ARKANSAS REGISTER



Proposed Rule Cover Sheet

Secretary of State John Thurston 500 Woodlane Street, Suite 026 Little Rock, Arkansas 72201-1094 (501) 682-5070



www.sos.arkansas.gov

Name of Department Department of Health
Agency or Division NameDivision of Health Related Boards and Commissions/Arkansas State Board of Dental Examiners
Other Subdivision or Department, If Applicable
Previous Agency Name, If Applicable
Contact Person Meredith Rogers, Executive Director
Contact E-mail_Meredith.Rogers@arkansas.gov
Contact Phone 501-682-2085
Name of Rule Article XI - Dental Hygienists Function
Name of Rule Article XI - Dental Hygienists Function Newspaper Name Daily Record Date of Publishing Unknown at this time
Newspaper Name Daily Record Date of Publishing Unknown at this time
Newspaper Name Daily Record

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY			D 1	10 .	. /. 1	Ci i D 1 C	
DIVISION	Division of Health Related Board and Commissions/Arkansas State Board of Dental Examiners						
DIVISION DIRECTOR	Matt Gilmore, ADH Boards and Commissions						
CONTACT PERSON	Meredith Rogers, Executive Director 101 East Capitol Avenue, Suite 111, Little Rock, AR 72201						
ADDRESS							
PHONE NO. 501-682-20							
NAME OF PRESENTER AT	COMMITTEE M	EETING	Kevin	M. O'Dwy	er		
PRESENTER E-MAIL ko	odwyer@htolaw.o	com					
		INSTRUC	TIONS				
Arkansas Le Bureau of Le	tion <u>completely</u> indexing your re this questionnal d rule and requin ve Rules Review gislative Council gislative Resear Mall, 5 th Floor	using laymules, please ire and finalired docum	give the	proposed o	citation aften	er "Short Title of tl	
**************************************	his	******** XI – Dental		A 14 M H 04 M		*****	
2. What is the subject of the rule?		To clarify ho lentist in the	~~	dental hygi	ienist can se	ee patients without a	
3. Is this rule required to corregulation? If yes, please provide the citation.	*			Yes		No <u>X</u>	
4. Was this rule filed under	the emergency n	rovisions of	the Admi	inistrative I	Procedure A	Act?	
T. Was this full filled under	the emergency pr	0 11310113 01	aic Auiili				
If yes, what is the effective rule?	ve date of the emo		N/A	Yes		No <u>X</u>	
When does the emergence expire?		[/A				,	

	Is this a new rule? Yes No _X If yes, please provide a brief summary explaining the regulation. To add new regulation regarding physician istants.				
	Does this repeal an existing rule? Yes \square No \underline{X} If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. $\underline{\hspace{1cm}}$				
rul	Is this an amendment to an existing e? Yes X No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."				
6.	Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. <u>ACA §17-82-103(b)</u> and <u>ACA 17-82-102</u>				
7.	What is the purpose of this proposed rule? Why is it necessary? To clarify dental hygienist functions.				
8.	Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.dentalboard.arkansas.gov				
9.	Will a public hearing be held on this proposed rule? Yes \underline{X} No \square If yes, please complete the following:				
	Date: May 8, 2020				
	Time: 8:30 a.m.				
	Place: Little Rock AR 72201				
10	. When does the public comment period expire for permanent promulgation? (Must provide a date.)				
	May 8, 2020				
11	. What is the proposed effective date of this proposed rule? (Must provide a date.)				
11	Unknown at this time				
	12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of publication of said notice. Proof of publication will be provided as soon as it is received.				
13	. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e). Will provide after approval by Governor.				

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known. <u>Arkansas State Dental Association.</u>

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure

Act?

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

	DEPARTMENT Division of Health Division of Health Related Board and Commissions/Arkansas State Board of Dental Examiners					
PERSON COMPLETING THIS STATEMENT Kevin M. O'Dwyer, Attorney						
TE	FELEPHONE 501-372-4144 FAX 501-372-7480 EMAIL: kodwyer@htolaw.com					
To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.						
SH	ORT TITLE O	F THIS RULE Article XI –	Dental Hygienists Function	1		
1.	Does this propos	sed, amended, or repealed rule	have a financial impact?	Yes 🗌	No <u>X</u>	
2.	Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes \underline{X} No \square					
3.	In consideration by the agency to	of the alternatives to this rule, be the least costly rule consid	was this rule determined ered?	Yes <u>X</u>	No 🗌	
	If an agency is p	proposing a more costly rule, pl	lease state the following:			
	(a) How the additional benefits of the more costly rule justify its additional cost; N/A					
	(b) The reason for adoption of the more costly rule; _N/A					
	 (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and; N/A 					
	(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain. N/A					
4.	If the purpose of	this rule is to implement a federa	al rule or regulation, please s	tate the follow	ving:	
	(a) What is the	e cost to implement the federal	rule or regulation?			
Current Fiscal Year Next Fiscal Year						
Fee Ca Spe	neral Revenue deral Funds sh Funds ecial Revenue her (Identify)	N/A	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	N/A		
To	tal		Total			

Current Fiscal Year		Next Fiscal Year	
General Revenue N	'A	General Revenue	N/A
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	\(\frac{1}{2} \)
Other (Identify)		Othor (Idontify)	-
Other (Identity)		Other (Identity)	
Total		Total	
5. What is the total estim the proposed, amended explain how they are a Current Fiscal Year	l, or repealed rule? Identify	ny private individual, entity the entity(ies) subject to the Next Fiscal Year	ne proposed rule and
\$ N/A			
\$ <u>IV/A</u>		\$ <u>N/A</u>	
		state, county, and municipa am or grant? Please explai Next Fiscal Year N/A	n how the government is
or obligation of at leas	t one hundred thousand dol business, state government,	s #5 and #6 above, is there a lars (\$100,000) per year to county government, munic	a private individual,
		Yes \square No \underline{X}	
time of filing the finan	cial impact statement. The	. § 25-15-204(e)(4) to file we written findings shall be finded, without limitation, the	led simultaneously
(1) a statement of the r	rule's basis and purpose;		
(2) the problem the again a rule is required b		the proposed rule, including	g a statement of whether
	agency's need for the proposition of the rule is	posed rule; and meet the relevant statutory	objectives and justify
(4) a list of less costly	alternatives to the proposed	d rule and the reasons why	the alternatives do not

adequately address the problem to be solved by the proposed rule;

(b)

What is the additional cost of the state rule?

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

Article XI: DENTAL HYGIENISTS FUNCTIONS

Definitions pertaining to Dental Hygiene Functions:

INDIRECT SUPERVISION: The dentist authorizes the procedures and remains in the treatment

facility while the procedures are being performed.

OPERATIVE SUPERVISION: The dentist authorizes the procedures, remains in the operatory while the procedures are being performed, and evaluates the results prior to leaving the operatory. **GENERAL SUPERVISION:** The dentist authorizes the procedures but is not required to be present in the treatment facility while the procedures are being performed by the dental hygienist.

A. EXCLUSIVE FUNCTIONS TO BE PERFORMED BY A DENTAL HYGIENIST WHEN DELEGATED BY A DENTIST

- Effective and safe delivery of certain services to the public is dependent upon making judgments and utilizing skills that require synthesis and application of knowledge acquired in accredited dental hygiene education programs and cannot be delegated to any dental staff member other than a licensed, registered dental hygienist.
- 2. The following functions may only be delegated to a licensed dental hygienist:
 - a. Oral examination. Elements of these examinations include charting of carious lesions and other abnormalities, periodontal charting and assessment of periodontal conditions, treatment planning for dental hygiene services and oral cancer screening. The dental hygienist may dictate the examination findings to a dental assistant who may then record the data on the patient's dental record.
 - b. Oral prophylaxis, scaling, root planning and curettage. If a laser instrument is used, the dental hygienist and their supervising dentist must submit to the Board proof of successful completion of an approved educational course on the use of that type of laser prior to its usage for any patient treatment.
 - Using air driven, electric, sonic, ultrasonic, or otherwise powered scalers or polishers (except dental assistants possessing an expanded duties permit for polishing).
 - Placing medicaments as prescribed by the supervising dentist into the sulcus or periodontal pockets, for periodontal diseases.
 - e. Place Silver Diamine Fluoride (SDF) under general supervision. If SDF is used, the dental hygienist and their supervising dentist must submit to the Board proof of successful completion of an approved educational course on SDF prior to its usage for and patient treatment.
- B. PROHIBITED ACTIVITY. The following functions and procedures may NOT be delegated to dental hygienists. The functions include:
 - Diagnosis and treatment planning
 - Surgical or cutting procedures on hard or soft tissue
 - Prescription, injection, inhalation, and parenteral administration of drugs (except where permitted by the Board)
 - Placement, seating or removal of any final or permanent restorations
 - Final placement of orthodontic brackets
 - Any procedure that contributes to or results in irreversible alteration of the oral anatomy
 - 7. Performance of any of the following expanded duties without a permit:

- Administration of local anesthesia
- Administration of nitrous oxide/oxygen analgesia
- C. SUPERVISION LEVELS FOR AUTHORIZED FUNCTIONS OF A DENTAL HYGIENIST
 - Under INDIRECT SUPERVISION a hygienist may perform any dental task or
 procedure assigned by the supervising dentist to the hygienist that does not require
 the professional skills of a licensed dentist except for those functions prohibited in
 Section B of this Article or those tasks that require operative supervision.
 - Under OPERATIVE SUPERVISION, a hygienist may perform the following procedures:
 - a. Any procedure allowed under Indirect Supervision.
 - Administer certain local anesthesia injections as provided in Article XVI of these Rules and Regulations.
 - Under GENERAL SUPERVISION, the following restrictions apply:
 - A hygienist may render services only with the expressed consent of the supervising dentist and only for brief intervals when the supervising dentist cannot be in the treatment facility not to exceed two (2) consecutive days. A hygienist may render services for up to five (5) consecutive days in a five day work week. A work week being defined as Monday thru Friday. The hygienist must have the expressed consent of the supervising dentist, when the dentist cannot be present in the treatment facility during the work week. This arrangement cannot exceed two (2) weeks without the dentist returning to work in the treatment facility.
 - The supervising dentist maintains full control as to whether general supervision will be utilized in his/her office or practice setting.
 - General supervision is allowed only in dental clinics, community health centers or government sponsored dental facilities.
 - d. Hygienists must comply with written protocols for emergencies as established by the supervising dentist.
 - Hygienists must practice under the supervision of a licensed dentist and may not practice independently or establish an office devoted primarily to dental hygiene services.
 - f. Hygienists must have one (1) full year of full-time service before being able to function under general supervision of a dentist.
 - g. Patients must be notified in advance that the doctor may not be in the treatment facility.
 - h. The supervising dentist must have examined the patient(s) not more than twelve (12) months prior.
 - Hygienists may perform any procedure allowed under Indirect Supervision with the exception of root planing, subgingival curettage, local anesthesia, and administration of nitrous oxide.
 - j. The hygienist may place sealants if it has not been more than thirty days since the teeth to be sealed were examined by the dentist.
 - k. A registered dental hygienist may not delegate functions to a registered dental assistant when the treating dentist is not in the facility.

Amended 1/12/01, 4/9/04, 1/20/2012, and 11/16/2018.

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Amended 1/12/01, 4/9/04, 1/20/2012, and 11/16/2018.

ARTICLE XI

Summary

Proposed Amendment to Article XI will clarify how long a hygienist can see patients without the dentist in the office and to remove the requirement for "good moral character" pursuant to Act 990 of 2019.

This rule was amended to clarify how many days for a given period of time, a hygienist could work in the office without the Dentist being present. This rule was amended as a result of complaints the Board had received that the rule was being abused and hygienist were working unsupervised for long periods of time. The intent of the rule was to ensure that a hygienist may only work two days without a dentist being present. The change clarifies that and closes a loop hole. The need for the rule is to ensure patient safety by having a dentist available for any issues that arise and to protect hygienist from being used in a way that exceeds their scope of practice.

Ena Goodbar

From:

Legal Notices <legals@dailydata.com>

Sent:

Friday, March 20, 2020 7:36 AM

To:

Ena Goodbar

Subject:

Re: Article XI - Dental Hygienists Function

Received. This notice will run 3/31, 4/7 & 4/14/20.

Thank you,

Melissa Miller Accounts Manager The Daily Record, Inc. 501-374-5103 legals@dailydata.com

On Mar 19, 2020, at 10:47 AM, Ena Goodbar < egoodbar@htolaw.com > wrote:

Melissa, attached is a Notice of Public Hearing with regard to the above matter. Please publish this on April 1, 2020, April 8, 2020 and April 15, 2020. If you have any questions, please give me a call. Thanks.

ENA GOODBAR Legal Assistant and Paralegal To Kevin M. O'Dwyer Hope, Trice, O'Dwyer & Wilson, P.A. 211 Spring Street Little Rock, AR 72201 Office: 501-372-4144

Office: 501-372-4144 Fax: 501-372-7480

<Notice of Public Hearing.pdf>

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com

To be published three times on April 1, 2020, April 8, 2020 and April 15, 2020 in the Daily Record:

Bill to:

Meredith Rogers, Executive Director Arkansas State Board of Dental Examiners 101 East Capitol Avenue, Suite 111 Little Rock, AR 72201-3821 501-682-2085

Send proof of publication to:

Kevin M. O'Dwyer Attorney for the Arkansas State Medical Board 211 Spring Street Little Rock, AR 72201 Telephone (501) 372-4144

NOTICE OF PUBLIC HEARING

In compliance with ACA §25-15-204, the Arkansas State Board of Dental Examiners gives notice that it will conduct a public hearing at 8:40 a.m. on the 8th day of May, 2020, at the offices of the Arkansas State Board of Dental Examiners, 101 East Capitol Avenue, Suite 111, Little Rock, AR 72201. The public hearing will involve the adoption of Article XI-Dental Hygienists Function.

All individuals desiring to attend said hearing may do so. All individuals desiring to address the Board should contact Meredith Rogers, the Executive Director of the Arkansas State Board of Dental Examiners, (501) 682-2085. Individuals desiring a copy of the Article XI, as referred to herein, may contact Meredith Rogers, the Executive Director, at the above number.