

PRESIDENT'S MESSAGE

Thinking about a topic for the newsletter, I was surprised by the number of issues the board has encountered this year. There are several that deserve to be addressed which apply to all dentists, hygienists, and registered dental assistants.

The first is the reason for the existence of the NDSBDE. Our mission statement is *"The North Dakota State Board of Dental Examiners protects the dental health of the citizens of North Dakota by regulating the practice of dentistry, dental hygiene, and dental assisting through the enforcement of laws, rules, and policies. The board requires competency and ethical behavior in all areas of the practice of dentistry"*. As you will notice, there is no mention of protecting dentistry, or promoting dentists, hygienists or assistants. There are other organizations that do that. At times I think the public and practitioners may not fully understand the difference. The members of the board were appointed for their knowledge and professional expertise. This is to be used to protect the public. All board members take this responsibility very seriously and focus on their mandated task.

Dealing with complaints against practitioners takes up a good deal of our NDBDE time. It may be helpful to explain how the complaint process works. The complaint process is a formal process handled by letter. It is not handled by a phone call. Once a written complaint is received, the dentist, hygienist, or assistant that is the subject of the complaint is sent a letter and a copy of the complaint with any documentation sent in by the person filing the complaint. The individual is asked to respond in writing and provide any supporting documentation. The board reviews this material and may rule at that time or request further clarifications. At no time are board members allowed to discuss any case with the dentist, hygienist or assistant related to the complaint. I know North Dakota is a small state and many of you know a board member personally. Please respect the process and let it work. It can be stressful when you have a complaint filed against you. We work through each complaint as quickly and efficiently as we can. It helps if requested information is promptly submitted.

The complaints we receive run the gamut from frivolous to quite serious. Most can be traced to poor or questionable decisions made by the practitioners related to a business, professional, or personal decision. Dentistry is a profession that, through necessity, has a business component. In a nonprofessional business the motivation is to maximize profits. Although in dentistry profit is necessary to keep the practice running, it cannot be the first priority. Although maintaining profitability is important (as with any business), the priority in dentistry must be to provide ethical care for our patients. The ADA Code of Ethics states "ADA calls on dentists to follow high ethical standards that have the benefit of patients as their primary goal. "If there is conflict between what is good for the patient and what is good for the practice, the patient must come first. The NDBSDE requires practitioners conform to the ADA's Code of Ethics and Professional Conduct.

Treat patients as you would like to be treated. Communicate all pertinent information. Not just the information that may lead patients to make the decision you think is right. With proper informed consent, each patient will make the best decision for them. Informed patients are not likely to file complaints. We see complaints from patients that state they were not told the full costs or possible treatment alternatives or potential limited outcomes. These problems may be avoided with better communication. Preventing a complaint is far easier than dealing with it after it occurs.

A license to practice dentistry, hygiene or assisting is a privilege, not a right. Practitioners should remember this even when not the office. Alcohol abuse or chemical dependency can place your license in jeopardy. Seek help before it becomes a problem.

The NDSBDE website has been updated. Please visit it and see what is there. We are working to improve communication through technology. Often answers to questions may be found on the website.

There are three long term board members who are completing their terms. They have contributed a tremendous amount of time and effort serving the citizens of North Dakota. I want to thank Dr. Dale Brewster, Dr. Rob Lauf, and Cathy Cornell, RDH, for their service. Their collective wisdom will be missed. Sincerely, Gregory Evanoff, DDS

NDBDE NEWSLETTER 2015

Future Rules Amendments Prescription Drug Monitoring



And You
Say?
Page #3,4



What Can the
Website Do for
You?

Page #4

Paperless!!!

Page #2



Corporate Regulations

Required by NDCC Page #4

Fond Farewell

30 Years of Experience Page #5

Revised Administrative Rules

New Administrative
Rules Effective
April 1, 2015.

Title 20

Page # 2, 7-15



Annual Report of the NDBDE



Latest news from
Board Committees

NDBDE DIRECTORY

PRESIDENT
GREGORY EVANOFF, DDS
TERM EXPIRES 03/15/2017

PRESIDENT ELECT
TROY PETERSEN, DMD, MD
TERM EXPIRES 03/15/2019

SECRETARY TREASURER
TIM MEHLHOFF, CPA
TERM EXPIRES 03/15/2018

IMMEDIATE PAST PRESIDENT
ROBERT LAUF, DDS
TERM EXPIRES 03/15/2016

MEMBER
DALE BREWSTER, DDS
TERM EXPIRES 03/15/2015

MEMBER
CATHERINE CORNELL, RDH
TERM EXPIRES 03/15/2015

MEMBER
OTTO DOHM, DDS
TERM EXPIRES 03/15/2020

EXECUTIVE STAFF

EXECUTIVE DIRECTOR
RITA SOMMERS, RDH, MBA
(701) 258-8600

RITA@NDDENTALBOARD.ORG

NDBDE CENTRAL OFFICE
JACINDA SIMMONS

PO BOX 7246
BISMARCK, ND 58507-7246
(701) 258-8600

INFO@NDDENTALBOARD.ORG

LEGAL COUNSEL
ASSISTANT ATTORNEY GENERAL
Office of Attorney General
600 E BOULEVARD AVE
BISMARCK, ND 58505-2226

Title 20 of the North Dakota Administrative Code contains rules promulgated by the North Dakota State Board of Dentistry. Rules are adopted by state agencies and state boards who have specific rulemaking authority from the State Legislature. However, once a rule is adopted by the Board, it must be reviewed by the Attorney General's Office, The Legislative Counsel, and then approved by members of the Administrative Rules Committee. **Administrative rules have the force of law.** Administrative rules are based on the content of the North Dakota Century Code.

Amendments specifically brought forward to address barriers to care or access to care were given the utmost consideration. The Board's objective being to **allow procedures where competency could be demonstrated** and the delivery of duties could be provided in the **safest manner possible** using the **current workforce**. The Board's measures strategically **authorize a competent workforce** to work in numerous settings providing care within their **scope of practice** and providing an avenue for an **existing workforce to broaden their scopes of practice** if they so choose. Toward this end the revised Administrative Rules should be reviewed by all ND practicing dentists, dental hygienists and all dental assistants. are officially in place as of April 1, 2015. **Continued on Pages 7-15**

Paperless!

Members of the NDBDE appreciate technology -- some more than others.

Going "paperless" makes cents, dollar\$ and cent\$. The cost savings can be significant. Documents are easier to retrieve and digital document management allows the Board to create security settings and give all authorized users the ability to view the same document. Mailing costs are reduced substantially.

As technology helps us to "save the trees" and reduce waste, the Board continues its process of transitioning from an all-paper to mostly paper-free entity.

The Board encourages licensees to renew online. In the future, online renewal will be our trusted and only option. The Board is incrementally building a "paperless" infra-structure to further enhance improvements in security and accessibility of documents while reducing storage needs.

The Board's annual newsletter publication will only be available online but in a printable (if you must) portable document format, otherwise known as a pdf format. The Board will no longer send the printed publication via the Postal Service. The trees thank you for your help!



Dental Prescriber's Guidelines for Use of the PDMP



THE **PDMP** IS A SECURE AND HIPAA-COMPLIANT ONLINE DATABASE OF ALL SCHEDULE II, III, IV, AND V CONTROLLED SUBSTANCES DISPENSED IN THE STATE OF NORTH DAKOTA OR FOR PATIENTS RESIDING IN NORTH DAKOTA. ALL CONTROLLED SUBSTANCE PRESCRIPTIONS DISPENSED FOR A NORTH DAKOTA RESIDENT ARE TRANSFERRED TO THE PDMP DATA REPOSITORY BY THE DISPENSER ON A DAILY BASIS.

In 2012 the Board's Newsletter featured an article, "Doctor Shopping?". The underlying focus was the rise in abuse of and **addiction to opioids** such as prescription pain relievers. Several factors contribute to the problem including drastic increases in the number of prescriptions written and dispensed, aggressive marketing (including "street" marketing) of opioid and benzodiazepines and, let there be no secret, the oil boom. The Attorney General's 2014 Comprehensive Status and Trends Report stated that 17.6% of high school students have taken a prescription drug such as OxyContin, Percocet, Vicodin or Xanax without a doctor's prescription. In trying to battle the nationwide trend of opioid drug abuse, the ND Board of Pharmacy implemented a Prescription Drug Monitoring Program (PDMP) with the intent of protecting the public.

In the most recent 2015 Legislative Assembly, the legislative body has cast the PDMP net further to include dentists. NDCC 19-03.5-09(2) which states that "Each professional licensing board that is responsible for the licensing of individuals authorized to prescribe or dispense controlled substances for human consumption shall adopt rules under Chapter 28-32 to require licensed individuals under that board's jurisdiction who prescribe or dispense controlled substances to humans to utilize the prescription drug monitoring program. In drafting rules required under this subsection, each professional licensing board shall consult with the state board of pharmacy, the other boards, required to adopt rules under this subsection, and the advisory council in order to maximize the uniformity among the rules for each profession. All or any of the professional licensing boards subject to the rulemaking requirement of this subsection may conduct a joint rule making proceeding under chapter 28-32 to implement rules required by this subsection. If a prescriber of any drug has reason to believe that a patient may be abusing or diverting prescribed medications, the prescriber shall access the Prescription Drug Monitoring Program and document the assessment of the monitoring results.

In March 2015 legislation was signed into law to amend Board of Pharmacy laws; Chapter 61-12-01-04. Dispenser Reporting.

Prior to dispensing a prescription, each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient, for the treatment of pain or anxiety shall, at a minimum, request and review a prescription drug monitoring report covering at least a one-year time period or another state's report, or both reports, when applicable, if the dispenser becomes aware of a person currently:

- (a) Receiving reported drugs from multiple prescriber;
- (b) Receiving reported drugs for more than twelve consecutive weeks;
- (c) Abusing or misusing reported drugs (i.e., over-utilization; early refills; appears overly sedated or intoxicated upon presenting a prescription for a reported drug; or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks); or
- (d) Presenting a prescription for reported drugs when the patient resides

outside the usual pharmacy geographic patient population.

After obtaining an initial Prescription Drug Monitoring Report for a patient, a dispenser shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further Prescription Drug Monitoring Reports and/or other state's reports for that patient. In the rare event a report is not immediately available, the dispenser shall use professional judgement in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report. For the purpose of compliance with Section 1, a report could be obtained through a PDMP integration with software or also a Board approved aggregate tool, for which the NARxCHECK will be an approved tool. The National Association of Boards of Pharmacy Foundations's NARxCHECK service is a risk assessment tool for health care providers and pharmacists that accesses patient prescription information from prescription drug monitoring program (PDMP) databases, analyzes the data, and provides a risk-based score that includes PDMP data and graphical analysis to assist in prescribing and dispensing decisions.

www.appriss.com/narxcheck.html

Why is this important to dental prescribers?

NDBDE will be adding specific language to administrative rules. The ND Board of Board of Pharmacy recommends the following language:

1. Prior to the initial prescribing of any controlled substance, each dentist shall:
 - (a) Review the PDMP report for all available data on the patient within the previous 12 months;
 - (b) Consider the available information to determine if it is medically appropriate and safe to prescribe a controlled substance;
 - (c) Discuss the risks and benefits of the use of controlled substances with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence; and
2. A dentist shall not be required to obtain and review a PDMP report if:

Continued on Page 4

A FOND FAREWELL 30 Years of Experience

It's not always easy to sit on the Board of Dental Examiners. But for the last 10 years the NDBDE has been fortunate to have Dr. Dale Brewster residing over the Complaint Committee with Dr. Lauf. Both Dr. Brewster and Dr. Lauf, were also committed to assure that standards for regional clinical boards accepted by North Dakota were truly fair, valid and reliable. Dr. Lauf also chaired the Application Review Committee, more or less a branch of the Complaint Committee.

In addition to chairing the Continuing Education Committee, Ms. Cornell was also involved in examining and active on the CRDTS Hygiene Examination Review Committee. The Board relies on the examiners' ratings and performance of clinical boards in assisting the NDBDE in making determinations regarding which clinical boards will be accepted; regional clinical board agencies have proven to be very dynamic and competitive. Dr. Brewster, Dr. Lauf and Ms. Cornell were all actively involved in clinical board examining for the entirety of their 10 year commitments and all agree that the experience has been rewarding.

It is with gratitude and best wishes that we say a fond farewell to Rob Lauf, DDS, Dale Brewster, DDS and our dental hygiene member of the Board, Cathy Cornell, RDH. Your collective insight and wisdom will most certainly be missed. All have been dedicated examiners and hopefully will remain so.

The Board is unfortunately losing 30 years of experience in one fell swoop. Dr. Brewster's departure is also unfortunate for all of the walleye, moose, and deer in North Dakota, surrounding states, Alaska, Wyoming and Canada!

On behalf of the entire Board, THANK YOU for your dedication and service to the public.

Newly appointed members begin March 15, 2016. Meetings are generally four times per year. Additionally, the Board convenes via conference calls. Board members are encouraged to participate in the regional clinical examination process which may require a minimum of two long weekends per year. Board members are reimbursed for expenses, travel and lodging.

PRESCRIBER'S GUIDELINES Continued from page 3

- (a) The dentist prescribes a controlled substance after the performance of oral surgery; and no more than a seventy-two (72) hour supply of the controlled substance is prescribed, or
- (b) The dentist prescribes pre-appointment medication for the treatment of procedure anxiety.

To date, the process of adopting new rules has not been initiated by the Board. Until such time that the administrative rules process is completed, the NDBDE recommends that practitioners follow the Guidelines for using the Prescription Drug Monitoring Program for Prescribers.

<https://www.nddentalboard.org/laws-and-rules/index.asp#OtherLaws>

"Build it and they will come"...

How Practitioners Can Utilize the Board's Online Services. It's no field of dreams, but you can ...

Renew your license online. If you have submitted your CE and CPR is up to date, life just became a little easier. Renew online and save the time and hassle of sending in paper documents. Deadlines are approaching for dental hygienists and dentists to renew licensure. The deadline is December 31, 2015. **Hiring a new employee?** Verify the license is in good standing - or make sure the license or registration exists.

Need to contact the Board office? Telephone or email contact information can be found on the Board's website.

Wondering what CE you submitted to the Board? Relax. It's at your fingertips. Click on the PRACTITIONERS tab, go to CONTINUING EDUCATION and click on CONTINUING EDUCATION STATUS.

Need Jurisprudence & Ethics CE? No problem, login by using your last name, license number and the last 4 digits of your social security number. The exam shuts down once the correct number of questions has been answered. Oops, can't remember your license number? Go

to the Verification and Roster tab and just enter your last name and the appropriate license type, and Voilà....

Not at your desk? No big deal! The Board has a mobile-friendly web presence. Mobile friendly refers to a site that displays accurately between your desktop/laptop computer and a mobile device such as an iPhone or touchscreen tablet. The new design allows the website to be functional and responsive.

Security please! The protocol used to allow you to communicate to the Board "HTTPS" means that information exchanged between you and the Board is encrypted and cannot be hijacked by someone who may want to electronically swipe a credit card number, a password, a social security number or any other personal information. Never enter personal information into an HTTP (hypertext transport protocol) but if the address begins with https:// the site is secure.



So What Could Possibly Go Wrong?

THE BOARD frequently receives the question, "Why is my PROFESSIONAL CORPORATION required to send a report to the Board?" If you have a professional corporation, a professional limited liability company, a professional limited liability partnership or a foreign corporation authorized to transact business in ND, you should be aware of **North Dakota Century Code § 10-31-13**. The Code states that when filing the organization's annual report a **copy must be filed with the regulatory board that licenses the shareholders described in the report**. The information deemed relevant to the NDBDE is for purposes of determining ownership of the dental practice as outlined by NDCC § 43-28-25(9). **You may have noticed past and current renewal applications ask the question: Have you submitted a copy of your annual corporate report to the Board?Have you?**

2015 Annual Report

The Board is comprised of five standing committees; Anesthesia, and Application Review, Complaints, Continuing Education, and Legislative. Responsibilities of committee chairs include ensuring that matters directed to committees are addressed in a timely fashion and reporting committee work at quarterly meetings.

ANESTHESIA COMMITTEE

Chair, Troy Petersen, DMD, MD

A general dentist who wishes to provide moderate enteral or parenteral sedation or minimal sedation must have a site evaluation provided by a

Board appointed Certified Registered Nurse Anesthetist



(CRNA). Contact information is located on moderate and minimal sedation site evaluation forms found on the website. Oral and Maxillofacial surgeons will continue to provide evaluations for fellow surgeons. Any dentist administering nitrous oxide/oxygen in combination with any additional single enteral drug **MUST** maintain a minimal sedation permit issued by the Board. Information regarding requirements for each permit level may be found on the Board's web site. Only the most up to date forms available (located at www.nddentalboard.org) will be accepted by the Board. As a reminder, sedation/anesthesia permit holders are required to have 4 CEU's related to sedation upon renewal of the sedation permit.

APPLICATION REVIEW COMMITTEE

Chair, Rob Lauf, DDS

ND statute requires licensed North Dakota dentists to self-report within 60 days information regarding any illegal, unethical, or errant behavior or conduct including dental malpractice judgment or settlements [See 43-28-18.1 Duty to report.]. The Application Review Committee reviews applications when licensees have reported any action taken by law enforcement or other sanctioning bodies. The Board has taken disciplinary action against practitioners who fail to report. The Committee monitors the license status and events which may influence public safety and which would therefore be of concern to the Board. The Board deliberated

over several new applicants during the past year who self-reported incidents such as DUI's; misdemeanors; and legal deliberations. Unfortunately, the Board also addressed incidents where illegal behavior was not reported or reported by other professionals. Duty to report statute requires the dentist, dental hygienist or dental assistant to advise the Board in a timely manner if he or she reasonably believes another dental licensee has committed an illegal or immoral act.

LEGISLATIVE COMMITTEE

Chair Rob Lauf, DDS

The ND State Board of Dental Examiners firmly opposed proposed legislation regarding dental therapists. Given the landscape of events, opinions, and press, it is a sure bet the issue will reappear in the next session. Meanwhile, the NDSBDE's SB 2066 containing several consumer protection measures was defeated in a convoluted tug of war. Language regarding Tribal Sovereignty taken from the therapist bill which was defeated soundly (6-40) on the Senate Floor, made its way into NDBDE's SB 2066. At the same time, conflicting views with the hygiene association regarding the Board's support of authorizing a dental assistant to provide the

duty of supragingival scaling, brought copious amounts of attention to the Board of Dental Examiners. The Board is in favor of expanding the duties of the current workforce. New rules were accepted by the Legislature's Administrative Rules Committee sans supragingival scaling for a trained dental assistant and public health dental assistant. RIP SB 2066.



CONTINUING EDUCATION

Chair, Catherine Cornell, RDH

The online Ethics and Jurisprudence Exam offered on the NDSBDE web site, at no cost, meets CE requirement for Ethics and Jurisprudence. Sponsors of continuing education courses are strongly encouraged to electronically submit the Board's CE approval form which may be found on the Board's web site. Submitting the form provides the Continuing Education Committee the information needed to determine if a course meets the requirements as prescribed in the Administrative Rules. Miscellaneous

pamphlets to solicit professionals to take CE may erroneously indicate the courses are approved by the ND Board. To ensure your course meets ND's CE requirements for license renewal, *check with the Board before you write your check*. The Committee began random audits of qualified and registered dental assisting September, 2015. Continuing education requirements and forms may be found on the Board's web site.

COMPLAINT COMMITTEE

Chair, Dale Brewster, DDS

Licensees and registrants whose fitness to practice, performance or communication skills have been called into question often end up before the NDSBDE's Complaint Committee. **During active investigations, members of the dental community are urged not to**

single out Board members to express personal opinions via phone



call texts or any other form of communication. Such communications may result in the Board member having to recuse themselves from acting in a judiciary capacity. Written communication sent directly to the entire Board however, would not elicit a member from recusing. All meetings are open to the public unless announced otherwise. The Board addressed a total of 20 complaints in the period of July, 2014 through July, 2015. The Board addressed (or is addressing) statute violations related to: advertising, unprofessional conduct, directing unlicensed or unqualified auxiliary to perform procedures they are not authorized to perform, overtreatment, failure to report to the Board as required under section 43-28, failure to release a dental record and violations of the Code of Ethics.



DISCIPLINARY ACTIONS

NAME	LICENSE NO.	ACTION	COMMENCE	VIOLATION
Steven Hoium, DDS	1675	Board Order Revocation of dental license (Failure to comply with Settlement Agreement)	06/21/2013	NDCC § 43-28-18(1), (7), (20), (27) and (28) and NDCC § 43-28-18.2(3); 43-28-23; NDAC § 20-02-01-08 and 2F of the Code of Ethics
Mansureh Iravani, DDS, MD	1928	Board Order Suspended for one year followed by a two year probation Subject to conditions Payment of all costs of proceedings	12/10/2014	NDCC § 43-28-18(1), (2), (4), (21), and (28) and NDCC § 43-28-18.1.
Brenda Barfield, DDS	1943	Settlement Agreement One year suspension stayed; With conditions; \$5000 fine	01/12/2015	NDCC § 43-28-18(1), (4), (7), (12), (21), (27) and (28) and NDCC § 43-28-18.1.
Richard Callender, DDS	1509	Settlement Agreement Letter of Reprimand CE; \$3000 fine	02/09/2015	NDCC § 43-28-18(1), (12), (14), (19), (27) and (28)
Stanley Hirst, DDS	1699	Settlement Agreement Letter of Reprimand	08/28/2015	NDCC § 43-28-18 (21)
Christian Meland, DDS	2128	Settlement Agreement Letter of Reprimand; \$2000 fine	01/19/2015	NDCC § 43-28-18(1), (10), (14), and (28)

2015 Licenses and Registrations [11/02/2015]

IN STATE TOTAL	TOTAL	
DDS	421	491
RDH	587	847
RDA/QDA	551	661
TOTAL	1559	1999

According to the US Dept. of Labor, employment of dental hygienists is expected to grow 33 percent from 2012 to 2022. The annual 2012 median pay (half earned more half earned less) for the RDH was \$70,210 and the median annual pay for a dental assistant was \$34,500. North Dakota has increased the number of in state practitioners licensed from 2006 to 2015 by **46 percent**. Practicing dentists in ND have increased by **36.24 percent** from 2006 to 2015. Registered dental hygienists practicing in state from 2006 to 2015 increased **54 percent** and registered dental assistants during the same period increased **47 percent**. Meanwhile, in the

same time period, the population of ND in 2006 was 649,422 and in 2014 was 739,482 an increase of **13.86 percent** (US Census Bureau).

Random CE Audits

The ND Board of Dental Examiners (Board) began conducting random Continuing Education audits of its dental, dental hygiene licensees and assisting registrants. To avoid any enforcement action being taken against your license including, but not limited to, the issuance of a citation and fine practitioners should retain CE proof of education and documentation for current and previous CE renewal cycles. Required CE for the current renewal period must be completed prior to December 31 for dentists and dental hygienists



(December 31st of even numbered years for registered dental assistants). Ensure CE credits are from a Board approved provider.

IS YOUR HYGIENIST OR DENTAL ASSISTANT REGISTERED WITH THE BOARD?

A continuing area of concern encountered by the Board is the issue of non licensed hygienists or non registered dental auxiliary attempting to gain employment and provide duties without presenting a valid license or registration. There have been instances where a hygienist applying for license begins or becomes employed and begins working as a dental hygienist without a current license. To avoid penalty from the NDBDE, verify the license and registration by checking the Board's web site to determine the current status of licenses and registrations.

Title 20 of the North Dakota Administrative Code

New laws: Yellow highlight bold print

Definitions

Board Comment: Four definitions were amended.

20-01-02-01.(13). "Contiguous supervision" means that the supervising oral and maxillofacial surgeon whose patient is being treated and has personally authorized the procedures to be performed. The supervising oral surgeon is continuously onsite and physically present in the treatment facility while the procedures are performed by the dental anesthesia auxiliary and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory. A definition of "contiguous supervision" is added which is used where a dental assistant is providing anesthesia duties. Reference to the supervising maxillofacial surgeon also differentiates the term.

(18.) "Direct visual supervision" means supervision by an oral and maxillofacial surgeon by verbal command and under direct line of sight. "Direct visual supervision" is also required for the anesthesia assistant to carry out their duties during the operatory procedures.

(25.) "Oral assessment" means the evaluation of data pertaining to the patient's condition to help identify dental problems leading to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist. "Oral assessment" the term is referred to in 20-04-01-01, dental hygiene duties. The definition may be instrumental in duties that can be delegated to the dental auxiliary.

(26.) "Oral hygiene treatment planning" is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework for addressing

the preventative, educational, and clinical treatment needs of the patient.

"Oral hygiene treatment plan" is a dental hygiene duty referred to in 40-02-01(7). The new definition emphasizes the dental hygienist provider. The amendment was aimed at hygienists working in public health and/or under general supervision.

Advertising

Board Comment: The only amendment to the advertising section is the inclusion of the language "bona fide specialty". The term is defined in Ch. 20-01-02. Definitions. The Board has a valid and substantial interest in regulating the dental profession, ensuring that consumers are not misled by ads and protecting citizens from unqualified and incompetent dentists. ["Bona fide specialties" means the specialties of dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics].

20-02-01-01. Advertising.

1. Advertising by dentists is permitted to disseminate information for the purpose of providing the public a sufficient basis upon which to make an informed selection of dentists. In the interest of protecting the public health, safety, and welfare, advertising which is false, deceptive, or misleading is prohibited.

2. All advertising must contain the legal name of the dentist, or a reasonable variation thereof. In the case of a partnership or corporation, the name used in the advertisement may be the true name of the partnership or corporation. The advertisement must also contain the location, or locations, of the dentist, partnership, or corporation.

3. A dentist engaged in general practice who wishes to announce the services available in the dentist's practice is permitted to announce the availability of those services as long as the dentist avoids using language that expresses or implies that the dentist is a specialist. If a dentist, other than a specialist, wishes to advertise a limitation of practice, such advertisement must state that the limited practice is being conducted by a general dentist. A dentist who is a specialist may

announce the dentist's bona fide specialty provided that the dentist has successfully completed an educational program accredited by the commission on accreditation of dental and dental auxiliary educational programs, two or more years in length, as specified by the commission on dental accreditation of the American dental association or be a diplomate of a nationally recognized certifying board. Such a dentist may announce that the dentist's practice is limited to the special area of dental practice in which the dentist has or wishes to announce.

4. A dentist who advertises on radio or television must retain a recorded copy of such advertising for a period of one year following the termination of the use of such advertising, and is responsible to make recorded copies of such advertising available to the North Dakota state board of dental examiners within thirty days following a request from the board for such copies.

5. No dentist may advertise the dentist, the dentist's staff, the dentist's services, or the dentist's method or methods of delivery of dental services to be superior to those of any other licensed dentist, unless such claim or claims can be substantiated by the advertiser, upon whom rests the burden of proof.

6. No advertising by a dentist may contain representations or other information contrary to the provisions of North Dakota Century Code section 43-28-18 or North Dakota Administrative Code title 20.

Nitrous oxide

Board Comment: The amendment is a patient safety measure authorizing trained auxiliary to reduce or end nitrous oxide flow. Alternatively the hygienist or assistant would have to leave the patient unattended.

20-02-01-03. Nitrous oxide. A duly licensed dentist may use nitrous oxide for treating patients only when the following conditions are met:

1. Documentation has been provided by the dentist to the board that verifies completion of fourteen hours of instruction or continuing professional education dealing specifically with the use of nitrous oxide. In the absence of

documentation of classroom training, the dentist must provide proof acceptable to the board that demonstrates three years of practical experience in the use of nitrous oxide.

2. A dentist who induces a patient into a state of psychosedation or relative analgesia using nitrous oxide shall ensure that the patient will be continually and personally monitored by a dentist. A dentist may delegate the monitoring tasks to a licensed dental hygienist or a registered dental assistant utilizing **indirect** supervision only after the patient has been stabilized at the desired level of conscious sedation or relative analgesia by the action of the dentist. The licensed dental hygienist or registered dental assistant who is assigned the monitoring task shall remain in the treatment room with the patient at all times. **A dental hygienist or a dental assistant may not initiate the administration of nitrous oxide to a patient. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the dentist.**

3. The dentist must provide and document training for the dental hygienist or registered dental assistant in the proper and safe operation of the analgesia machine being used prior to the registered dental hygienist or registered dental assistant monitoring the patient. Training shall include emergency procedures to be employed if required.

Additional Requirements for License by Examination

Board Summary: Although all regional exams are accepted by the NDSBDE, rather than count on the examining entities to include ND requirements in their exams, the Board moved to list required components to assist candidates in their selection process.

20-02-01-03.1. Additional requirements for licensure by examination. The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-10.1 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental

examinations or the national dental examining board of Canada within five years of application.

2. The applicant has passed, within five years of application, a clinical competency examination. **Required component shall include a patient-based periodontal component,** a patient-based restorative component, an endodontic component, administered by one **or more** of the following:

- Central regional dental testing service.
- Council of interstate testing agencies.
- Northeast regional **examining** board.
- Southern regional testing agency.
- Western regional examining board.

3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.

4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

Additional Requirements for Applications

Board Comment: The interview may or may not be required. The Board may opt to postpone the interview to prevent an unnecessary financial burden for the candidate such as travel expenses or to waive the interview altogether depending on content of the application.

20-02-01-03.3. Additional requirements for applications. Applications must be completed within six months of filing. **The board may require an interview with the applicant.** In addition to the application requirements of North Dakota Century Code sections 43-28-11 and 43-28-17, the board may require an application to include:

- Proof of identity, including any name change.
- An official transcript sent by an accredited dental school directly to the board.
- Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within five years of application.
- Evidence demonstrating the applicant passed a clinical competency

examination, approved by the board, within five years of application.

5. Anything necessary for a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.

6. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.

7. Certification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.

8. Verification of physical health and visual acuity.

9. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.

10. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.

11. Any information required by the application forms prescribed by the board.

Temporary and Volunteer License to Practice Dentistry

Board Summary: The amendments are a measure to streamline the volunteer and temporary license process. The Board has experienced situations where expediting the temporary or volunteer license was an issue. The Board will not expedite a temporary license if the background check is incomplete or questionable. The jurisprudence exam may be waived.

20-02-01-04. Temporary license to practice dentistry. The board may grant a nonrenewable temporary license to practice dentistry in the state of North Dakota for a period not to exceed one year. **Between meetings of the board, the executive director of the board may review the temporary license application and grant a provisional license if all requirements are met.**

1. A temporary license to practice dentistry in North Dakota may be granted to a dentist when the dentist:

- a. Has applied to the board as prescribed in North Dakota Century Code section 43-28-11.
- b. Has paid the nonrefundable application and license fee that may be prescribed by the board.
- c. Holds an active dental license in another jurisdiction, has been a full-time student or resident of a dental program accredited by the American dental association's commission on dental accreditation within the last six months, or has held a North Dakota dental license within the previous five years.
- d. Has provided a statement from the licensing authority of all the states in which the dentist is licensed that the dentist's license is unencumbered, unrestricted, and that the dentist's professional record is free of blemish for professional misconduct, substandard care, or violations of the state's practice act.
- e. Has certified that no disciplinary actions are pending in other states or jurisdictions.
- f. Has authorized the board to seek information concerning the dentist's professional and personal background and agrees to hold harmless those individuals who may provide such information to the board.

2. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the temporary license.

3. The board may restrict the licensee to engage in dental practice, as may be limited above, only at certain and specifically defined practice locations.

4. The board may require the North Dakota jurisprudence examination.

20-02-01-04.2. Volunteer license to practice dentistry. A patient who is seen by a dentist who holds a volunteer license to practice dentistry shall not be considered a patient of record of the volunteer dentist. The dentist is not obligated to treat the patient outside of the volunteer practice setting. **Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met.** A volunteer

license to practice dentistry in North Dakota, renewable annually by application to the board, **may be granted** when the following conditions are met:

1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state; or

a. The applicant is the resident of a board-approved specialty program; or

b. The board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-28-10.1.

2. The applicant agrees to provide primary health services without remuneration in a board-approved setting.

3. The applicant holds a current cardiopulmonary resuscitation course certification.

4. The applicant has completed continuing education requirements of the board.

5. The applicant has made application for a volunteer dental license in a manner prescribed by the board.

6. The board **may collect from the applicant** the nonrefundable application and license fee prescribed by the board.

7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the volunteer license.

Permit for Anesthesia Use

Summary: Interest in mobile clinics has grown. Interest in sedation dentistry has also risen considerably. The measure protects the public by adding language that includes an evaluation of any mobile clinic when the mobile clinic provides anesthesia services.

20-02-01-05. Permit for anesthesia use.

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia, deep sedation, moderate (conscious) sedation, or a combination of any of these with inhalation, but do not apply to sedation administered through inhalation

alone. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use any form of sedation if the intent is beyond anxiolysis on any patient unless such dentist has a permit, currently in effect, issued by the board, and renewable biennially thereafter, authorizing the use of such general anesthesia, deep sedation, moderate (conscious) sedation, or minimal sedation when used in combination with inhalation.

2. An applicant may not be issued a permit initially as required in subsection 1 unless:

a. The board of dental examiners approves the applicant's facility **and any other facility, clinic, or mobile dental clinic where anesthesia services are provided** after an inspection conducted by an individual or individuals designated by the dental examiners;

b. The board of dental examiners is satisfied that the applicant is in compliance with the American dental association's most recent policy statement: the use of sedation and general anesthesia by dentists;

c. The initial application includes payment of a fee in the amount determined by the dental examiners; and

d. If the application appears to be in order, the board may issue a temporary permit prior to the site evaluation. The temporary permit may be revoked if the applicant fails the site inspection or if the applicant fails to cooperate with the timely scheduling of the site inspection.

3. The board of dental examiners may renew such permit biennially, provided:

a. Requirements of the permit application have been met;

b. Application for renewal and renewal fee is received by the dental examiners before the date of expiration of such permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees as determined by the board shall apply; and

c. An onsite evaluation of the dentist's facility may be conducted by an individual designated by the board of dental examiners, and the board of dental examiners must approve the

results of each such evaluation. Each facility where anesthesia is administered must be evaluated.

4. The board shall reevaluate the credentials, facilities, equipment, personnel, and procedures of a permit holder five years following a successful initial application.

Continuing Dental Education for Dentists

Language was moved from Statute to rule.

20-02-01-06. Continuing dental education for dentists. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

Discontinuance of Practice - Retirement – Discontinuance of Treatment

Summary: The amendment addresses three issues. Clarification about transfer of medical records; the issue has repeatedly been addressed by the Board. Section 4. Provides a means for a dentist who is not working in a public health setting to provide volunteer services from the dental office. Under the volunteer license a dentist is not obligated to provide care to the patient outside of the volunteer setting. And lastly, the amendment extends the same consideration to dentists currently practicing in private office settings without removing an option for the patient to become a patient of record. The amendment provides opportunities for voluntary benevolent care by providing similar protections provided to those dentists serving in safety net clinics. This change offers potential to expand opportunities for care to the underserved.

20-02-01-08. Discontinuance of practice - Retirement - Discontinuance of

treatment. These rules are adopted for the purpose of avoiding practice abandonment. A licensed dentist shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies of the records, including dental radiographs or copies of the radiographs. The dentist may charge a nominal fee for duplication of records as provided by North Dakota Century Code section 23-12-14, but may not refuse to transfer records for nonpayment of any fees.

1. A licensee, upon retirement, or upon discontinuation of the practice of dentistry, or upon moving from a community, shall notify all active patients in writing and by publication once a week for three consecutive weeks in a newspaper of general circulation in the community that the licensee intends to discontinue the practice of dentistry. The licensee shall make reasonable arrangements with active patients for the transfer of patient records, or copies thereof, to the succeeding licensee. In the event of a transfer of patient records to another licensee assuming the practice, written notice must be furnished to all patients as hereinbefore specified. "Active patient" is defined as a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to the discontinuation of the practice of dentistry by the licensee. In the event of a non-transfer of records, a licensee shall have the ongoing obligation of not less than two years to afford the licensee's prior patients access to those records not previously provided to the patient.

2. In the event of termination of a dentist-patient relationship by a licensee, notice of the termination must be provided to the patient. A dentist-patient relationship exists if a dentist has provided treatment to a patient on at least one occasion within the preceding year. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to the patient, which shall provide the following:

a. The date that the termination becomes effective, and the date on

which the dentist and patient relationship may resume, if applicable;

b. A location at which the patient may receive emergency dental care for at least thirty days following the termination of the dentist and patient relationship;

c. A statement of further dental treatment required, if any; and

d. The dentist shall respond to a written request to examine or copy a patient's record within ten working days after receipt. A dentist shall comply with North Dakota Century Code section 23-12-14 for all patient record requests.

3. If a licensee dies or becomes unable to practice dentistry due to disability, for the purpose of selling or otherwise disposing of the deceased or disabled licensee's dental practice, a person who is not licensed to practice dentistry but who is the personal representative of the estate of a deceased dentist or the personal representative of a disabled dentist may contract with a dentist to manage the dental practice for a period not to exceed twenty-four months.

4. If a dentist agrees to provide dental care without remuneration to underserved patients in the absence of a public health setting, the patient may not be considered a patient of record of the dentist providing the donated dental service.

Dermal Fillers and Botulinum Toxin for Dental Use

Summary: The Board acknowledged that dentists who are already highly skilled in the use of injectables could attain the competencies required to safely administer dermal fillers. A dentist's knowledge of the facial structures exceeds most other healthcare providers. Botox has important clinical uses as an adjunct in TMJ and bruxism cases, and for patients with chronic TMJ and facial pain. Botox is used to complement esthetic dentistry cases as a minimally invasive alternative to surgically treating high lip line problems and lip augmentation.

20-02-01-11. Permit for the use of dermal fillers and botulinum toxin for dental use.

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of dermal fillers and botulinum toxin by a dentist if the use is limited to the practice of dentistry as defined in North Dakota Century Code 43-28-01(7). Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the board may issue a permit to a dentist who applies on forms prescribed by the board and pays the fee as required by section 20-05-01-01(1) to administer botulinum toxin or dermal fillers for the purpose of functional, therapeutic, and aesthetic dental treatment purposes under the following conditions:

a. The dentist provides evidence that demonstrates:

(1) The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the commission on dental accreditation of the American dental association; or

(2) The applicant has successfully completed a board-approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic, and peripheral nervous systems relative to the peri-oral tissue, and facial architecture, and:

(a) Patient assessment and consultation for botox and dermal fillers;

(b) Indications and contraindications for techniques;

(c) Proper preparation and delivery techniques for desired outcomes;

(d) Enhancing and finishing esthetic dentistry cases with dermal fillers;

(e) Botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;

(f) Knowledge of adverse reactions and management and treatment of possible complications;

(g) Patient evaluation for best esthetic and therapeutic outcomes;

(h) Integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and

(i) Live patient hands-on training, including diagnosis, treatment planning, and proper dosing and delivery of botox and dermal fillers.

Expanded Duties of Registered Dental Assistants

Summary: Chapter 23-01-01 was entirely reorganized according to level of training and education required for the authorization of duties or prohibited duties. Additionally, and at the request of oral surgeons the board evaluated and subsequently included dental assistant duties for the dental assistant who works exclusively with and directly under an oral surgeon. Two new definitions related to contiguous supervision and direct visual supervision are seen in this section. Placing and carving ionomer, composite and amalgam restorations are limited to Class I and Class V.

20-03-01-01.1. Expanded duties of registered dental assistants. A registered dental assistant shall apply for a permit to perform the following duties:

1. A registered dental assistant under the direct supervision of a dentist may perform the following restorative functions:

a. Place, carve, and adjust class I and class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;

b. Adapt and cement stainless steel crowns; and

c. Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

2. A registered dental assistant authorized by permit and under the contiguous supervision of an oral and

maxillofacial surgeon may provide anesthesia duties as follows:

a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia; and

b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

3. A registered dental assistance authorized by permit and under the direct visual supervision of an oral and maxillofacial surgeon shall provide anesthesia duties as follows:

a. Draw up and prepare medications;

b. Follow instructions to deliver medication into an intravenous line upon verbal command;

c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump.

20-03-01-02. Prohibited services. A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.

2. Surgery on hard or soft tissue.

3. Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.

4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.

5. Adjust a crown which has been cemented by a dentist.

6. Activate any type of orthodontic appliance.

7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.

8. Place bases or cavity liners.

9. Scaling, root planing, or gingival curettage.

10. Measure the gingival sulcus with a periodontal probe.

11. Use a high-speed handpiece inside the mouth.

20-03-01-05.1. Additional expanded duties of registered dental assistants.

The board may grant a permit to a registered dental assistant for the following:

1. The board may issue or renew a permit authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:

a. The applicant submits evidence on forms prescribed by the board that the applicant meets any of the following requirements:

(1) The applicant has completed a board-approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status from a board-approved competency examination.

(2) The applicant has completed a board-approved dental anesthesia assistant education and training course and has proof of current certification status from a board-approved competency examination.

b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and

d. The applicant provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the registered dental assistant will be performing anesthesia assistant services.

2. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on Dental Accreditation of the American Dental Association or other board-approved course and successfully passed the Western Regional Examining Board's restorative examination or other equivalent examinations approved by the board within the last five years, and successfully completed the restorative function component of the Dental Assisting National Board's certified restorative functions dental assistant certification examination; or

(2) The applicant has successfully passed the Western Regional Examining Board's restorative examination or other board-approved examination over five years from the date of application and successfully completed the restorative function component of the Dental Assistant Certification Examination and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years from the date of application.

b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

CE for Registered and Qualified Dental Assistants

Summary: Language was added to require specific CE for expanded functions auxiliary; with the addition of subsection 6 below, dentists, hygienists and dental assistants are all subject to audit of continuing education.

20-03-01-06. Continuing dental education for qualified and registered dental assistants. Each qualified or registered dental assistant shall provide evidence on forms supplied by the board that the qualified or registered dental assistant has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.

2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from publications and online education.

The continuing education must include:

a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.

b. Two hours of infection control.

c. A cardiopulmonary resuscitation course.

d. For registered dental anesthesia assistant permit holders, two hours related to sedation or anesthesia.

e. For registered dental restorative assistant permit holders, two hours related to restorative dentistry.

4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.

5. All qualified or registered dental assistants must hold a current cardiopulmonary resuscitation certificate.

6. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

Duties of the Dental Hygienist Requiring a Permit

Summary: Although it is less likely that a dental hygienist would provide the duty of **anesthesia assisting**, the Board authorizes duties based on capability, training and education rather than the current availability of any given workforce which may fluctuate. A dental hygienist may also polish and smooth existing restorations **with a slow-speed handpiece** and provide oral hygiene treatment planning **after an oral assessment or dentist's diagnosis**. A dental hygienist is prohibited from administering anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03, **or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit**. Additional duties (require permit) are:

20-04-01-01. Duties

35. A dental hygienist authorized by the board under contiguous supervision of an oral and maxillofacial surgeon may:

- a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia; and
- b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

36. A dental hygienist authorized by the board under direct visual supervision of an oral and maxillofacial surgeon may:

- a. Draw up and prepare medications; b. Follow instructions to deliver medication into an intravenous line upon verbal command;
- c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate; and
- d. Adjust an electronic device to provide medications, such as an infusion pump.

37. A dental hygienist under the direct supervision of a dentist may:

- a. Place, carve, and adjust class I and class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;
- b. Adapt and cement stainless steel crowns; and
- c. Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

20-04-01-03.1. Duties of the dental hygienist requiring a permit. The board may issue or renew a permit to a dental hygienist for the following:

1. The board may issue or renew a permit authorizing a dental hygienist to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:

a. The applicant submits evidence on forms prescribed by the board that the applicant meets any of the following requirements:

(1) The applicant has completed a board-approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status from a board-approved competency examination.

(2) The applicant has completed a board-approved dental anesthesia assistant education and training course and has proof of current certification status from a board-

approved competency examination.

b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and

d. The applicant provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the registered dental hygienist will be performing anesthesia assistant services.

2. The board may issue or renew a permit on forms prescribed by the board to authorize a dental hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completes a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and was successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or

(2) Successfully passed the western regional examining board's restorative examination or other board-approved examination over five years from the date of application and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the

supervising dentist of successful completion of at least twenty-five restorative procedures within the previous five years from the date of application.

b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

Clinical Competency Examination Retakes

Summary: Three consecutive failures of a clinical licensure examination happens seldom and there are several reasons candidates fail the clinical exam. The measure provides guidance to the Board and the applicant in making a determination regarding remedial education.

20-04-01-04.1. Clinical competency examination retakes. A dental hygiene applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by an accredited dental hygiene school. The board must approve the proposed remedial training.

2. Submit proof to the board of passing the remedial training within twenty-four months of its approval by the board. The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant

fails any part of the examination after remedial training, the board must approve additional retakes.

Additional Requirements for Application

Summary: An interview with a new applicant may or may not be required. The Board amended the requirement for a new dental graduate, license by credential dental hygienists and dentists to appear at a formal meeting of the Board for the interview and jurisprudence exam. The Board determined that with the extensive background check licensees submit to, jurisprudence exams may be taken online and only in special instances would an applicant be scheduled for an interview; for example, information regarding a background check results or other situation. Therefore the Board may opt to waive the interview for a license by credential applicant to prevent an unnecessary financial burden for the candidate such as travel expenses.

20-04-01-06. Additional requirements for applications. Applications must be completed within twelve months of filing. **The board may require an interview with the applicant.** In addition to the application requirements of North Dakota Century Code sections 43-20-01.2, 43-20-01.3, and 43-20-06, the board may require an application to include:

1. Proof of identity, including any name change.
2. An official transcript sent by an accredited dental school directly to the board.
3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within two years of application.
4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within two years of application.
5. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.
6. Certification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.

7. Verification of physical health and visual acuity.

8. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.

9. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.

10. Any information required by the application forms prescribed by the board.

Continuing Dental Education for Dental Hygienists

Restorative functions: Registered Dental Hygienists and Registered Dental Assistants: 2 hours of Continuing education pertinent to the permit was also added as a requirement for auxiliary with expanded duties related to anesthesia assisting or restorative procedures.

20-04-01-08. Continuing dental education for dental hygienists. Each dental hygienist shall provide evidence on forms supplied by the board that the dental hygienist has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.

2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a dental hygienist may earn no more than eight hours from publications and online education. The continuing education must include:

- a. Two hours of ethics or jurisprudence. Passing the laws

and rules examination is the equivalent of two hours of ethics or jurisprudence.

b. Two hours of infection control.

c. A cardiopulmonary resuscitation course.

d. For registered dental anesthesia hygienist permit holders, two hours related to sedation or anesthesia.

e. For registered dental restorative hygienist permit holders, two hours related to restorative dentistry.

4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.

5. All dental hygienists must hold a current cardiopulmonary resuscitation certificate.

Fees

Summary: A fee was implemented for a dentist permit authorizing dermal fillers and botulinum toxin.

20-05-01-01. Fees. The board shall charge the following nonrefundable fees:

1. For dentists:
 - a. License by examination application fee \$440.00
 - b. License by credential review application fee \$1,200.00
 - c. Renewal fee \$400.00
 - d. Late fee \$400.00
 - e. Temporary license application and license fee \$250.00
 - f. Volunteer license application and license fee \$65.00
 - g. Inactive status application fee \$35.00
 - h. Inactive status renewal fee \$35.00
 - i. Inactive status reinstatement fee \$400.00
 - j. Dermal fillers and botulinum toxin permit \$200.00**
2. For dental hygienists:
 - a. License by examination application fee \$200.00
 - b. License by credential review application fee \$450.00
 - c. Renewal fee \$150.00
 - d. Late fee \$150.00
 - e. Inactive status application fee \$35.00
 - f. Inactive status renewal fee \$35.00
 - g. Inactive status reinstatement fee \$150.00
3. For registered and qualified dental assistants:
 - a. Application fee \$130.00
 - b. Renewal fee \$100.00
 - c. Late fee \$100.00
4. For anesthesia permits:
 - a. Application fee \$200.00
 - b. Inspection fee actual cost
 - c. Renewal fee \$200.00