Central Regional Dental Testing Service Examination ("CRDTS") or a successor regional or national examination approved by the board before the examination is taken.

6.4 Testing Information

(a) Information on the NERB may be obtained by writing:

Office of the Secretary
Northeast Regional Board of Dental Examiners
8484 Georgia Avenue, Suite 900
Silver Spring, MD 20910

(b) Information of the CRDTS may be obtained by writing:

Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604-3333

(c) Should changes occur after adoption of these rules, the Office should be able to provide up-dated contact information.

6.5 Vermont Rules and Statutes Examination The applicant must successfully complete the Vermont dental statutes and rules examination which is available from the office or on line and submit it with the application.

6.6 Licensure by Endorsement To qualify by endorsement, the applicant must file an application (obtained from the Office or online), showing that the applicant:

- (a) Is currently licensed in a jurisdiction of the United States or Canada with requirements of education and examination which are substantially equivalent to those currently in effect in Vermont;
- (b) Is currently in good standing and has not been disciplined in any jurisdiction where the applicant has been licensed, or has been fully reinstated after having been disciplined;
- (c) Has completed the emergency office procedure training required in Rule 6.21.
- (d) The applicant must successfully complete the Vermont dental statutes and rules examination which is available from the office or on line and submit it with the application.

6.7 Reserve

6.8 Transient Practice Permit A person who is not licensed in Vermont may obtain a transient practice permit from the Board to perform acts constituting the practice of dental hygiene, provided that:

- (a) The practice in Vermont does not exceed 10 days in any calendar year;

(b) The person is licensed as a dental hygienist in a jurisdiction of the United States or Canada which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and

(c) The practice is for educational or volunteer purposes only.

6.9 Local Anesthesia Privileges for Dental Hygienists A licensed dental hygienist may qualify for a special endorsement and may undertake the administration of local anesthesia upon:

(a) satisfactorily completing a course of study of at least 24 hours of instruction or three eight-hour days of instruction in a formal program in expanded function dental hygiene sponsored by an institution accredited by the Commission on Dental Accreditation of the American Dental Association. The course must include didactic and clinical studies in the administration of block and infiltration anesthesia. The curriculum must include:

- (1) Medical history evaluation procedures,
- (2) Understanding pharmacology of local anesthesia and vasoconstrictors,
- (3) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents,
- (4) Indications and contraindications for administration of local anesthesia,
- (5) Selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents,
- (6) Medical and legal management of complication,
- (7) Recognition and management of post-injection complications and management of reactions to injections,
- (8) Proper infection control techniques with regard to local anesthesia and proper disposal of sharps,
- (9) Methods of administering local anesthetic agents, with emphasis on:
 - (A) Technique,
 - (B) Minimal effective dosage,
- (10) A certificate of course completion and a copy of the syllabus must be provided to the Board.

(b) Successfully completing the written examination in the administration of local anesthesia authorized by the Board.

(c) Administration of local anesthesia may occur as provided by statutes and these rules.

6.10 Anesthesia Endorsement A dental hygienist in good standing and who has been licensed and trained to administer local anesthesia in any jurisdiction of the U.S. or Canada having substantially equivalent standards may qualify for a special endorsement to perform that function by presenting written documentation of such licensure and training to the Board.

6.11 Maintaining Anesthesia Privileges A dental hygienist may maintain local anesthesia privileges by administering at least 50 local anesthetic injections during the previous five years. Otherwise, a dental hygienist must satisfy the Board of competence to administer local anesthesia by successfully completing a course of three or more eight-hour days of instruction. The course must include didactic and clinical studies in the administration of block and infiltration anesthesia and must meet the curriculum requirements of Rule 6.9(a) above.

6.12 Dental Hygienists, Expanded Function Duties

(a) A licensed dental hygienist may qualify for registration as an expanded function dental assistant and may perform the expanded function dental assisting duties for which the dental hygienist has been trained in a formal program in expanded function dental assisting accredited by the Commission on Dental Accreditation of the American Dental Association.

(b) A dental hygienist trained as an expanded function dental assistant may be registered by substantiating the adequacy of training.

6.13 Dental Hygienists, Expanded Functions Duties, Scope of Practice Dental hygienists performing expanded function duties must limit the expanded duties to those for which the dental hygienist is trained within the limits of Vermont rules.

6.14 Maintaining a Dental Hygienist License To maintain a license as a dental hygienist, the licensee must meet the active practice, continuing education (Rule 6.16), and emergency office procedures requirements.

6.15 Active Practice If the applicant has not met the dental hygiene active practice requirement immediately preceding application or renewal, the applicant must successfully complete the NERB or CRDTS or other examination approved by the Board.

6.16 Mandatory Continuing Education for Dental Hygienists

(a) During each full licensing period, licensed dental hygienists must satisfactorily complete 12 hours continuing education as prescribed below. Effective after the 2009 renewal: dental hygienists must satisfactorily complete 18 hours of continuing education as provided below.

(b) **Exception:** New licensees will not be required to submit evidence of continuing education, except emergency office procedures required by Rule 6.21, until the first full two-year renewal period following initial licensure.

(c) Documentation of continuing education shall be presented to the Board upon request.

(d) **Types of Education:** Nine credits or hours must be taken in clinical or didactic dental or dental hygiene subject areas. Effective after the 2009 renewal: 15 credits or hours must be taken in clinical or didactic dental or dental hygiene subject areas. The remaining three credits or hours may be taken in non-scientific areas appropriate to the practice of dental hygiene.

(e) One hour of continuing education credit shall be given for each hour of attendance at lectures, seminars, or other similar programs. Home study course credit will be determined by the course sponsor based upon the reasonable amount of time necessary to cover course material.

(f) Credit hours obtained during a renewal period shall not be applied to any succeeding renewal period.

(g) Approved course sponsors shall include:

- (1) American Dental Hygienist's Association (ADHA),
- (2) American Dental Association (ADA),
- (3) Constituent and component state dental hygiene associations and constituent and component state dental societies,
- (4) Academy of General Dentistry,
- (5) Dental or dental hygiene teaching institutions accredited by the Commission on Dental Accreditation (CODA) of the ADA,
- (6) Home study courses sponsored by any of the organizations or institutions listed in subparagraphs 1 through 5 above.

6.17 Documentation Licensees must obtain an authenticated document of attendance from the course sponsor. The document of attendance shall include:

- (a) Participant's name,
- (b) Title or subject area of course,

- (c) Course sponsor,
- (d) Date and location of course,
- (e) Number of lecture and clinical or laboratory participation hours.

6.18 Retention of Continuing Education Records Documents pertaining to continuing education programs attended shall be retained by the licensee for seven years.

6.19 Verification of Compliance Compliance with continuing education requirement shall be verified by the licensee's signature on the license renewal form.

6.20 Audits The Board may audit licensees for compliance with the continuing education requirement. The auditing procedure shall be as follows:

- (a) A letter will be sent by the Board requesting the licensee to provide within 30 days photocopies of authenticated documents of attendance obtained from course sponsors.
- (b) Documentation submitted will be examined by the Board.
- (c) If the documentation submitted fulfills all of the requirements of this section, the Board will send a letter confirming compliance to the licensee.
- (d) If the documentation submitted does not fulfill all of the requirements of this section, the discrepancy must be justified or corrected within 90 days.

6.21 Emergency Office Procedures

- (a) All dental hygienists licensed or registered in the State of Vermont shall as a condition of every biennial license or registration renewal show evidence of having completed a course in emergency office procedures defined in Rule 2.1(m).
- (b) Only one emergency office procedure course may count toward continuing education requirements for any licensing period.

6.22 Dental Hygienist Licenses: Display Once licensed or registered, the dental hygienist license or a photo copy if the licensee practices at more than one location, must be conspicuously displayed in the licensee's place(s) of practice. Licensees may black out or cover their residence address if it appears on the license.

PART 7 INFORMATION FOR DENTAL ASSISTANTS

7.1 Dental Assistant Registration. This registration allows a person to practice as a dental assistant in Vermont. A dental assistant assists the dentist in providing care directly to the patient.

7.2 Limitation on Practice A dental assistant may perform duties in the office of any licensed dentist consistent with these rules, and in public or private schools or public or private institutions under the supervision of a licensed dentist. The performance of any intraoral tasks by a dental assistant shall be under the direct supervision of a dentist.

7.3 Duties of Dental Assistants The specific duties dental assistants may perform are based upon:

- (a) Their education;
- (b) Their experience; and
- (c) An agreement with the employing dentist whose goal as a team is to promote the efficiency and reduce the cost of dental services in the state consistent with the highest possible standards of dental care.

7.4 Three categories of dental assistants There are three categories of dental assistants:

- (a) Traditional Dental Assistants
- (b) Certified Dental Assistants
- (c) Expanded Function Dental Assistants

7.5 How to Become Registered as a Traditional Dental Assistant All persons employed as traditional dental assistants in a dental office must register with the Board. A person who has not previously registered with the Board and who is hired to be a dental assistant must register within 30 days of the first day of employment. Any person employed as a traditional dental assistant in a dental office in this state is subject to these rules immediately upon commencing such employment.

7.6 Traditional Dental Assistants, Scope of Practice A traditional dental assistant who is not a graduate of a CODA accredited program may perform all extraoral duties in the dental office or dental clinic which are assigned by the dentist. During intraoral procedures, the traditional dental assistant may assist the dentist or clinical staff as assigned by the dentist. The traditional dental assistant may take radiographs under a special endorsement of the registration.

7.7 Traditional Dental Assistants, Limitations A traditional dental assistant not a graduate of a CODA accredited dental assisting program may not perform coronal polishing or apply dental sealants until the traditional dental assistant has worked as a traditional dental assistant for at least six consecutive months.

7.8 How to Become Registered as a Certified Dental Assistant

(a) A person may become registered as a certified dental assistant if the person is certified by the Dental Assisting National Board. A traditional dental assistant who has already obtained radiology privileges may register as a certified dental assistant upon successfully completing the Dental Assisting National Board (DANB) examination.

(b) Certification must be renewed in accordance with DANB requirements. Certified Dental Assistants whose certification status has changed, for any reason, must notify the Board of the change in status within 30 days of the change.

7.9 Certified Dental Assistants, Scope of Practice Except as limited by statute, for example 26 V.S.A. § 864, a certified dental assistant may perform all the duties for which the certified dental assistant has received training.

7.10 How to Become Registered as an Expanded Function Dental Assistant A certified dental assistant or a licensed dental hygienist who has successfully completed a formal program in expanded function duties at a program accredited by the Commission on Dental Accreditation of the American Dental Association may be registered as an expanded function dental assistant.

7.11 Expanded Function Dental Assistants, Training The training program shall have the minimal requirements of 50 hours of didactic training and five weeks of clinical training, followed by six weeks of field training in dental offices, all under supervision of the faculty of the accredited school or its designates.

7.12 Expanded Function Dental Assistants, Scope of Practice

(a) An expanded function dental assistant may perform those functions for which the certified dental assistant or licensed dental hygienist has been trained upon becoming employed by a licensed dentist.

(b) As permitted by statute and these rules an expanded function dental assistant may perform the dental duties for which he or she is trained.

7.13 Dental Assistants, Radiographic Endorsement The Board will issue a radiographic endorsement to an applicant who:

(a) is at least 18 years of age; and

(b) has within the previous ten years, successfully completed a didactic and clinical or practical radiology course provided by a school accredited by the Commission on Dental Accreditation of the American Dental Association. A student enrolled in a radiology course may take radiographs necessary to course completion, in the office of the employing or supervising dentist, but in no event more than 100 radiographs; and

(c) has documented six months lawful employment as a dental assistant, or,

(d) has a radiography endorsement from another U.S. or Canadian jurisdiction having substantially equivalent standards to those of this state.

7.14 Radiology Courses, Advisory Potential applicants, especially those new to Vermont, should be aware that acceptable radiology courses are not frequently offered in Vermont. Finding and taking an acceptable radiology course in another jurisdiction may shorten or eliminate any delay before a radiologic endorsement can be issued.

7.15 Dental Assistants, Certificate Display Dental assistant registration certificates or a photo copy if the dental assistant practices at more than one location, must be conspicuously displayed in the registrant's place(s) of practice. Dental Assistants may black out or cover their residence address if it appears on the certificate.

7.16 Emergency Office Procedures All dental assistants, shall complete emergency office procedures training required in Rule 7.17 within six months of their date of hire.

7.17 Renewal of Dental Assistant Registration All dental assistants shall as a condition of every registration renewal complete a course in emergency office procedures. The Board will accept the following types of courses as satisfying this requirement:

(a) courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross; or

(b) courses which include a review of health conditions and factors which might produce emergencies. Acceptable courses will be consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.

7.18 Dental Assistant Transient Practice Permit A person who is not registered in Vermont may obtain a transient practice permit from the Board to perform acts constituting the practice of dental assisting, provided that:

(a) The practice in Vermont does not exceed 10 days in any calendar year;

(b) The person is registered or certified as a dental assistant in another state which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and

(c) The practice is for educational or volunteer purposes only.

PART 8. LICENSE or REGISTRATION RENEWALS, ALL PROFESSIONS

8.1 Renewing a License or Registration

(a) Licenses and registrations must be renewed before they expire. The expiration date is stated on the license or registration certificate. Before the expiration date, the Office will mail a renewal application and notice of the renewal fee. Evidence of having taken a course in emergency office procedures as required by these rules must accompany the renewal application. A license or registration which is not renewed will be considered as lapsed as of the expiration date.

(b) Dentists and dental hygienists must verify compliance with license renewal requirements before the license will be renewed.

8.2 Dentists A dentist who has not engaged in active practice as defined above will be refused renewal and must successfully complete the examinations for licensure specified in 4.4 before the renewal is granted.

8.3 Dental Hygienists A dental hygienist who has not fulfilled the continuing education requirement above may be required to complete the continuing education requirements for the immediate preceding licensing period before renewal.

8.4 Dental Hygienists Expanded Function Scope of Duties, Insufficient Active Practice A dental hygienist with expanded function duties who has not met continuing education requirements must complete the continuing education requirements for the immediate preceding licensing period before renewal, meet all DANB requirements and re-certify as a certified dental hygienist.

8.5 Traditional Dental Assistants, No Active Practice Traditional dental assistants have no active practice requirement.

8.6 Reinstating an Expired License or Registration If a license or registration has expired because it was not renewed on time, the licensee may apply for reinstatement, meet all reinstatement requirements, and pay the renewal fee for the current renewal period and late penalty.

8.7 Lapsed Radiography Endorsement A registrant applying to reinstate dental radiography privileges after a lapse of ten years must successfully complete an approved radiography course.

PART 9 PROFESSIONAL STANDARDS, UNPROFESSIONAL CONDUCT

9.1 Change of Name, Address Licensees and registrants must notify the Office promptly of any changes in name or address. Failure to comply with this provision can result in unlicensed practice, late fees, and unprofessional conduct charges.

9.2 Making and Resolving Complaints

(a) The Board follows the complaint procedure of the Office of Professional Regulation. Copies of the procedure and more information about the complaint process may be obtained from the Office or online at <http://vtprofessionals.org/>.

(b) Under 3 V.S.A. § 127(c), a person may be imprisoned for up to one year or fined up to \$5,000.00, or both for practicing without a valid license or registration.

9.3 Grounds for Discipline

(a) 3 V.S.A. § 129a defines unprofessional conduct for all professions including those governed by these rules. Whenever its provisions are in conflict or overlap with the statutes specifically governing these professions, or these rules, the provisions which provide greater safety to the public shall apply. Chapter 13 of Title 26 of the Vermont Statutes contains specific definitions of unprofessional conduct for the professions subject to these rules.

(b) 3 V.S.A. § 129a and 26 V.S.A. § 809 specify certain acts which constitute unprofessional conduct. Those statutes are not the only basis of discipline. Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession, 3 V.S.A. § 129a(3), also constitutes unprofessional conduct.

(c) Unprofessional conduct includes failure to practice competently. 3 V.S.A. § 120a(b). Failure to practice competently includes performing treatments or providing services which one is not qualified to perform, or which are beyond the scope of one's education, training, capabilities, experience, or scope of practice. This means that persons subject to these rules, when presented with an unfamiliar or complicated treatment challenge, have a duty to acquire necessary skill or knowledge to treat a patient. This may mean consulting with another professional before treating the patient. If acquiring sufficient skill and knowledge to competently treat the patient is not possible, the professional has a duty to refer the patient to another professional qualified to treat the patient.

9.4 Ethics Codes The Ethics Codes of the American Dental Association and the American Dental Hygienists' Association can provide guidance to the Board of Dental Examiners as it is called upon to determine the meaning of the statutes and rules governing the profession, as well as unprofessional conduct. The Board may refer to the Codes for guidance when possible.

9.5 Unauthorized Practice The Board also has authority to decide complaints of unauthorized practice as indicated in 3 V.S.A. § 127.

9.6 Sanctions for Unprofessional Conduct Among the possible disciplinary actions the Board may impose against the license of a dentist, dental hygienist, or dental assistant after a finding of unprofessional conduct are:

- (a) denial of licensure or registration or renewal;
- (b) warnings or reprimands;
- (c) suspension for a period of time to be determined by the Board;
- (d) revocation;
- (e) limitations on practice;
- (f) setting conditions for practice or resumption of practice;
- (g) denial of reinstatement; or,

(h) imposition of a civil penalty of up to \$1,000 for each instance of unauthorized practice, unprofessional conduct, or violation not related to patient care.

9.7 Supervising Dentist: Duty to Inform

(a) It is the responsibility of each supervising dentist to inform each person hired to work of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered.

(b) A copy of these rules shall be readily available to all persons subject to these rules. All persons subject to these rules are reminded that 3 V.S.A. § 129a(6) includes within the definition of "unprofessional conduct" "[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them."

9.8 Public Records All Board decisions on disciplinary complaints are public records. Unprofessional Conduct decisions are available online or from the office.

Part 10 RULES FOR DENTAL HYGIENISTS PRACTICING UNDER GENERAL SUPERVISION IN PUBLIC OR PRIVATE SCHOOLS OR PUBLIC OR PRIVATE INSTITUTIONS

The following rules shall apply to dental hygienists practicing under general supervision in public or private schools or public or private institutions as permitted under 26 V.S.A. § 854.

10.1 Eligibility Dental hygienists who have a minimum of three years licensed clinical practice experience and have been in good standing for three years before entering the agreement are permitted to provide services as authorized in a General Supervision Agreement between the dental hygienist and dentist licensed and in good standing in Vermont.

10.2 General Supervision Agreement

(a) A general supervision agreement (agreement) is a written document signed by the dental hygienist being supervised and the dentist providing general supervision. Both must be in good standing with the Board of Dental Examiners.

(b) The agreement authorizes the dental hygienist who is providing dental hygiene services in a public or private school or institution under the general supervision of a dentist to provide specific hygiene services agreed to between the dentist and dental hygienist. The agreement sets forth the responsibilities of the dentist and dental hygienist.

(c) The dental hygienist shall practice according to the parameters of the agreement.

(d) The variable terms of the agreement can be modified at any time in writing. Modifications must then be signed by both parties.

(e) A supervision agreement template is available on line at <http://vtprofessionals.org>.

10.3 Contents of the Agreement The agreement shall contain the following provisions:

Responsibilities of Supervising Dentist and Dental Hygienist:

"The parties agree that:

- (1) The dental hygienist will practice according to the parameters set forth in this agreement.
- (2) The dentist providing general supervision must be available for consultation but is not required to be physically present at the site where dental hygiene services are provided.
- (3) The dental hygienist working under this agreement and supervising dentist agree to maintain communication and consultation with each other.
- (4) The dental hygienist will provide the dentist opportunities to review patient records as requested.
- (5) The dentist will review the records of patients treated by the dental hygienist from the beginning of general supervision. Reviews will include records of all patients seen. Reviews must occur no less than once every 6 (six) months at a minimum. The dentist may determine the need for and conduct more frequent reviews. Subsequent reviews of records need only encompass patients seen since the last review.

(6) Limitation on treatment:

(A) When the patient's dental condition requires services beyond what the dental hygienist can provide, the dental hygienist will advise or refer the patient to obtain dental or other care.

(B) For patients who have been treated by a dental hygienist under general supervision and who since treatment began have not been seen or examined by a dentist in 24 months, the hygienist should inform the patient or guardian that an examination by a dentist **is strongly recommended**.

(7) The dental hygienist will ensure that patient records are properly maintained and comply with applicable state or federal laws.

(8) Authorized services. The agreement must contain a listing of the dental hygiene services that are authorized. The dental hygienist may provide only the services authorized by the agreement. A list of approved dental hygiene services which may be included in the supervision agreement is contained in Rule 10.6.

(9) Consent Form

(a) The dental hygienist will, as appropriate, obtain written consent from the patient, parent or guardian on a form that may include:

"I understand that the records for services provided by the dental hygienist will be reviewed by a Vermont licensed dentist providing the dental hygienist general supervision.

I understand that treatment I receive from the dental hygienist is limited in scope. It does not take the place of a regular dental examination or treatment by a licensed dentist.

I understand that the dental hygienist will refer _____ (me, my child [name of patient]) for treatment by a dentist or other medical professional when a dental condition requires treatment beyond what the dental hygienist can provide."

(b) If a school or institution uses its own consent form for medical or dental hygiene services provided at its facilities, the dental hygienist shall then document reasonable efforts to ensure that the consent form used by the school or institution provides an equivalent notice, and that patients, parents or guardians are aware of the information in the consent form above.

10.4 Duration of Agreement Unless modified before, this agreement shall expire on _____ (not more than one year after effective date.)

10.5 Agreement Filing and Retention

(a) A copy of the agreement shall be sent to:

The Board of Dental Examiners
Vermont Secretary of State
Office of Professional Regulation
National Life Bldg., North, FL2
Montpelier, VT 05620-3402

(b) The dentist and dental hygienist shall retain copies of supervision agreements for seven years.

10.6 Approved Services

The following hygiene services are approved by the Board of Dental Examiners for use in public and private schools and institutions and approved for use in the agreement:

The dental hygienist under this agreement is authorized to:

- (a) interview patients and record complete medical and dental histories;
- (b) take and record the vital signs of blood pressure, pulse and respiration;
- (c) perform oral inspection and record all conditions identified;
- (d) perform complete periodontal charting and charting of existing dental restorations;
- (e) provide the patient information so that the patient may be referred for or seek necessary follow up dental care;
- (f) provide dental health education and oral hygiene instructions;
- (g) assess the patient's treatment needs and provide the assessment to the patient;
- (h) after determining their necessity;
 - (1) expose and process radiographs;
 - (2) apply fluoride varnish and/or fluoride to control caries;
 - (3) apply desensitizing agents to teeth;
 - (4) apply sealants;
- (i) regardless of periodontal case type classification, **provide in appropriate circumstances when there are no medical contra-indications:**
 - (1) prophylaxis adult;
 - (2) prophylaxis child;
 - (3) full mouth debridement to enable comprehensive evaluation and diagnosis;
- (j) Provide, for patients with mild periodontitis; (Defined as: gingival edema, bleeding upon probing, and/or suppuration, up to 1/4 loss of supporting periodontal tissues and no more than class 1 (incipient) furcation involvement. Pocket depths of 6 mm. or less.)
 - (1) periodontal maintenance;
 - (2) periodontal scaling and root planing.

10.7 Additional Information Practitioners are reminded that the Board's web site <http://vtprofessionals.org> may have additional information regarding general supervision in public and private schools and institutions.

Final Proposed Administrative Rules for Dental Examiners: Summary of Substantial Arguments, Agency Responses, and Amendments

OPR received no substantive comments on Parts 1, 2 or 3 of the proposed Rules.

Part 4: Dentists

Comment: One dentist in general practice, citing a provider shortage, recommended creating a path to licensure for Canadian dentists.

Response: Existing law provides multiple paths to licensure for Canadian dentists. *Licensure by examination* is when OPR directly evaluates an applicant's qualifications. *Licensure by endorsement* is when OPR issues a license based on an applicant's licensure in another jurisdiction.

Licensure by examination. Most Canadian dentists are already eligible for licensure by examination because Canadian dental schools are accredited by the Commission on Dental Accreditation (CODA). Therefore, if a Canadian dentist passes the same examinations required of U.S.-educated dentists, they qualify for licensure. In addition, the rule has been revised to accept the Canadian written licensing exam. Thus, a Canadian dentist need only pass the hands-on clinical exam.

Licensure by endorsement. The Board may grant licensure by endorsement to dentists licensed in any United States or Canadian jurisdiction with licensing requirements substantially equivalent to Vermont's. 26 V.S.A. § 602(a). Canadian-licensed dentists do not currently qualify under this path because Canadian jurisdictions do not require a hands-on clinical exam. However, language has been added acknowledging that Canadian dentists could be licensed by equivalency endorsement if, in the future, Canadian requirements become substantially equivalent to Vermont's.

In addition, experienced Canadian dentists already qualify for licensure by endorsement. A Canadian dentist who has practiced for at least 5 years may qualify regardless of their jurisdiction's licensure requirements. 26 V.S.A. § 602(b)(A). Language has been added acknowledging this existing path to licensure.

Part 5: Dental Therapists

Comment: One commenter thought that dental therapists should be ineligible for fast-track endorsement and that OPR should not accept international dental therapy degrees.

Response: By statute, fast-track endorsement is available to all professions absent an affirmative showing that three years of demonstrated practice in good standing in another U.S. jurisdiction is inadequately protective of the public. 3 V.S.A. § 136a. There has been no such showing regarding dental therapists.

As for international degrees, OPR accepts only those that a reputable third-party credential evaluation service has deemed equivalent to a CODA-accredited dental therapy degree. 3 V.S.A. § 137; 26 V.S.A. § 611(a)(3). Those degrees are as amenable as any others to curriculum analysis and comparison.

No change has been made.

Part 6: Dental Hygienists

Comment: One dentist commented that there is such a shortage of dental hygienists that he is performing dental hygiene himself, which cuts into the number of patients he can see and delays care for others. The commenter urged OPR to remove barriers to dental hygienist and dental assistant licensure wherever possible

Response: OPR thanks the commenter for this input. OPR shares the goal of reducing and eliminating all barriers to licensure not necessary to protect the public.

Comment: Two dentists urged OPR to create paths to dental hygienist licensure for third- and fourth- year dental students and for dentists licensed abroad.

Response: The ADA passed resolutions promoting these policies in November 2024, after these proposed Rules were filed. Massachusetts and Florida have implemented these paths to licensure.

Provided that individuals with these educational backgrounds pass the written and hands-on clinical examinations for dental hygienists, the Board believes they could be safely licensed as dental hygienists. Language to this effect has been added.

Comment: Two commenters wrote in support of allowing public-health dental hygienists working in public-health settings (schools, nursing homes, prisons, etc.) to employ silver-modified atraumatic restorative technique (SMART). SMART is a non-invasive method for arresting tooth decay. The commenters cited widespread lack of access to dental care in Vermont communities and the public-health impact of allowing public-health hygienists to employ this technique.

Response: These comments are well taken. No change has been made to the proposed rules, which already permit and regulate this activity.

Comment: One commenter recommended cutting the provisions allowing the use of SDF and SMART by public-health hygienists.

Response: The General Assembly has mandated that this activity be authorized and regulated. No change has been made.

Comment: Part 6-5(3) limits the use of SMART to “asymptomatic t[ee]th without apparent pulpal exposure.” One commenter opined that one cannot determine pulp exposure without the use of radiographs (x-rays).

Response: In approving Part 6-5, the Board extensively discussed whether public-health hygienists must use radiographs when employing SMART. The Board heard extensive stakeholder testimony about how requiring radiographs would effectively kill the SMART program, and considered peer-reviewed literature regarding the overuse of radiographs. The Board determined not to require radiographs in all cases.

It remains the responsibility of the public-health hygienist to determine that the use of SMART is appropriate in a given circumstance. If they cannot make that determination, they may not employ SMART. No change has been made.

Part 7: Dental Assistants

Comment: One commenter recommended allowing certified dental assistants (CDAs) and expanded-function dental assistants (EDFAs) to perform coronal polishing.

Response: The proposed rules already allow all dental assistants to perform coronal polishing once “supervising dentist has personally verified the assistant’s ability to competently perform th[at] task[.]” No change has been made.

Comment: The current rules allow dental assistants to work for up to 30 days without being registered; the proposed rules eliminate this grace period. One commenter asked that it be retained, noting that some DAs are straight out of high school and that dentists do not know right away whether a new DA will be assigned to work “chairside,” that is, with patients.

Response: The 30-day grace period created a gap in public protection. OPR would have no jurisdiction to prosecute even egregious misconduct of a dental assistant during that time period. Also, there was not a reliable way for our licensing staff to verify the date on which someone began performing dental assistant tasks and therefore when the 30-day clock had run. Individuals need not be registered as dental assistants on their first day or week at the office; they need to be registered only when they begin performing activities within the DA scope of practice. In addition, the delay is minimal: OPR's licensing team typically turns around completed dental assistant applications within 1-3 business days. No change has been made.

Comment: One commenter noticed missing words in Part 7-2.

Response: We thank the commenter for catching the omission. It has been corrected.

Comment: One dentist recommended deleting Part 7-4, Dental Assistants Scope of Practice and Supervision, because dental assistants work only under the supervision of other professionals.

Response: Not all scopes of practice include independent practice. There are many professions with defined scopes of practice and supervision requirements; examples include licensed nursing assistants, occupational therapy assistants, physical therapy assistants, apprentice addiction professionals, certified drug and alcohol counselors, assistant behavior analysts, pharmacy technicians, and pharmacy interns. No change has been made.

Part 8: Dentist Anesthesia Specialties

Comment: Multiple commenters suggested that Part 8-5, which defines the standard of care for the use of anesthesia, be stricken and replaced with a requirement to follow the American Dental Association's *Guidelines for the Use of Sedation and General Anesthesia by Dentists*. Commenters universally agreed that those guidelines are the standard of care and noted that the rules would become outdated if the field progresses before the next rule update.

Response: We agree. OPR is moving toward a standards-of-care approach to regulating health professions, referencing authoritative third-party guidelines when possible so that the rules automatically progress with standards of care. Part 8-5 has been stricken¹ and replaced with a requirement to practice in accordance with the applicable guidelines or their successors.

Comment: One commenter found Part 8-1's language around the use of nitrous oxide confusing.

Response: It was confusing. Part 8 has been revised and restructured for clarity.

Comment: One dentist recommended removing dental therapists from Part 8, which is about the use of anesthesia and sedation, because "there is no legitimate sedation training for dental therapists."

Response: The anesthesia specialty section has been revised to exclude dental therapists, based on 26 V.S.A. § 613(b).

Comment: One commenter noted of former Parts 8-3 and 8-4, which set eligibility requirements for moderate and deep sedation specialties, that the American Academy of Pediatric Dentistry does not require certification in Advanced Cardiac Life Support, only in Pediatric Advanced Life Support.

Response: The proposed rules have been updated to accept either certification depending on the age of the dentist's patients.

¹ We have not included a summary of or responses to comments on the stricken language, but have included those written comments with this filing.

**Part 9: Dental Hygienist and Dental Assistant Specialties:
Local Anesthesia, Nitrous Oxide, Expanded Function, and Radiography**

Comment: One dentist recommended allowing certified and expanded function dental assistants to perform “oral hygiene exams.”

Response: Dentists cannot delegate definitive diagnosis. However, nothing prohibits an appropriately trained dental assistant or dental hygienist from preliminarily examining a patient and sharing their observations with the supervising dentist or dental therapist. No change has been made.

Comment: One dentist recommended allowing expanded function dental assistants (EFDAs) to perform supracoronal hygiene therapy.

Response: The Board assumes that this commenter meant supragingival hygiene therapy. The rules exclude oral debridement from the dental assistant scope of practice because that skill is not universally taught in EFDA training programs. No change has been made.

Comment: One dentist recommended that the rules be amended to allow dental assistants to obtain the radiography specialty without completing a CODA- accredited course. The commenter felt that dentists can dental assistants on the job. Alternatively, the commenter asked that we remove the 4-month waiting period before allowing traditional dental assistants to take a radiography course.

Response: Allowing in-office training to substitute for accredited coursework would lead to inconsistency in skill levels and difficulty in licensing administration. The requirement for formal training has not been removed, but the 4-month waiting period has. Dental assistants and their employers can decide for themselves whether the educational investment is worth it. Course providers, too, can establish their own admissions criteria.

Comment: One commenter opined that the qualifications for Expanded Function Dental Assistants (EFDAs) should specify that the clinical exam be a “bench exam,” i.e. a hands-on exam.

Response: Under the current rules, EFDAs are not required to take any qualifying exams other than those included in DANB certification and EFDA education. The separate exam requirement was in added in error and has been removed.

Part 10: License Renewal and Continuing Education

Comment: A representative of the Health & Safety Institute recommended that the Health & Safety Institute be approved as a provider of CPR training necessary to renew a dental license.

Response: The rule has been amended to approve all CPR training providers accepted by the Dental Assisting National Board, which includes the Health & Safety Institute.

Comment: Multiple commenters wrote in support of the draft rules' flexibility with respect to continuing education, which allows emergency office procedures and CPR courses to be counted among the hours towards license renewal and allows extra CE to substitute for active-practice hours.

Response: We are glad that the language is well received and hope that it eases the burden of maintaining licensure.

Comment: One commenter wrote that if CPR courses can count toward CE requirements, courses for recertification in advanced life support should also count toward CE requirements.

Response: We agree. The draft rules already recognize as relevant "continuing education activities ... reasonably calculated to enhance professional competence in providing patient care." Courses on keeping patients alive during dental procedures fall within this definition.

Comment: One commenter commented on the difficulty of hiring dental assistants and asked that dental assistants be permitted to take a CPR course *or* an emergency office procedures course, as required under the current rules, rather than requiring both, as under the proposed rules.

Response: The Board disagrees. All personnel who may need to respond in an emergency should have appropriate training. However, we have restored the grace period for dental assistants to take this course within the first 6 months of initial dental assistant registration rather than as a registration requirement.

Comment: One commenter noted that OPR currently recognizes at most 2 hours of CEU credit for CPR courses, no matter the length of the actual course. The commenter asked for clarification of whether the proposed rules would include this cap.

Response: The rule has been clarified to explicitly carry over the existing 2-hour cap.

Comment: A representative of the Academy of General Dentistry asked to add the Academy of General Dentistry to the list of pre-approved CE providers.

Response: The pre-approved CE providers include all those accredited by the ADA. The ADA publishes its accreditation criteria, provides an appeal process for accreditation denial, and accredits over 400 CE providers. To be pre-approved, the AGD could apply for such approval. In addition, the rules already include AGD's PACE program among course approvers. Provided that the AGD approves its own CE, those offerings will be accepted by the Board. No change has been made.

Comment: One commenter urged OPR to create a path to licensure for Canadian dental hygienists.

Response: Canadian dental hygienists who graduated from programs accredited by the Commission on Dental Accreditation of Canada are already eligible for to take U.S. exams. We have also added language accepting the Canadian national written board examination. Thus, most hygienists licensed in Canada need only pass the U.S. hands-on clinical examination in order to obtain Vermont licensure.

Part 11: Duties and Standards

Comment: One commenter asked whether it is necessary for dental professionals to display their licenses in dental offices, when licensure status could be verified online.

Response: Display of licenses is required by statute. 26 V.S.A. § 617. No change has been made.

Tredeau, Emily B

From: Kathleen DeLucco <kdelucco@ewsd.org>
Sent: Tuesday, December 10, 2024 7:47 PM
To: SOS - OPR Comments
Cc: Beth Anne Ladd; Dixie Vallie; Lucille Kelly
Subject: BDE Rules/Regulations page 23

You don't often get email from kdelucco@ewsd.org. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Good Evening BDE,

I am currently the Expanded Function Dental Assisting Program Facilitator at Center for Technology, Essex/SkillTech.

I would like to recommend the following:

Part 9. Page 23.

9-3; (a-2-c) (add the word bench prior to examination)

Edit verbiage to read: a clinical BENCH examination.

Sincerely,

Kathy DeLucco, CDA,EFDA
Center for Technology, Essex/SkillTech
Expanded Function Dental Assisting Facilitator
2 Educational Drive
Essex Jct, VT 05452

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Tredeau, Emily B

From: Diane Dumas <Diane.Dumas@vsds.org>
Sent: Tuesday, November 12, 2024 3:12 PM
To: Tredeau, Emily B
Subject: BDE Updated Rules- clerical error

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Hi Attorney Tredeau,

I hope you are well. It is possible that this edit has been fixed by now, but I wanted to let you know of an error I saw in the DRAFT Updated Dental Administrative Rules. Looking at the draft currently on the BDE website, page 13 Item 7-2, I believe there should be a VT statute or Administrative Rule number reference added to the end of the paragraph.

I look forward to seeing on the BDE meeting tomorrow. Have a great day.

Diane

Diane Dumas | Director of Finance and Membership
Vermont State Dental Society
1 Kennedy Drive, Suite L-3 | South Burlington, VT 05403
Office (802) 864-0115 Fax (802) 864-0116
diane.dumas@vsds.org | www.vsds.org

Tredeau, Emily B

From: Jay Fisher <Jay.Fisher@AGD.org>
Sent: Tuesday, December 3, 2024 5:29 PM
To: SOS - OPR Comments
Subject: AGD Comment on Proposed Administrative Rules
Attachments: AGD Comment Regarding Proposed Vermont Administrative Rules.pdf

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Dear Sir or Madam:

Please find attached comments from the Academy of General Dentistry on the Proposed Administrative Rules.

If you have any questions please feel free to contact me at the e-mail or phone number listed below.

Many thanks,

Jay

Jay Fisher
Manager, Government Relations
Academy of General Dentistry
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600
888.AGD.DENT Main
312-440-4321 Direct
jay.fisher@agd.org
www.agd.org

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Chicago, IL USA
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312.440.4300
Fax: 312.440.0559
Toll-free: 888.243.3368
agd.org

December 3, 2024

Vermont Office of the Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05602

Re: Dental Examiners Proposed Administrative Rules

The Academy of General Dentistry (AGD) would like to comment on the proposed administrative rules, specifically Section 10-6, Pre-approved Continuing Education.

Thank you for including AGD's Program Approval for Continuing Education (PACE) as a pre-approval organization. PACE promotes constant improvement in continuing education (CE) and uses 13 rigorous standards to identify high-quality educational organizations.

We kindly ask that you add a new section 1-6 reading: **"AGD"** means the Academy of General Dentistry.

Next in 10.6(a) we request that you add "AGD" between ADA and CODA. AGD directly offers many educational classes for general dentists in Vermont and around the country.

Lastly, since PACE "approves" CE organizations, we recommend that 10.6(c) be amended by inserting the word "approved" after the "sponsor" and before "certified."

Thank you for the opportunity to comment on the proposed administrative rules and we appreciate your consideration of our proposed changes.

Tredeau, Emily B

From: bobfrenier@gmail.com
Sent: Tuesday, December 3, 2024 10:23 AM
To: SOS - OPR Comments
Cc: 'Judie Englander John Echternach'; Lori Houghton
Subject: Changes in dental care rules

You don't often get email from bobfrenier@gmail.com. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

To the OPR staff seeking comments on recent changes to dental care rules:

About 15 years ago, when the BDE allowed hygienists to perform traditional hygiene tasks without direct supervision, South Royalton pediatrician Rebecca Foulk got an earmark from Sen. Sanders for equipment and supplies to bring dental hygiene care and dental education to her in-school healthcare program. The Chelsea Health Center, a community group, built Dr. Foulk a dental operatory in a simple Wells Cargo cargo trailer and the program quickly expanded to 12 schools serving hundreds of school kids, most of them Medicaid recipients. With the new rule allowing hygienists to do no-drill restorations under general supervision, the kids in Dr. Foulk's care will now get much more complete dental care and you should expect to see many more hygienists in many more mobile facilities serving both adults and children with much better dental care.

There are 170,000+ Medicaid recipients in Vermont with untold volumes of untreated caries. With this one change in the rules, the OPR has now doubled the number of dental professionals permitted to treat those caries. Congratulations and thank you.

Unfortunately, even this powerful development does not provide enough dental professionals to deliver the needed caries restorations. Please stay open to any good ideas about how to increase the number of dental care providers who can perform SMART restorations. Keep in mind that each of those 170,000+ Medicaid recipients has \$1500 per year in dental benefits. That \$255 million ought to attract some dental entrepreneurs and I hope you will facilitate their entry into the Vermont dental market.

Bob Frenier
Chelsea, VT

Tredeau, Emily B

From: Catherine Lavigne <catherinelavigne3@gmail.com>
Sent: Monday, December 9, 2024 3:54 PM
To: SOS - OPR Comments
Subject: Dental Examiners

You don't often get email from catherinelavigne3@gmail.com. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Dear Office of Professional Regulation,

I support the following section of the online draft of the proposed Administrative Rules of the Board of Dental Examiners:

Part 10: License Renewal and Continuing Education

10-4 Renewal Requirements.

(c) Dental Hygienists.

(2) Active practice of at least 100 hours or 50 continuing education credits within the previous five years.

A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 2 hours of active practice.

- **I support the addition of the above highlighted and underlined option.**
- **This provides more than a single option for dental hygienists to maintain their active practice status.**
- **This is important given the ongoing shortage of dental hygienists in Vermont and nationwide.**
- **It will allow dental hygienists to maintain their license if they need to temporarily stop working in a clinical environment for a variety of reasons (examples including family or medical leave) and then re-enter the clinical workforce at a later time.**

I am a registered dental hygienist who has been continuously licensed in Vermont since 1982. I have also been licensed in Maryland in the past. I have experience practicing dental hygiene in many settings (general dentistry, periodontics, and public health), and as a clinical instructor. I am also a past president of the Vermont Dental Hygienists' Association (VDHA).

Sincerely,
Catherine Krupa Lavigne, RDH, MS
53 Fox Haven Lane
St. Albans, VT 05478
VT License #015.0000817

Tredeau, Emily B

From: Brian Shuman DMD <bshuman13@aol.com>
Sent: Monday, November 25, 2024 10:07 AM
To: SOS - OPR Comments
Cc: Vermont State Dental Society
Subject: New rules for dentistry

You don't often get email from bshuman13@aol.com. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

I propose that Vermont allow foreign trained dentists to work in Vermont as Dental Hygienists.

We have a shortage and that will continue now that the hygiene school is a 3 year program instead of 2 years and very expensive.

Thank you for your consideration.

Brian
Brian Shuman DMD

"Your reputation is based on the choices people think you make. But your character is based on making the right choices, at the right time, for the right reasons, regardless of the personal consequences." ~Brian Shuman DMD

Tredeau, Emily B

From: Brian Collins <bcinbigd@att.net>
Sent: Thursday, December 12, 2024 5:12 PM
To: SOS - OPR Comments; Tredeau, Emily B
Cc: Hruban, Gina
Subject: OPR comments with typo corrected
Attachments: OPR comments submission v2.pdf

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Here is a cleaner version with a typo removed regarding Part 9.

The pdf is named OPR comments submission v2.

Thanks,
Brian

Tredeau, Emily B

From: Brian Collins <bcinbigd@att.net>
Sent: Thursday, December 12, 2024 4:54 PM
To: SOS - OPR Comments; Tredeau, Emily B
Cc: Hruban, Gina
Subject: OPR comments on proposed Board of Dental Examiner rules
Attachments: OPR comments submission.pdf

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Here are my comments in written form.

Thanks,
Brian

Tredeau, Emily B

From: Rebekah Pryles <rebekah.pryles@gmail.com>
Sent: Wednesday, October 30, 2024 11:42 AM
To: SOS - OPR Comments
Subject: Proposed Dental Examiners Administrative Rule Comment

You don't often get email from rebekah.pryles@gmail.com. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Thank you for the opportunity to offer comments on the proposed dental examiners administrative rules. I would be remiss not to share my concerns with the proposed 6-5 (c) section of the document. The rule, as written, indicates that the SMART technique must be limited to the treatment of caries without pulp exposure. That said, the determination of pulp exposure cannot be made without the thorough review of dental radiographs. The utilization of this technique without radiographic data risks significant morbidity and potentially mortality related to the development of or exacerbation of pulpal and periapical disease.

Please feel free to reach out by email if you have further questions based on my comments.

Best Regards,
Rebekah Lucier Pryles, DMD
Upper Valley Endodontics
White River Junction, VT

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PRIVILEGED AND CONFIDENTIAL: This document and the information contained herein are confidential and protected from disclosure pursuant to Federal law. This message is intended only for the use of the Addressee(s) and may contain information that is PRIVILEGED and CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that the use, dissemination, or copying of this information is strictly prohibited. If you received this communication in error, please erase all copies of the message and its attachments and notify the sender immediately.

Tredeau, Emily B

From: Andy Collins <andy.collins.dmd@gmail.com>
Sent: Thursday, December 12, 2024 4:56 PM
To: SOS - OPR Comments
Cc: Patrick Gallivan
Subject: Proposed Dental Regulation Comments
Attachments: OPR_Dental_Regulation_Comments.pdf

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Please see the attached letter. I am happy to answer questions or provide additional information as needed.

Thank you,
Andy Collins, DMD

MIDDLEBURY Pediatric DENTISTRY

Brian D. Collins, DDS
Andy Collins, DMD, MPH

December 12, 2024

Office of Professional Regulation
sos.opr.comments@vermont.gov

To Whom It May Concern:

My name is Andy Collins, and I am a Board Certified Pediatric Dentist. I practice in Middlebury, Vermont, and I am a member of the medical staff at the University of Vermont Medical Center and Porter Medical Center.

I have comments regarding a section in the draft of proposed Administrative Rules of the Board of Dental Examiners.

The following text appears twice: 8-5(a)(2)(c) and 8-5(g)(2)

When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient has been informed of atraumatic treatment alternatives.

This line should not be included in the regulations. The standard of care is to present patients and parents with the risks and benefits of all treatment options, including no treatment. This line is therefore redundant. Furthermore, in many cases where sedation or general anesthesia is indicated, atraumatic treatment alternatives are not appropriate. I am happy to elaborate on this.

I am aware that Dr. Steve Rayes and Dr. Brian Collins, both experts in the specialty of Pediatric Dentistry, have expressed concerns regarding other areas of the proposed Rules. I share their concerns as well.

Please feel free to contact me with any questions.

Thank you,
Andy Collins, DMD, MPH
Diplomate, American Board of Pediatric Dentistry

(802) 388-0909
frontdesk@middleburypediatricdentistry.com

132 South Village Green
Middlebury, Vermont 05753



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BOARD CERTIFIED
American Board of Pediatric Dentistry

Tredeau, Emily B

From: Janice Cederholm <JCederholm@cvoms.com>
Sent: Tuesday, December 3, 2024 2:45 PM
To: SOS - OPR Comments
Subject: question

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I have no mic on my computer or I would have asked online

On page 17 for Personnel and Equipment Requirements it refers to having certain numbers of "appropriately trained personnel" in addition to the provider. What is qualifies an appropriately trained person?

Thanks!

Janice

Janice Cederholm
Practice Manager
Champlain Valley Oral & Maxillofacial Surgery
802-862-9196

The information in this email, including attachments, may be confidential and/or privileged and may contain confidential health information. The email is intended to be reviewed only by the individual or organization named as the recipient. If you have received this email in error, please notify Champlain Valley Oral and Maxillofacial Surgery immediately, and destroy all copies of this message and any attachments. Thank you.

Tredeau, Emily B

From: Patrick Gallivan <Patrick.Gallivan@vsds.org>
Sent: Thursday, December 5, 2024 6:03 PM
To: Jeffrey Blasius; SOS - OPR Comments; Diane Dumas
Subject: Re: Comments on BDE rule changes

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Jeff, Thank you for sharing. I think it might be wise to share with OPR that these are your thoughts, not necessarily the feelings of the Society. While I suspect the Board would agree with most/all of what you said, they didn't vote on it, so we have to be careful that we don't give the impression it is the stance of the Society. If you would like the Board to weigh in, we could have an email or zoom conversation before the comments close.

Happy to chat.

-Patrick

Patrick J. Gallivan
Vermont State Dental Society
www.vsds.org

From: Jeffrey Blasius <drblasius@outlook.com>
Sent: Thursday, December 5, 2024 5:50 PM
To: sos.opr.comments@vermont.gov <sos.opr.comments@vermont.gov>; Patrick Gallivan <Patrick.Gallivan@vsds.org>; Diane Dumas <Diane.Dumas@vsds.org>
Subject: Comments on BDE rule changes

Thank you for your consideration.

Sincerely,

Jeff Blasius

From: Jeffrey Blasius <drblasius@outlook.com>
Sent: Thursday, December 5, 2024 4:35 PM
To: Jeffrey Blasius <drblasius@outlook.com>
Subject: BDE sheet

Members of the Board of Dental Examiners:

Thank you for all you do to promote the highest levels of dental care and patient safety in the State of Vermont. Our little State, among many others across the nation, continues to struggle with workforce issues. These issues have ranged from minor inconveniences to debilitating for our many practices throughout the State, in many cases decreasing the number of patients that can be seen within our offices. This in turn is also affecting the insurances that are accepted within each office as a result of increased workplace costs and lack of staff to see patients in a safe and timely manner. It is within this context that we would like you to consider some alterations to the proposed new rules.

Please consider changing the dental assistant policy to the previously accepted rules- changing the requirement to have both CPR and medical emergencies back to either CPR or the medical emergencies course. Many of us have been forced to hire nontraditional assistants that we fully train in the office due to the lack of supply of trained dental assistants. Many of these assistants work in all sorts of capacities, from part time, one day a week, per diem, many are high school educated, range in age from very young to very life experienced, are devote parents and have very limited time outside of the workday. They never work without direct supervision and only see patients when more formally trained personnel are in the office. The cost, time, administrative burdens, lack of continued training outweigh the potential safety benefits to patients of requiring both courses in a biennial basis. Each doctor should have the ability to determine if they feel it is appropriate to take both courses given on what procedures, patient mix, level of sedation is occurring within each individual office.

Please consider amending the radiology certification requirement for dental assistants. Dental radiology has significantly evolved from using traditional film-based X-rays (when the original rules were written) to modern digital imaging, which allows for faster, more detailed images with reduced radiation exposure, enabling dentists to diagnose dental issues more accurately and efficiently, with key advancements including the introduction of panoramic X-rays and 3D cone beam computed tomography (CBCT) for detailed jawbone analysis; this shift has greatly improved patient comfort and overall diagnostic capabilities while decreasing the patient safety concerns. Assistants are taking x-rays under direct supervision. Every licensed dental practitioner has the capability to train and teach every staff member to take appropriate x-rays, within the scope of their practice. The lack of facilities to take this course, limitation of timing of when courses are offered, increased cost of such course, geographic limitations of where the courses are offered, make it much more challenging to hire an untrained dental assistant, only complicating the workforce issues. If this idea is too radical to consider, please eliminate the four month time period experience requirement and allow each dental professional to verify each individual assistant's ability to competently take the radiology course.

The dental hygiene shortage is real and pervasive, both in the State of Vermont and nationwide. This is truly affecting every practice within the state. Please consider 1) allowing foreign trained dentists to perform dental hygiene, 2) allow 3rd and 4th year dental students to be licensed as dental hygienists, 3) allow Canadian hygienists a pathway to licensure, 4) explore the possibility of experienced Certified Dental Assistants/ Expanded Function Dental Assistant to perform oral hygiene exams/ coronal scaling and polishing. Thank you in advance for your considerations.

Jeff Blasius DMD, MDS, MPH (Associates in Orthodontics, VSDS President)

Tredeau, Emily B

From: Grenier, Tara
Sent: Thursday, December 5, 2024 11:53 AM
To: Colin, Jennifer; Tredeau, Emily B; SOS - OPR Comments
Subject: RE: Dental Examiners Proposed Administrative Rules Comment

Just getting back to this 😞 It looks like it is a comment for our proposed rules. I am sure you already have it but adding OPR comments just to make sure it landed so I can check it off!

Tara

Tara Grenier

Deputy Director
Vermont Secretary of State | Office of Professional Regulation
89 Main Street, 3rd Floor | Montpelier, VT 05620-3402
<https://sos.vermont.gov/opr/>



OFFICE OF PROFESSIONAL REGULATION
VERMONT SECRETARY OF STATE

From: Rushing, Kevin <Kevin.Rushing@vermont.gov>
Sent: Monday, October 28, 2024 3:52 PM
To: Colin, Jennifer <Jennifer.Colin@vermont.gov>; Tredeau, Emily B <Emily.B.Tredeau@vermont.gov>
Cc: Grenier, Tara <Tara.Grenier@vermont.gov>
Subject: Fw: Dental Examiners Proposed Administrative Rules Comment

FYI...just received.

Kevin A. Rushing

Director, Office of Professional Regulation

Vermont Secretary of State

89 Main Street, 3rd Floor

Montpelier, Vermont 05620

Direct Line: (802) 828-2458

Fax: (802) 828-2389

Email: kevin.rushing@vermont.gov

From: Ralph Shenefelt <rshenefelt@hsi.com>
Sent: Monday, October 28, 2024 3:44 PM
To: Rushing, Kevin <Kevin.Rushing@vermont.gov>
Cc: Nicole Printup <nprintup@hsi.com>; SOS - OPR Comments <sos.opr.comments@vermont.gov>
Subject: Dental Examiners Proposed Administrative Rules Comment

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VIA EMAIL. DELIVERY & READ RECEIPT REQUESTED

October 28, 2024

Kevin A. Rushing, Director
Vermont Office of the Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor Montpelier
Vermont 05602

RE: Dental Examiners Proposed Administrative Rules Comment

Dear Mr. Rushing,

The purpose of this letter is to request amendment of the draft rules of the Vermont Board of Dental Examiners ("Board").

I. Draft Rule Language

- a. 1-14 "CPR Course" or "Training in CPR" means a program of education developed or approved by the American Heart Association or the American Red Cross that includes hands-on and didactic education..."

II. Requested Amendment

- a. 1-14 "CPR Course" or "Training in CPR" means a program of education developed or approved by the American Heart Association, or the American Red Cross or the Health & Safety Institute that includes hands-on and didactic education..."

I. Reasons for Requesting Amendment

- a. The American Heart Association®, Inc. ("AHA"), the American National Red Cross ("ARC") and the [Health and Safety Institute](#) ("HSI") are the largest providers of cardiopulmonary resuscitation ("CPR") training in the United States (**EXHIBIT A**).
- b. HSI CPR courses are equivalent to those offered by the AHA and the ARC.
- c. Like the AHA and ARC, HSI is a nationally approved provider of the Academy of General Dentistry's (AGD) [Program Approval for Continuing Education](#) ("PACE") and is nationally accredited by the [Commission on Accreditation of Pre-Hospital Continuing Education](#) ("CAPCE").
- d. HSI is the successor organization to the American Safety and Health Institute ("ASHI"), MEDIC First Aid® and EMS Safety Services ("EMSS"), all [DANB-approved CPR providers](#).^[1]
- e. The AHA, ARC, and HSI are not accrediting organizations. The organizations develop *but do not approve* CPR programs (other than their own).
- f. The training business units of the HSI, AHA, and the ARC are similar.
 - i. Each corporation develops and markets commercially available, proprietary training programs, products, and services to their approved Training Centers, either directly or via distributors.
 - ii. The business structures of the approved Training Centers include sole proprietorships, partnerships, corporations, LLCs, non-profits, as well as both large and small government agencies.
 - iii. Instructors are authorized to certify course participants. Certification requires instructor evaluation of hands-on skills to verify skill competency.
- g. Nothing in Vermont statute compels the Board to limit CPR training to the AHA and the ARC.^[2]
 - i. As proposed, the proposed rule language:
 1. Restrains competition by prescribing the commercially available, proprietary CPR training programs, products and services of the AHA, the ARC, their [Approved Training Centers](#), [Licensed Training Providers](#) and the AHA's own for-profit CPR training company^[3] - all of whom have a vested economic interest in CPR training, particularly where it is required for occupational licensing.
 2. Has an adverse financial impact on licensees who present a legitimate CPR certification from HSI by direct penalties including denial, suspension, or revocation of license and by indirect penalties such as the inconvenience and costs associated with superfluous AHA or ARC training and certification.
 3. Harms HSI's reputation as an equivalent, bona fide, nationally approved and accredited training organization.

II. **Additional Facts**

1. HSI's resuscitation training programs are currently in use by, and accepted, approved, or recognized as meeting the requirements of thousands of employers, state regulatory agencies, occupational licensing boards, professional associations, commissions, and councils in hundreds of occupations and professions nationwide.
2. HSI publishes and administers a set of [quality assurance standards](#) designed to monitor and improve the performance of HSI, its approved Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.

3. HSI is a member of the Council on Licensure, Enforcement and Regulation ([CLEAR](#)), the international resource for professional regulation stakeholders. HSI Quality Assurance representatives are [Nationally Certified Regulatory Investigators](#).
4. HSI is a member of the American National Standards Institute ([ANSI](#)) and ASTM International ([ASTM](#)) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.

Conclusion

The AHA, ARC, and HSI are the largest providers of CPR training in the United States. The exclusionary language of the proposed rule fails to treat similarly situated resuscitation training programs in the same fashion, unfairly harming competition by eliminating a rival without a plausible justification and restrains competition without a countervailing rationale sufficient to justify its harmful effects.

The requested amendment will encourage full and free competition while achieving the goal of maintaining the quality measures necessary to protect public health and safety. We support regulations that do not harm employment, competition, or innovation. We value, believe in, and promote successful completion of a valid resuscitation program as an important component in protecting public safety, health, and welfare. We look forward to helping the Board protect the health and safety of the citizens of Vermont.

Respectfully,

Ralph M. Shenefelt
Senior Vice President
Health and Safety Institute

Ralph Shenefelt

SVP, Regulatory, Accreditation, & Quality Assurance

rshenefelt@hsi.com

Health & Safety Institute | 1450 Westec Drive, Eugene, OR 97402 | www.hsi.com

Making the Workplace and Community Safer™

^[1] Available: <https://www.danb.org/certification/cpr-providers> [Retrieved 10/28/24]

^[2] The Vermont Statutes Online. Title 26: Chapter 12. Available: <https://legislature.vermont.gov/statutes/fullchapter/26/012> [Retrieved 10/28/24]

^[3] *Dallas-based American Heart Association to spin off a CPR training company*, July 5, 2018 Available: <https://www.dallasnews.com/business/health-care/2018/06/29/dallas-based-american-heart-association-spin-off-cpr-training-company> [Retrieved 10/28/24]



VIA EMAIL. DELIVERY & READ RECEIPT REQUESTED

October 28, 2024

Kevin A. Rushing, Director
Vermont Office of the Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor Montpelier
Vermont 05602

RE: Dental Examiners Proposed Administrative Rules Comment

Dear Mr. Rushing,

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I. Draft Rule Language

- a. 1-14 "CPR Course" or "Training in CPR" means a program of education developed or approved by the American Heart Association or the American Red Cross that includes hands-on and didactic education..."

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- b. HSI CPR courses are equivalent to those offered by the AHA and the ARC.
- c. Like the AHA and ARC, HSI is a nationally approved provider of the Academy of General Dentistry's (AGD) Program Approval for Continuing Education ("PACE") and is nationally accredited by the Commission on Accreditation of Pre-Hospital Continuing Education ("CAPCE").
- d. HSI is the successor organization to the American Safety and Health Institute ("ASHI"), MEDIC First Aid® and EMS Safety Services ("EMSS"), all DANB-approved CPR providers.¹

¹ Available: <https://www.danb.org/certification/cpr-providers> [Retrieved 10/28/24]



- e. The AHA, ARC, and HSI are not accrediting organizations. The organizations develop *but do not approve* CPR programs (other than their own).
- f. The training business units of the HSI, AHA, and the ARC are similar.
 - i. Each corporation develops and markets commercially available, proprietary training programs, products, and services to their approved Training Centers, either directly or via distributors.
 - ii. The business structures of the approved Training Centers include sole proprietorships, partnerships, corporations, LLCs, non-profits, as well as both large and small government agencies.
 - iii. Instructors are authorized to certify course participants. Certification requires instructor evaluation of hands-on skills to verify skill competency.
- g. Nothing in Vermont statute compels the Board to limit CPR training to the AHA and the ARC.²
 - i. As proposed, the proposed rule language:
 - 1. Restrains competition by prescribing the commercially available, proprietary CPR training programs, products and services of the AHA, the ARC, their [Approved Training Centers, Licensed Training Providers](#) and the AHA's own for-profit CPR training company³ - all of whom have a vested economic interest in CPR training, particularly where it is required for occupational licensing.
 - 2. Has an adverse financial impact on licensees who present a legitimate CPR certification from HSI by direct penalties including denial, suspension, or revocation of license and by indirect penalties such as the inconvenience and costs associated with superfluous AHA or ARC training and certification.
 - 3. Harms HSI's reputation as an equivalent, bona fide, nationally approved and accredited training organization.

II. Additional Facts

- a. HSI's resuscitation training programs are currently in use by, and accepted, approved, or recognized as meeting the requirements of thousands of employers, state regulatory agencies, occupational licensing boards, professional associations, commissions, and councils in hundreds of occupations and professions nationwide.
- b. HSI publishes and administers a set of [quality assurance standards](#) designed to monitor and improve the performance of HSI, its approved Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.

² The Vermont Statutes Online. Title 26: Chapter 12. Available: <https://legislature.vermont.gov/statutes/fullchapter/26/012> [Retrieved 10/28/24]

³ *Dallas-based American Heart Association to spin off a CPR training company*, July 5, 2018 Available: <https://www.dallasnews.com/business/health-care/2018/06/29/dallas-based-american-heart-association-spin-off-cpr-training-company> [Retrieved 10/28/24]



- c. HSI is a member of the Council on Licensure, Enforcement and Regulation ([CLEAR](#)), the international resource for professional regulation stakeholders. HSI Quality Assurance representatives are [Nationally Certified Regulatory Investigators](#).
- d. HSI is a member of the American National Standards Institute ([ANSI](#)) and ASTM International ([ASTM](#)) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.

Conclusion

The AHA, ARC, and HSI are the largest providers of CPR training in the United States. The exclusionary language of the proposed rule fails to treat similarly situated resuscitation training programs in the same fashion, unfairly harming competition by eliminating a rival without a plausible justification and restrains competition without a countervailing rationale sufficient to justify its harmful effects.

The requested amendment will encourage full and free competition while achieving the goal of maintaining the quality measures necessary to protect public health and safety. We support regulations that do not harm employment, competition, or innovation. We value, believe in, and promote successful completion of a valid resuscitation program as an important component in protecting public safety, health, and welfare. We look forward to helping the Board protect the health and safety of the citizens of Vermont.

Respectfully,

A handwritten signature in blue ink, appearing to read "R. Shenefelt", with a long horizontal flourish extending to the right.

Ralph M. Shenefelt
Senior Vice President
Health and Safety Institute

- In an analysis of 347 705 SCDs in the United States between 1999 and 2019 from CDC WONDER, age-adjusted mortality rates were higher in rural than in urban counties.³⁰ In urban counties, rates of SCD declined from 1999 through 2013 (−0.05 [95% CI, −0.09 to −0.01]) but then increased through the end of the study period (0.08 [95% CI, 0.03–0.12]). In rural counties, age-adjusted mortality rates attributable to SCD declined throughout the study period, but the rate of decline slowed after 2013 (−0.29 versus −0.14). Age-adjusted mortality rates for urban-dwelling males increased from 2013 onward from 4.8 to 5.7 per 100 000 population. Age-adjusted mortality rates for rural-dwelling males were unchanged from 2013 onward: 9.3 versus 9.3 per 100 000 population. Age-adjusted mortality rates for urban-dwelling females were unchanged from 2013 onward: 4.2 versus 4.8 per 100 000 population. In contrast, age-adjusted mortality for rural-dwelling females declined from 8.9 to 7.7 per 100 000 population.
- In a national database of 120 365 adult medical OHCA in the Republic of Korea from 2006 to 2015, there were differences from the lowest to highest socioeconomic quintiles for layperson CPR (5.5%–11.4%), survival to hospital discharge (3.8%–6.1%), and good functional recovery (1.9%–2.9%).¹³

Awareness and Treatment

- The median annual CPR training rate for US counties was 2.39% (25th–75th percentiles, 0.88%–5.31%) according to training data from the AHA, the American Red Cross, and the Health & Safety Institute, the largest providers of CPR training in the United States.³¹ Training rates were lower in rural areas, counties with high proportions of Black or Hispanic residents, and counties with lower median household income.
- Prevalence of reported current training in CPR was 18% and prevalence of having CPR training at some point was 65% in a survey of 9022 people in the United States in 2015.³² The prevalence of CPR training was lower in Hispanic/Latino people, older people, people with less formal education, and lower-income groups.
- Those with prior CPR training include 90% of citizens in Norway³³; 68% of citizens in Victoria, Australia³⁴; 61.1% of laypeople in the United Kingdom³⁵; and 49% of people in the Republic of Korea,³⁶ according to surveys.
- Prevalence of prior CPR training among 1076 adults in all states and territories in Australia was 540 (55.7%). The majority of respondents replied “unsure” (n=404, 37.6%) or “no” (n=316, 29.4%) when asked if they knew the difference between a cardiac arrest and a heart attack. Of respondents

with CPR training, 227 (42%) received training >5 years ago.³⁷

- Laypeople with knowledge of automated external defibrillators include 69.3% of people in the United Kingdom; 66% in Philadelphia, PA; and 32.6% in the Republic of Korea.^{35,36,38} A total of 58% of Philadelphia respondents,³⁸ but only 2.1% of UK respondents,³⁵ reported that they would actually use an automated external defibrillator during a cardiac arrest.
- A survey of 5456 households in Beijing, China, Shanghai, China, and Bangalore, India, found that 26%, 15%, and 3% of respondents, respectively, were trained in CPR.³⁹
- A survey of 501 inhabitants of Vienna, Austria, found that 52% would recognize cardiac arrest, 50% were willing to use an automated external defibrillator, and 33% were willing to do CPR.⁴⁰
- Laypeople in the United States initiated CPR in 40% of OHCA in CARES 2022 data.³
- Layperson CPR rates in Asian countries range from 10.5% to 40.9%.⁴¹
- Layperson CPR among 4525 witnessed pediatric OHCA was 831 of 1669 (36.9%) for female patients versus 1336 of 2856 (46.8%) for male patients.⁴²
- Laypeople in the United States were less likely to initiate CPR for people with OHCA in low-income Black neighborhoods (OR, 0.49 [95% CI, 0.41–0.58])⁴³ or in predominantly Hispanic neighborhoods (OR, 0.62 [95% CI, 0.44–0.89]) than in high-income White neighborhoods.⁴⁴
- Examining 2013 to 2019 CARES data shows that 32.2% of arrests occurred in Black or Hispanic individuals. Black and Hispanic individuals were less likely to receive layperson CPR at home (aOR, 0.74 [95% CI, 0.72–0.76]) and in public (aOR, 0.63 [95% CI, 0.60–0.66]) compared with White individuals with OHCA.⁴⁵ This disparity persisted despite the racial makeup of the community in which they arrested and the economic strata.
- Layperson CPR rates varied from 1.3% to 72% in an international study including 35 communities across 25 countries.⁴⁶ Rates of layperson CPR correlated with gross domestic product per capita (0.772; $P<0.01$; $r^2=0.596$). Socioeconomically advantaged communities most likely have more resources to provide CPR education.

Mortality

(See Tables 19-2 through 19-4)

- Survival to hospital discharge after EMS-treated adult OHCA was 9.3% in the 2022 CARES registry on the basis of 143 507 adult cases, with variation between states reporting data (range, 5.5%–15.4%; Tables 19-2 and 19-3). Survival to

EXHIBIT A

Tredeau, Emily B

From: Layman, Lauren
Sent: Wednesday, December 11, 2024 3:01 PM
To: SOS - OPR Comments
Subject: RE: OPR/ Expansion of Dental Hygiene-SMARTs

Thank you!

Lauren K. Layman

General Counsel

Pronouns: she/her ([why?](#))

Vermont Department of Health

280 State Street, HC 2 North

Waterbury, Vermont 05671-2080

Phone: (802) 798-4149



From: SOS - OPR Comments <sos.opr.comments@vermont.gov>
Sent: Wednesday, December 11, 2024 2:59 PM
To: Layman, Lauren <Lauren.Layman@vermont.gov>
Subject: FW: OPR/ Expansion of Dental Hygiene-SMARTs

From: Judie Englander John Echternach <jeje14470@outlook.com>
Sent: Tuesday, December 10, 2024 12:42 PM
To: SOS - OPR Comments <sos.opr.comments@vermont.gov>
Subject: FW: OPR/ Expansion of Dental Hygiene-SMARTs

You don't often get email from jeje14470@outlook.com. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

To Whom it May Concern:

Section 6.5 part "c"

These comments address the formal draft ruling (part "c"- to be added to section 6.5) from the VT Board of Dental Examiners, May 2024.

Addition to section 6.5 is outlined in part "(c)" -Silver Modified Atraumatic Restorative Technique (SMART):

To start, most importantly, it needs to be noted that in May of 2024, the Vermont Board of Dental Examiners approved, **with a unanimous vote**, to allow dental hygienist to provide this care under general supervision. It also requires the dental hygienist be certified by completing an approved training program by the Office of Oral Health (Vermont Dept. of Health).

Some background to support this expansion of care: (please note that all data and research referred to in this document comes directly from PubMed, a division of the National Institute of Health or directly from the American Dental Association's own journal.

-2013: Utilization of Non-Dentist Providers and Attitudes Toward New Provider Models: "Effective use of expanded function allied dental personnel has the potential to expand the capacity of general dental practices to treat more patients."

-2016: Expanded Scope of Practice For Dental Hygienists Associated With Improved Oral Health Outcomes For Adults: "Underserved populations continue to suffer from preventable dental conditions that have consequences across a lifespan." "Restrictive dental license requirements were associated with a lower supply of providers and higher prices for dental services." "Regulations that limited the authority of dental hygienists to provide services increased the prices of those services by approximately 12%."

- In 2017, the revised "Clinical Practice Guidelines" of the American Dental Association (ADA) state clearly that to treat most *advanced dental decay in both baby teeth and adult teeth, before drilling these teeth, we should first consider treating with SDF and Glass Ionomer materials* (please note, I substituted terminology for easier understanding). Many of my mentors state that at least 50% of all cavities do NOT have to be "drilled out."

-A quote from Dr. Jo Frencken, the father of the Atraumatic Restorative Technique (ART), "Dental Training Institutions should depart from the traditional "drill and fill" treatments and embrace the holistic oral healthcare approach that is **Minimal Intervention Dentistry (MID)** and include within it minimally invasive operative skills." It should be noted that Dr. Frencken's ART was adopted by the WHO in the 1990s and is used world wide.

-According to research published in the American Dental Association's journal, the lifespan of glass ionomer materials is the same as the "bonded filling materials." The glass ionomer materials are those filling materials used in the techniques being taught in the training program and commonly used in MID.

I could fill many pages with similar proofs and information. More than 28 states allow dental hygienists to perform these clinical protocols. Our neighboring state, New Hampshire, has allowed this since 2015. Maine also allows this service by dental hygienists.

We are concerned about access not being adequate and the solution always put forth is "We need more dentists." NO! we need more PROVIDERS!

This expansion allows dental hygienists to provide basic, low-cost restorative care that is desperately needed for the underserved communities. Under my direct supervision and hands-on guidance I have worked first hand with dental hygienists in our new "POP-UP clinics and they can handle these procedures easily. Yes, they still must be formally trained. The training program I developed for this effort exceeds the training program being used in New Hampshire. I know this because I was invited to attend their one day program. I saw the need for additional skills. I included these in my SMART training program.

It's time we started using all available techniques and personnel to provide very needed care to those communities lacking simple, basic regular dental care.

Respectfully submitted,

John Echternach, DDS

South Strafford, VT

Kevin Rushing, OPR Director
Emily B. Tredeau, OPR Staff Attorney
sos.opr.comments@vermont.gov
Vermont Board of Dental Examiners

Comments regarding the proposed Administrative Rules of the Board of Dental Examiners, addressed in the order appearing in the draft document.

Part 5: Dental Therapists

5-2 (c) “be a graduate of a CODA-accredited dental therapist educational program.”
Suggest deleting the rest of the paragraph.

5-3 (b) Fast-track Endorsement
Suggest deleting entirely.

Dental therapist is an artificial construct required by Vermont legislation, and is essentially experimental. Cutting corners to facilitate this is not in the best interest of patient care.

Part 6: Dental Hygienists

6-5 (b) and (c)

Strongly recommend deleting both sections (b) and (c) regarding “public-health hygienists” placing silver diamine fluoride and glass ionomer cement, referred to as “SMART” in the draft.

Dental hygienists do not diagnose dental caries, and should not be in a position of diagnosing and treating dental caries without supervision. This program exists mainly in the form of “802Smiles.” This is theoretically directed toward children without a dental home, but in reality the majority of children seen by the program have a dental home, and some are actively in treatment. Despite this, the “public-health hygienists” apply SDF and glass ionomer, often inappropriately, subjecting children to additional procedures without benefit. I can document many instances of this. The “public-health hygienists” are not actually supervised.

This focus on SDF and SMART is an agenda of the Oral Health Director of the Vermont Department of Health. In developing this program, none of the board certified pediatric dentists in Vermont were consulted regarding the provision of dental care for children. This includes Dr. Steve Rayes, who is a Director of the American Board of Pediatric Dentistry and an Examiner. Or myself, an Examiner for the American Board of Pediatric Dentistry for the past 10 years. Also excluded, Dr. Justin Hurlburt, the Program Director of the UVM General Practice Residency. Instead, the Vermont Department of Health relied on information from a retired general dentist from New Hampshire, a dental practice chain operating in New Hampshire and Maine (and now Vermont) that advertises “less pain and less drilling,” and a dentist in California who promotes himself as an expert on the use of silver diamine fluoride. The editor of the Journal of the American Dental Association does not consider the last advisor mentioned to be the definitive authority on caries management.

Part 7: Dental Assistants

7-4 Scope of Practice and Supervision
Suggest deleting or rewording this.

Dental assistants are not in practice. There is no “practice of dental assisting.” Dental assistants perform tasks under the direct supervision of a dentist. If a dental assistant has radiography privileges, they may only obtain radiographs on a patient when specific radiographs are prescribed by a dentist. They do not see patients autonomously. Dental assistant is not analogous to physician assistant.

Part 8: Dentist and Dental Therapist and Anesthesia Specialties

Suggest deleting “Dental Therapist” from this section. There is no legitimate sedation training for dental therapists.

Suggest using a different phrase than Anesthesia Specialty for allowing sedation to be performed, such as “permit,” “endorsement,” or “privileges.” The only accredited Anesthesia Specialty is anesthesiology. There are physician and dentist anesthesiologists.

Suggest significant rewriting of sedation guidelines, specifically for pediatric sedation.

The only appropriate guidelines for pediatric sedation are the guidelines mutually developed and adopted by the American Academy of Pediatric Dentistry and the American Academy of Pediatrics. These are evidence based, reviewed and updated on a regular basis, and are the same for physicians and dentists. The AAPD / AAP guidelines are published and freely available for review. Anyone performing pediatric sedation should adhere to these guidelines. There should be no regulations that conflict with the AAPD / AAP sedation guidelines.

The AAPD / AAP guidelines are the standard of care for pediatric sedation.

8-3 (b) ACLS is not required for pediatric sedation per AAPD / AAP guidelines.

8-5 Standard-of-Care for Anesthesia

(a) Patient History and Evaluation

(2) For Deep Sedation or General Anesthesia

(c) “When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient has been informed of atraumatic treatment alternatives.”

(g) Management of Children

(2) “When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient’s parent, guardian, or caregiver has been informed of atraumatic treatment alternatives.”

8-5 (a)(2)(c) and 8-5(g)(2) should be deleted, as that is covered by Part 11-5 (c), informed consent. The spectrum of treatment options, including no treatment, should be discussed with patients, parents, or guardians, in all situations, not just when sedation or general anesthesia is being considered. Specifically enumerating one type of treatment to be discussed and noted in the patient record is inappropriate, and appears to be agenda driven.

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Part 9: Specialties: Anesthesia, Nitrous Oxide, Expanded Function, and Radiographic

(g) Management of Children

(1) A reference to AAPD / AAP sedation guidelines.

The above should be in Part 8.

Brian D. Collins, D.D.S.

Diplomate, American Board of Pediatric Dentistry

Examiner, American Board of Pediatric Dentistry

Fellow, American Academy of Pediatric Dentistry



INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: October 14, 2024, virtually via Microsoft Teams

Members Present: Chair Sean Brown, Jared Adler, Jennifer Mojo, John Kessler, Michael Obuchowski, Natalie Weill, and Nicole Dubuque

Members Absent: Diane Sherman

Minutes By: Melissa Mazza-Paquette

- 2:00 p.m. meeting called to order, welcome and introductions.
- Review and approval of [minutes](#) from the August 12, 2024 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Presentation of Proposed Rules on pages to follow.
 1. Updates to the Hazard Communication Standard, Department of Labor, page 2
 2. Administrative Rules of the Board of Dental Examiners, Secretary of State, Office of Professional Regulation, page 3
 3. Council Rules, Vermont Criminal Justice Council, page 4
 4. Critical Incident Management System – Home and Community-Based Services, Agency of Human Services, page 5
 5. Person-centered Planning – Home and Community-Based Services, Agency of Human Services, page 6
- Next scheduled meeting is Friday, November 15, 2024 at 1:00 p.m.
- 3:04 p.m. meeting adjourned.

Proposed Rule: Administrative Rules of the Board of Dental Examiners, Secretary of State, Office of Professional Regulation

Presented By: Emily Tredeau

Motion made to accept the rule by John Kessler, seconded by Nicole Dubuque, and passed unanimously with the following recommendation:

1. Adopting Page #4: Include the title.

DRAFT

(802) 828-2863

MEMORANDUM

OFFICE OF THE SECRETARY OF STATE

Primary Contact: Emily Tredeau, Esq., Office of Professional Regulation, 89 Main Street, 3rd Floor, Montpelier, VT 05602 Tel: 802-828-1505 Email: Emily.B.Tredeau@vermont.gov.

Secondary Contact: Gina Hruban, Office of Professional Regulation, 89 Main Street, 3rd Floor, Montpelier, VT 05602 Tel: 802-828-1505 Email: Gina.Hruban@vermont.gov.

URL: <https://sos.vermont.gov/dental-examiners/statutes-rules-resources/>

From: APA Coordinator, VSARA

RE: Administrative Rules of the Board of Dental Examiners.

Date 04/17/2025

We received Proposed Rule on 10/16/2024
Final Proposed Rule on 04/17/2025
Adopted Rule on

We have assigned the following rule number(s):

Proposed Rule Number: 24P044

Adopted Rule Number:

(Final Proposals are not assigned a new number; they retain the Proposed Rule Number.)

The following problems were taken care of by phone/should be taken care of immediately:

We cannot accept this filing until the following problems are taken care of:

The notice for this proposed rule appeared/will appear online on: 10/23/2024 and in the newspapers of record on 10/31/2024.

This rule takes effect on
Adoption Deadline: 06/16/2025

Please note:

If you have any questions, please call me at 828-2863. OR
E-Mail me at: sos.statutoryfilings@vermont.gov

cc: Emery Mattheis

The Vermont Statutes Online

The Statutes below include the actions of the 2024 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 3 : Executive

Chapter 005 : Secretary of State

Subchapter 003 : PROFESSIONAL REGULATION

(Cite as: 3 V.S.A. § 123)

§ 123. Duties of Office

(a) The Office shall provide administrative, secretarial, financial, investigatory, inspection, and legal services to the boards. The services provided by the Office shall include:

(1) Sending, receiving, and processing applications for licenses.

(2) Issuing, recording, renewing, and reinstating all licenses as ordered by the boards, an appellate officer, the Director, an administrative law officer, or a court.

(3) Revoking or suspending licenses as ordered by the boards, the Director, an administrative law officer, or a court.

(4) Keeping all files and records of the boards, including minutes of meetings.

(5) Compiling and maintaining a current register of all licensees.

(6) Compiling and maintaining statistical information for each board, including the number of applications received; the number of licenses, certificates, registrations, and permits issued, renewed, and reinstated; examination results; the number and disposition of inspections and complaints; and the number of board meetings.

(7) Collecting and depositing all fees into the Professional Regulatory Fee Fund.

(8) Arranging payment of all expenses incurred by the boards within the limits of the funds appropriated to them.

(9) Standardizing, to the extent feasible and with the advice of the boards, all applications, licenses, and other related forms and procedures, and adopting uniform procedural rules governing the investigatory and disciplinary process for all boards set forth in section 122 of this chapter.

(10) Notifying the public and board members of all meetings and examinations to be held by the boards and arranging for places for those meetings and examinations.

(11) Assisting the boards in developing rules consistent with the principles set forth in 26 V.S.A. chapter 57. Notwithstanding any provision of law to the contrary, the Secretary of State shall serve as the adopting authority for those rules.

(12) With the assistance of the boards, establishing a schedule of license renewal and termination dates so as to distribute the renewal work in the Office as effectively as possible.

(A) Licenses may be issued and renewed according to that schedule for periods of up to two years.

(B) A person whose initial license is issued within 90 days prior to the set renewal date shall not be required to renew the license until the end of the first full biennial licensing period following initial licensure.

(13) To the extent that resources permit, providing other administrative services that are necessary or desirable for the efficient operation of the boards.

(b) The Director shall consult with each board and prepare a consolidated budget for the Office. The consolidated budget shall also contain funds deemed to be required by the Director for the administration of this chapter. The Director shall submit the consolidated budget to the Secretary of State.

(c) The Director may purchase examination materials and contract with examination providers to administer examinations.

(d) The Director may adopt procedures for the effective administration of this section.

(e) The Secretary of State shall contract with and appoint one or more attorneys licensed to practice in this State to serve as administrative law officers under subsection 129(j) of this title or appellate officers under section 130a of this title.

(f) Classified State employees who are employed as investigators by the Secretary of State who have successfully met the standards of training for a Level III law enforcement officer under 20 V.S.A. chapter 151 shall have the same powers as sheriffs in criminal matters and the enforcement of the law and in serving criminal process and shall have all the immunities and matters of defense now available or hereafter made available to sheriffs in a suit brought against them in consequence for acts done in the course of their employment.

(g)(1) The Office shall establish uniform procedures applicable to all of the professions and boards set forth in section 122 of this chapter, providing for:

(A) appropriate recognition of education, training, or service completed by a member of the U.S. Armed Forces toward the requirements of professional licensure; and

(B) expedited issuance of a professional license to a person who is licensed in good standing in another regulatory jurisdiction; and

(i) whose spouse is a member of the U.S. Armed Forces and who has been subject to a military transfer to Vermont; and

(ii) who left employment to accompany his or her spouse to Vermont.

(2) The Director may evaluate specific military credentials to determine equivalency to credentials required for professions attached to the Office. The determinations shall be adopted through written policy that shall be posted on the Office's website.

(3) The Director may evaluate apprenticeship programs recognized or administered by the Vermont Department of Labor, Agency of Education, or U.S. Department of Labor to determine equivalency to credentials required for professions attached to the Office. The determinations shall be adopted through written policy that shall be posted on the Office's website.

(h) Notwithstanding any provision of Title 26 of the Vermont Statutes Annotated to the contrary, the Office, on behalf of the Director or a board, may use electronic mail to send notices and reminders that would otherwise be sent by mail, except certified mail, and may use online services to elicit information and sworn attestations that would otherwise be obtained on a paper form.

(i)(1) The Director shall actively monitor the actions of boards attached to the Office and shall ensure that all board actions pursued or decided are lawful, consistent with State policy, reasonably calculated to protect the public, and not an undue restraint of trade.

(2) If the Director finds an exercise of board authority or discretion does not meet those standards, the Director may, except in the case of disciplinary actions:

(A) provide written notice to the board explaining the perceived inconsistency, which notice shall have the effect of staying that action and implementing any alternative prescribed by the Director;

(B) schedule a public meeting with the board to resolve questions about the action and explore alternatives; and

(C) within 60 days following that meeting, issue a written directive finding that:

(i) the exercise of board authority or discretion is consistent with State policy, in which case the action shall be reinstated;

(ii) the exercise of board authority or discretion is inconsistent with State policy in form, but may be modified to achieve consistency, in which case the board may issue a modified action consistent with the Director's recommendation; or

(iii) the exercise of board authority or discretion is inconsistent with State

policy in purpose, in which case any alternative prescribed by the Director shall stand as the regulatory policy of the State.

(j)(1) The Office may inquire into the criminal background histories of applicants for initial licensure and for license renewal of any Office-issued credential, including a license, certification, registration, or specialty designation for the following professions:

(A) licensed nursing assistants, licensed practical nurses, registered nurses, and advanced practice registered nurses licensed under 26 V.S.A. chapter 28;

(B) private investigators, security guards, and other persons licensed under 26 V.S.A. chapter 59;

(C) real estate appraisers and other persons or business entities licensed under 26 V.S.A. chapter 69;

(D) osteopathic physicians licensed under 26 V.S.A. chapter 33;

(E) physical therapists and physical therapist assistants licensed under 26 V.S.A. chapter 38;

(F) licensed clinical mental health counselors licensed under 26 V.S.A. chapter 65;

(G) audiologists licensed under 26 V.S.A. chapter 67;

(H) licensed marriage and family therapists licensed under 26 V.S.A. chapter 76;

(I) speech-language pathologists licensed under 26 V.S.A. chapter 87;

(J) social workers licensed under 26 V.S.A. chapter 61;

(K) individuals registered on the roster of psychotherapists who are nonlicensed and noncertified;

(L) psychologists licensed under 26 V.S.A. chapter 55;

[Subdivision (j)(1)(M) effective July 1, 2025.]

(M) occupational therapists licensed under 26 V.S.A. chapter 71; and

[Subdivision (j)(1)(N) effective July 1, 2025.]

(N) peer support providers and peer recovery support specialists certified under 26 V.S.A. chapter 60.

(2) Prior to acting on an initial or renewal application, the Office may obtain with respect to the applicant a Vermont criminal history record, an out-of-state criminal history record, and a criminal history record from the Federal Bureau of Investigation. Federal Bureau of Investigation background checks shall be fingerprint-supported, and fingerprints so obtained may be retained on file and used to notify the Office of future triggering events. Each applicant shall consent to the release of criminal history records

to the Office on forms developed by the Vermont Crime Information Center.

(3) Applicants subject to background checks shall be notified that a check is required, if fingerprints will be retained on file, and that criminal convictions are not an absolute bar to licensure, and shall be provided such other information as may be required by federal law or regulation.

(k) For any profession attached to it, the Office shall provide a pre-application determination of an individual's criminal background. This determination shall not be binding on the Office in a future application if the individual violates probation or parole or is convicted of another crime following the determination.

(1) The Office shall initiate this determination upon an individual's "second chance" determination request. This request shall provide documentation related to the individual's conviction or convictions, evidence of rehabilitation, and identification of the profession or professions for which the individual seeks licensure.

(2) The individual shall submit this request online, accompanied by the fee for preapplication determinations set forth in section 125 of this subchapter. If the individual thereafter applies for licensure, this preapplication fee shall be deducted from that license application fee.

(3) The Office shall:

(A) process a request within 30 days of receiving a complete request;

(B) assess the nature of the underlying conviction or convictions, the nexus to the profession or professions for which the individual seeks licensure, and the provided evidence of rehabilitation; and

(C) respond to the individual's request in writing.

(l) When, by reason of disqualification, resignation, vacancy, or necessary absence, a board is unable to form a quorum or assign one or more members to assist in the investigation and prosecution of complaints or license applications, or to adjudicate a contested case, the Secretary of State may appoint ad hoc members, either as voting members to establish a quorum at a specific meeting or as nonvoting members to assist Office investigators and prosecutors. (Added 1989, No. 250 (Adj. Sess.), § 1; amended 1997, No. 40, § 2; 1999, No. 133 (Adj. Sess.), § 51; 2003, No. 122 (Adj. Sess.), § 78g; 2005, No. 27, § 1; 2007, No. 163 (Adj. Sess.), § 1; 2009, No. 33, § 4; 2009, No. 103 (Adj. Sess.), § 1; 2011, No. 116 (Adj. Sess.), § 2; 2013, No. 27, § 1; 2013, No. 138 (Adj. Sess.), § 2; 2013, No. 141 (Adj. Sess.), § 11, eff. July 1, 2015; 2017, No. 48, § 1; 2017, No. 115 (Adj. Sess.), § 2, eff. Jan. 1, 2020; 2017, No. 144 (Adj. Sess.), § 1; 2019, No. 152 (Adj. Sess.), § 1, eff. April 1, 2021; 2019, No. 178 (Adj. Sess.), § 2, eff. Oct. 1, 2020; 2021, No. 69, § 2; 2023, No. 34, § 2, eff. July 1, 2023; 2023, No. 35, § 2, eff. July 1, 2023; 2023, No. 36, § 4, eff. July 1, 2023; 2023, No. 91 (Adj. Sess.), § 2, eff. April 23, 2024; 2023, No. 112 (Adj. Sess.), § 3, eff. July 1, 2025; 2023, No. 158 (Adj. Sess.), § 1a, eff. June 6, 2024; 2023, No. 170 (Adj. Sess.), § 2,



Proposed Rules Postings

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Deadline For Public Comment

Deadline: Dec 12, 2024

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	24P044
Title:	Administrative Rules of the Board of Dental Examiners.
Type:	Standard
Status:	Final Proposed
Agency:	Board of Dental Examiners, Office of Professional Regulation
Legal Authority:	3 V.S.A. § 123(a)(11)
Summary:	These rules generally update standards for dentists, dental hygienists, and dental assistants. The standards specify scope of practice and licensing standards for dental therapists (a new license type since the last rule update), and for public-health dental hygienists; update practice requirements for the use of anesthesia; incorporate fast-track licensure and uniform processes for licensure of internationally educated dentists; creates standards for the use of new non-invasive techniques by dental hygienists.

Persons Affected:

Vermont Department of Health, Department of Vermont Health Access, dentists, dental therapists, dental hygienists, dental assistants, Vermont State Dental Society, Vermont Dental Hygienists Association, University of Vermont Dental Residency Program, Vermont State University, dental schools, patients of dental offices, individuals without access to traditional dental offices, current students of the dental professions, graduates of dental programs seeking licensure in Vermont.

Economic Impact:

No added costs are anticipated to accrue beyond the current costs to dental practices, professionals, and educational programs of compliance with existing dental regulations. There are no direct savings associated with this rule. There may be indirect savings to patients and health systems through the expansion of public-health hygienists' scope of practice to include non-invasive caries treatment. There may also be indirect savings to dental practices, and therefore to their patients and to health systems, from allowing dental hygienists and dental assistants to perform certain activities as soon as they are competent to do so, instead of waiting for a fixed amount of time as required by the current rules.

Posting date:

Oct 23,2024

Hearing Information

Information for Hearing # 1

Hearing date:

12-03-2024 2:00 PM

[ADD TO YOUR CALENDAR](#)

Location:

Office of Professional Regulation Board Room

Address:

89 Main Street, 3rd Floor

City:

Montpelier

State:

VT

Zip:

05620-3602

Hearing Notes:

Information for Hearing # 2

Hearing date:

12-03-2024 2:00 PM

[ADD TO YOUR CALENDAR](#)

Location:

Virtually via MS Teams

Address:

<https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> Meeting ID: 280 101 242 854 Passcode: Szjm4w
Dial in by phone +1 802-828-7667,,6079543#, conference ID: 607 954 3#

City:

State:

VT

Zip:

n/a

Hearing Notes:

Virtually via MS Teams at <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> Meeting ID: 280 101 242 854 Passcode: Szjm4w Dial in by phone +1 802-828-7667,,6079543#, conference ID: 607 954 3#

Information for Hearing # 3

Hearing date: 12-05-2024 6:00 PM [ADD TO YOUR CALENDAR](#)

Location: Office of Professional Regulation Board Room

Address: 89 Main Street, 3rd Floor

City: Montpelier

State: VT

Zip: 05620-3602

Hearing Notes:

Information for Hearing # 4

Hearing date: 12-05-2024 6:00 PM [ADD TO YOUR CALENDAR](#)

Location: Virtually via MS Teams

Address: <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> Meeting ID: 280 004 090 778 Passcode: kq7rR9

City: Dial in by phone +1 802-828-7667,,295727414#, conference ID: 295 727 414#

State: VT

Zip: n/a

Hearing Notes: Virtually via MS Teams at <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> Meeting ID: 280 004 090 778 Passcode: kq7rR9 Dial in by phone +1 802-828-7667,,295727414#, conference ID: 295 727 414#

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level: Primary

Name: Emily Tredeau, Esq.

Agency: Office of Professional Regulation, Office of the Secretary of State

Address: 89 Main Street, 3rd Floor

City: Montpelier

State: VT

Zip: 05620-3602

Telephone: 802-828-1505

Fax:

Email: emily.b.tredeau@vermont.gov

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Website <https://sos.vermont.gov/dental-examiners/statutes-rules-resources/>

Address: [VIEW WEBSITE](#)

Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

Level: Secondary

Name: Gina Hruban
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[SEND A COMMENT](#)

Keyword Information

Keywords:

Dental
Dentist
Dental Hygienist
Dental Assistant
Dental Therapist
Dentistry
Oral Health
Silver Diamine Fluoride;
SDF
Silver Modified Atraumatic Technique
SMART
Dental Education
Professional Regulation
Licesning
License
Office of Professional Reguation
Board of Dental Examiners
Scope of Practice
Teeth
Tooth
Caries
Anesthesia
Nitrous Oxide
Radiography

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