

CSI - Ohio

The Common Sense Initiative

Business Impact Analysis

Agency Name: Ohio State Dental Board

Regulation/Package Title: 2015 – Chapter 9

Rule Number(s) 4715-9-01, 4715-9-01.1, 4715-9-01.2, 4715-9-01.3, 4715-9-02, 4715-9-03, 4715-9-04, 4715-9-05, 4715-9-06, and 4715-9-06.1

Date: December 7, 2015

Rule Type:

New
 Amended

5-Year Review
 Rescinded

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Regulatory Intent

1. Please briefly describe the draft regulation in plain language.

Please include the key provisions of the regulation as well as any proposed amendments.

No Change

- **4715-9-01.1 Administration of local anesthesia; education and examination requirements.:** This rule sets forth the minimum education, training and examination requirements for the administration of local anesthesia by a licensed dental hygienist.
- **4715-9-01.2 Administration (initiate, adjust, monitor, and terminate) of nitrous oxide-oxygen (N₂O-O₂) minimal sedation; education, training, and examination requirements.:** This rule sets forth the minimum education, training and examination

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requirements for administration of nitrous oxide-oxygen (N₂O-O₂) by a licensed dental hygienist.

- **4715-9-01.3 Monitoring of nitrous oxide-oxygen (N₂O-O₂) minimal sedation; education or training requirements.:** This rule sets forth the minimum education and training requirements for the monitoring of nitrous oxide-oxygen (N₂O-O₂) by a licensed dental hygienist.
- **4715-9-02 Dental hygiene examination limited.:** This rule sets forth the minimum examination requirements for a dental hygiene candidate to be permitted to sit for the dental hygiene licensing examination.
- **4715-9-06.1 Course requirement for the practice of dental hygiene under oral health access supervision program (OHASP).:** This rule sets forth the minimum course curriculum and clock hours required to be completed for dental hygienists to be granted a permit to practice under the supervision of a dentist in the Oral Health Access Supervision Program (OHASP).

Amended

- **4715-9-01 Permissible practices of a dental hygienist.:** This rule sets forth the minimum permissible duties of licensed dental hygienists in Ohio. Amendments to the rule were made to correct typographical errors and to include additional duties implemented by the enactment of H.B.463.
- **4715-9-03 Requirements for licensure for dental hygienists.:** This rule sets forth the minimum requirements to become licensed as a dental hygienist in Ohio. Amendments to the rule were for gender neutralization purposes.
- **4715-9-04 Dental hygiene teaching certificate.:** This rule sets forth the minimum requirements to obtain a dental hygiene teaching certificate in Ohio. Amendments to the rule were made for gender neutralization.
- **4715-9-05 Practice when the dentist is not physically present.:** This rule sets forth the minimum practice, course, and supervision requirements for a licensed dental hygienist to practice without a dentist being present in the facility wherein the dental hygienist is practicing. Amendments to the rule were made to reduce practice hours, increase the time in which the patient was last examined by the licensed dentist, and to include additional duties implemented by the enactment of H.B.463.
- **4715-9-06 Dental hygienist participating in the oral health access supervision program (OHASP).:** This rule sets forth the guidelines for the dental hygienist practicing under the Oral Health Access Supervision Permit (OHASP). Amendments to the rule were made due to the enactment of H.B.463.

2. Please list the Ohio statute authorizing the Agency to adopt this regulation.

O.R.C. 4715.03 Board organization – examinations.

O.R.C. 4715.22 Supervision of licensed dentist.

O.R.C. 4715.23 Practice limitations.

O.R.C. 4715.231 Administration of local anesthesia.

O.R.C. 4715.27 Reciprocity.

O.R.C. 4715.36 Definitions.

O.R.C. 4715.372 Adoption of rules; Course standards.

O.R.C. 4715.39 Permitted duties.

3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program? If yes, please briefly explain the source and substance of the federal requirement.

These regulations do not implement a federal requirement nor were they implemented to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program.

4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

This question is not applicable since the regulations do not implement a federal requirement.

5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

The General Assembly determined that the profession of dentistry required regulation and established a Board to license individuals and enforce the law and rules governing the practice of dentistry and dental hygiene in Ohio. These regulations allow the Board to carry out its statutory mission of ensuring public protection by setting forth minimum education, examination, and practice standards.

6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

The rule is not a quantitative regulation, nor does it impose a measureable (if any) quantitative burden on the licensee. The success of the regulation will be measured by the licensees understanding or legal objections to the rule.

Development of the Regulation

- 7. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**

If applicable, please include the date and medium by which the stakeholders were initially contacted.

The Board's Law and Rules Review Committee (Committee), holds open meetings throughout the rule review year. The Committee is comprised of eleven (11) members including representatives of the Board, the Ohio Dental Association and the Ohio Dental Hygienists' Association. Additionally, the Board sends public notices and proposed Rule Review agendas to the Board mailing list; a listing of parties interested in all Board proceedings. The Committee met with the opportunity to discuss these rules in April, September, and December 2013, July, September, and December 2014, and March, May, June, July, September, and October 2015.

- 8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?**

Discussion by the Committee and voted on by the full Board resulted in the decision that these rules are working as intended by the legislature and that the only amendments were to correct for gender neutralization and incorporate requirements due to the enactment of H.B.463.

- 9. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

Scientific data was not used to develop this rule as the rule is not data driven.

- 10. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?**

No alternative regulations were considered by the agency since it was determined that the rule works as intended by legislature.

- 11. Did the Agency specifically consider a performance-based regulation? Please explain. *Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.***

The Board did not see an application for the rule in this package to be performance-based.

- 12. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

The five-year rule review process is conducted with a focus on eliminating obsolete, unnecessary, and redundant rules and avoiding duplication. In addition, meetings with

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interested parties help to ensure that these rules do not duplicate any existing Ohio regulation.

13. Please describe the Agency’s plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

The Board will continue to use its website and social media links to educate and update licensees on its rules. Board employees provide informational presentations to stakeholder organizations and groups of dental personnel in an effort to keep the dental profession apprised of current regulations. Stakeholder organizations also ensure that rules, particularly amended rules are provided to their members through communications and CE opportunities. Staff training is conducted for rule changes to ensure that regulations are applied consistently.

Adverse Impact to Business

14. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:

a. Identify the scope of the impacted business community;

Any dental hygienist wishing to apply for a license to practice in Ohio.

b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and

Individuals are required to have a license to practice dental hygiene and once licensed, violations of Ohio Admin. Code 4715-9 may result in disciplinary sanctions, which may include continuing education, practice restriction, license suspension or revocation.

c. Quantify the expected adverse impact from the regulation.

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a “representative business.” Please include the source for your information/estimated impact.

The cost of a licensure application is established by statute. The cost of adverse impact of the rules are in any disciplinary sanctions taken against the licensee due to substandard care. More specifically a result in lost time/earnings, licensure suspension, cost/lost time for educational remediation, or loss of practice due to licensure revocation. Time and money spent in pursuit of education and training towards initial licensure is not a consequence of the rule and occurs prior to becoming a licensee (regulated individual).

15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

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ORC 4715.21, 4715.22, 4715.23, 4715.231, 4715.27, 4715.36, 4715.371, and 4715.39 requires the Ohio State Dental Board to regulate education, examination, training, eligibility and application criteria for licensure and regulation of dental hygienists in order to fulfill its statutory mission of protection of the public.

Regulatory Flexibility

16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

This rule does not provide any exemption or alternative means of compliance for small businesses. All licensed dental personnel under ORC 4715 must have a license or certificate to provide services in Ohio. The law does not differentiate on the size of the business and therefore, this rule applies to all licensed, certified, or registered providers.

17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

ORC 4715 does not allow for the implementation of fines or penalties. Therefore, this is not applicable.

18. What resources are available to assist small businesses with compliance of the regulation?

Resources available to assist small businesses/stakeholders with compliance are online access to the Ohio Revised and Administrative Codes. Additionally, Board staff regularly respond to inquiries from interested parties.

DENTAL HYGIENISTS

4715-9-01 PERMISSIBLE PRACTICES OF A DENTAL HYGIENIST.

(A) The dental hygienist may perform the following tasks and/or procedures under the direct supervision of a licensed dentist if the dental hygienist has completed the requirements set forth in sections 4715.23, 4715.39, and 4715.23-1 of the Revised Code and board rules. The dental hygienist must have completed a basic life-support training course certified by the American heart association, the American red cross or the American safety and health institute and remain current at all times when performing the following tasks and/or procedures:

- (1) Administration of intraoral block and infiltration local anesthesia – Upon completion of the requirements set forth in sections 4715.23 and 4715.231 of the Revised Code and rule 4715-9-01.1 of the Administrative Code, a licensed dental hygienist may administer intraoral block and infiltration local anesthesia.
- (2) Administration (initiate, adjust, monitor, and terminate) of nitrous oxide-oxygen (N₂O-O₂) minimal sedation – Upon completion of the requirements set forth in section 4715.23 of the Revised Code and rule 4715-9-01.2 of the Administrative Code, a licensed dental hygienist may administer N₂O-O₂ minimal sedation while providing treatment if the following requirements are met:
 - (a) The supervising dentist has evaluated the patient and prescribed the use of N₂O-O₂ minimal sedation.
 - (b) The supervising dentist must approve the use of N₂O-O₂ minimal sedation immediately prior to each instance of administration.
 - (c) The dental hygienist shall not administer N₂O-O₂ minimal sedation to more than one patient at a time.
 - (d) The dental hygienist shall physically remain with the patient at all times.
 - (e) The supervising dentist approves the discharge of the patient.
- (3) Monitoring nitrous oxide-oxygen (N₂O-O₂) minimal sedation – Upon completion of the requirements set forth in sections 4715.23 and 4715.39 of the Revised Code and rule 4715-9-01.3 of the Administrative Code, a licensed dental hygienist may monitor N₂O-O₂ minimal sedation while providing treatment if the following requirements are met:
 - (a) A satisfactory initiation phase has been administered by the dentist.
 - (b) The dental hygienist shall not monitor more than one patient at a time.
 - (c) The dental hygienist shall physically remain with the patient at all times.
 - (d) The dental hygienist must document the supervising dentist's approval for discharge of the patient.
 - (e) The dental hygienist, who is qualified to only monitor N₂O-O₂ minimal sedation, shall not under any circumstances administer, adjust, or terminate N₂O-O₂ minimal sedation.

The completion of all requirements for paragraphs (A)(1) to (A)(3) of this rule shall be documented on a form supplied by the board, with all supporting information attached. This form shall be maintained in the facility(s) where the dental hygienist is working.

(B) The dental hygienist may perform the following tasks and/or procedures which may be delegated only to a licensed dental hygienist under the supervision of a licensed dentist:

- (1) Removal of calcareous deposits or accretions from the crowns and roots of teeth.
- (2) Periodontal scaling, root planing, and soft tissue curettage.

- (3) Sulcular placement of prescribed materials.
 - (4) Bleaching of teeth (excluding procedures that utilize light amplification by stimulated emission of radiation (LASER) technologies).
- (C) The dental hygienist may also perform the following tasks and/or procedures under the supervision of a licensed dentist:
- (1) Polishing of the clinical crown(s) of teeth, including restorations.
 - (2) Pit and fissure sealants.
 - (3) Standard, diagnostic, radiologic procedures for the purpose of contributing to the provision of dental services.
- (D) In performing advanced remediable restorative intra-oral dental tasks and/or procedures, the licensed dental hygienist is subject to sections 4715.61 to 4715.66 of the Revised Code and agency level rules regulating expanded function dental auxiliaries.
- (E) In performing basic remediable intra-oral and extra-oral dental tasks and/or procedures, the licensed dental hygienist is subject to those rules regulating basic qualified personnel. However, dental hygienists may engage in the following duties when the dentist is not physically present, subject to the limitations outlined in divisions (C) and (D) of section 4715.22 of the Revised Code, which must be adhered to when performing these duties:
- (1) Aspiration and retraction, excluding placement of gingival retraction materials.
 - (2) Intra-oral instrument transfer.
 - (3) Preliminary charting of missing and filled teeth.
 - (4) Elastomeric impressions for diagnostic models and models to be used for opposing models in the construction of appliances and restorations.
 - (5) Taking impressions for the construction of custom athletic mouth protectors/mouthguards, and trays for application of medicaments.
 - (6) Application of disclosing solutions.
 - (7) Caries susceptibility testing.
 - (8) Demonstration of oral hygiene procedures, including, but not limited to, use of toothbrushes and dental floss.
 - (9) Application of topical anesthetics.
 - (10) Fluoride application.
 - (10)(11) Application of fluoride varnish.
 - (11)(12) Topical applications of desensitizing agents to teeth.
 - (12)(13) Application and removal of periodontal dressings.
 - (14) Intra-oral bite registrations for diagnostic model articulation.
 - (13)(15) Recementation of temporary crowns or the recementation of crowns with temporary cement.
 - (14)(16) All supportive services necessary to the maintenance of a hygienic practice environment, including, but not limited to, all sterilizing procedures.
 - (15)(17) All supportive services or procedures necessary to protect the physical well-being of the patient during routine treatment procedures and during periods of emergencies, including, but not limited to:
 - (a) Physical positioning of the patient;
 - (b) Monitoring of vital signs;

- (c) Assistance during administration of life-support activities; and
 - (d) Any other non-invasive procedures deemed necessary by the supervising dentist to maintain the health and safety of the patient.
- (16)(18) All non-invasive supportive services and procedures necessary to the gathering and maintaining of accurate and complete medical and dental history of the patient, including but not limited to:
- (a) Taking photographs;
 - (b) Recording patient treatment;
 - (c) Measurement of blood pressure and body temperature; and
 - (d) Other common tests deemed necessary by the supervising dentist.
- (17)(19) All extra-oral supportive laboratory procedures, including, but not limited to:
- (a) Repair, construction and finishing of metallic and plastic prosthetic devices; and
 - (b) Compilation of radiographic data for interpretation by the dentist, i.e., tracings, etc.
- (18)(20) The preparation of impression materials.
- (19)(21) All patient education services, including, but not limited to:
- (a) Progress reports;
 - (b) Consultations (oral or written);
 - (c) Oral hygiene instructions;
 - (d) Use of intra-oral hygiene devices;
 - (e) Normal nutrition information as it relates to dental health;
 - (f) Behavioral modification;
 - (g) Self adjustment of orthodontic appliances;
 - (h) "General nonmedical nutrition information" which is defined as nutrition information for the purpose of maintaining good oral health, including but not limited to:
 - (i) Principles of good nutrition and food preparation;
 - (ii) Food to be included in the normal daily diet;
 - (iii) Essential nutrients needed by the body;
 - (iv) Recommended amounts of the essential nutrients
 - (v) Actions of nutrients on the body
 - (vi) Effects of deficiencies of excesses of nutrients; or
 - (i)(vii) Food and supplements that are good sources of essential nutrients and
 - (g)(i) All other post-operative and post-insertion instructions, as deemed appropriate by the supervising dentist.

4715-9-01.1 ADMINISTRATION OF LOCAL ANESTHESIA; EDUCATION AND EXAMINATION REQUIREMENTS.

Each licensed dental hygienist seeking to administer intraoral block and infiltration local anesthesia to a patient in accordance with rule 4715-9-01 of the Administrative Code must have completed a basic life-support training course certified by the American heart association, the American red cross or the American safety and health institute, and remain current at all times when administering local anesthesia. In order to administer intraoral block and infiltration local anesthesia the dental hygienist

must have completed the requirements set forth in sections 4715.23 and 4715.23 1 of the Revised Code and the education and examination requirements set forth in paragraph (A) or (B) of this rule.

(A) The dental hygienist has successfully completed the following educational and examination requirements:

- (1) The dental hygienist has successfully completed a board-approved course in the administration of local anesthesia which meets the requirements set forth in divisions (B)(1)(a) and (C) of section 4715.231 of the Revised Code that is offered by a dental or dental hygiene program accredited by the American dental association commission on dental accreditation. The board-approved course may be offered as continuing education or as part of a curriculum for graduation; and
- (2) Within eighteen months of completion of the local anesthesia education and training, the dental hygienist has successfully passed the Northeast regional board of dental examiners, inc. local anesthesia examination for dental hygienists or an equivalent examination approved by the board.

(B) The dental hygienist is authorized to administer local anesthesia by another state's licensing authority with jurisdiction over the practice of dental hygiene and meets the following requirements:

- (1) The dental hygienist has successfully completed a course or instruction that is substantially equivalent, as determined by the board, to the required hours and content of the course described in division (C) of section 4715.231 of the Revised Code; or
- (2) The dental hygienist maintains documentation satisfactory to the board that they have obtained, within forty-eight months immediately preceding the date of application for dental hygiene licensure in the state of Ohio, twenty-four consecutive months of experience in the administration of local anesthesia in the other state where the dental hygienist is authorized to administer local anesthesia.

Completion of basic life-support and all education and examination requirements for the administration of local anesthesia shall be documented on a form supplied by the board, with any necessary supporting information attached. This form shall be maintained in the facility(s) where the dental hygienist is working. The board retains the right and authority, upon notification, to audit, monitor or request evidence demonstrating adherence to Chapter 4715. of the Revised Code and/or agency 4715 of the Administrative Code.

4715-9-01.2 ADMINISTRATION (INITIATE, ADJUST, MONITOR, AND TERMINATE) OF NITROUS OXIDE-OXYGEN (N₂O-O₂) MINIMAL SEDATION; EDUCATION, TRAINING, AND EXAMINATION REQUIREMENTS.

Each licensed dental hygienist seeking to administer (initiate, adjust, monitor, and terminate) nitrous oxide-oxygen (N₂O-O₂) minimal sedation must have completed a basic life-support training course certified by the American heart association, the American red cross, or the American safety and health institute, and remain current at all times when administering N₂O-O₂ minimal sedation. In order to administer N₂O-O₂ minimal sedation the dental hygienist must have completed the education and examination requirements set forth in paragraph (A) or (B) of this rule.

(A) The licensed dental hygienist has successfully completed a six hour course in the administration of N₂O-O₂ minimal sedation provided by a permanent sponsor. The course shall include no less than four hours of didactic instruction and at least two hours of clinical experience. The course shall include, at a minimum, the following:

- (1) The didactic component shall include the following topics:

- (a) The history, philosophy and psychology of N₂O-O₂ minimal sedation
 - (b) Definition and descriptions of the physiological and psychological aspects of pain and anxiety
 - (c) Concepts and management of pain and anxiety
 - (d) Indications and contraindications for N₂O-O₂ minimal sedation
 - (e) Anatomy and physiology of respiration
 - (f) Pharmacological and physiological effects of nitrous oxide
 - (g) Description of the stages of drug induced central nervous system depression through all levels of consciousness and unconsciousness with special emphasis on the distinction between the conscious and unconscious state
 - (h) Medical assessment of the patient prior to administration of N₂O-O₂ minimal sedation
 - (i) Moderate and deep sedation/general anesthesia versus minimal sedation
 - (j) Armamentarium used in the administration of N₂O-O₂ minimal sedation
 - (k) Initiation, adjustment, monitoring, and termination of N₂O-O₂ minimal sedation
 - (l) Management of complications and medical emergencies
 - (m) Legal and ethical considerations
 - (n) Occupational exposure
- (2) The clinical experience shall include at least the following topics:
- (a) Patient status assessment
 - (b) Safe and effective use of appropriate armamentarium
 - (c) Techniques for administration of N₂O-O₂ minimal sedation
 - (d) Post-operative care of the patient
- (3) Successful completion of a written examination provided by the board-approved permanent sponsor.
- (4) A clinical competency, provided by the board-approved sponsor, must be completed.
- (5) A certificate, documenting successful completion of the course, must be provided to the dental hygienist by the permanent sponsor within ten days after successful completion of the course, examination, and clinical competency examination. The original certificate or a copy must be maintained in the office(s) wherein the dental hygienist practices.
- (B) A dental hygienist shall be exempt from completing a N₂O-O₂ minimal sedation administration course and the examination requirements provided in paragraph (A) of this rule for either of the following:
- (1) The licensed dental hygienist holds a current dental hygiene license, certificate, permit, registration, or other credential issued by another state for the administration of N₂O-O₂ minimal sedation if the training received is substantially equivalent, as determined by the board, to the required hours, content and examination requirements of the course described in paragraph (A) of this rule.
 - (2) The license dental hygienist has graduated on or after January 1, 2010 from an American dental association commission on dental accreditation approved dental hygiene program and has completed the equivalent training within the dental hygiene curriculum.

Completion of basic life-support and all education and examination requirements for the administration of N₂O-O₂ minimal sedation shall be documented on a form supplied by the board, with any necessary supporting information attached. This form

shall be maintained in the facility(s) where the dental hygienist is working. The board retains the right and authority, upon notification, to audit, monitor or request evidence demonstrating adherence to Chapter 4715. of the Revised Code and/or agency 4715 of the Administrative Code.

4715-9-01.3 MONITORING OF NITROUS OXIDE-OXYGEN (N₂O-O₂) MINIMAL SEDATION; EDUCATION OR TRAINING REQUIREMENTS.

Each licensed dental hygienist seeking to monitor nitrous oxide-oxygen (N₂O-O₂) minimal sedation must have completed a basic life-support training course certified by the American heart association, the American red cross, or the American safety and health institute, and remain current at all times when monitoring N₂O-O₂ minimal sedation. In order to monitor N₂O-O₂ minimal sedation the dental hygienist must have completed the education and examination requirements set forth in rule 4715-11-02.1 of the Administrative Code for the monitoring of N₂O-O₂ minimal sedation for basic qualified personnel excepting that the licensed dental hygienist is not required to complete the stipulations set forth in paragraph (A)(38)(b) of rule 4715-11-02 of the Administrative Code.

Completion of basic life-support and all education and examination requirement for the administration of N₂O-O₂ minimal sedation shall be documented on a form supplied by the board, with any necessary supporting information attached. This form shall be maintained in the facility(s) where the dental hygienist is working. The board retains the right and authority, upon notification, to audit, monitor or request evidence demonstrating adherence to Chapter 4715. of the Revised Code and/or agency 4715 of the Administrative Code.

4715-9-02 DENTAL HYGIENE EXAMINATION LIMITED.

The Ohio state dental board will admit to examination only those persons who have graduated from a dental hygiene school or dental hygiene program which was accredited by the American dental association's commission on dental accreditation at the time of graduation and who have met the requirements set forth in section 4715.21 of the Revised Code.

4715-9-03 REQUIREMENTS FOR LICENSURE FOR DENTAL HYGIENISTS.

(A) Applicants for licensure to practice dental hygiene as provided in section 4715.21 of the Revised Code, shall furnish satisfactory proof of the following on a form prescribed and provided by the state dental board:

- (1) ~~He is~~Be at least eighteen years of age; and
- (2) ~~He is~~Be of good moral character; and
- (3) ~~He is~~Be a graduate of an accredited school of dental hygiene; and
- (4) ~~He has~~Have successfully passed all parts of the examination given by the Joint commission on national dental examinations; and
- (5) ~~He provides~~Provides evidence of successfully passing all components based on a conjunctive scoring method of one of the following regional board examinations: the North east regional board of dental examiners, inc. (NERB), the Central regional dental testing service, inc. (CRDTS), the Southern regional testing agency, inc. (SRTA), or the Western regional examining board (WREB).

(B) Applicants for licensure to practice dental hygiene as provided in section 4715.27 of the Revised Code, shall furnish satisfactory proof of the following on a form prescribed and provided by the state dental board:

- (1) ~~He is~~Be at least eighteen years of age; and
- (2) ~~He is~~Be of good moral character; and
- (3) ~~He is~~Be a graduate of an accredited school of dental hygiene; and
- (4) ~~He has~~Have successfully passed all parts of the examination given by the Joint commission on national dental examinations; and
- (5) ~~He holds~~Holds a license in good standing from another state and has actively engaged in the legal and reputable practice of dental hygiene in another state or in the armed forces of the United States, the United States public health service, or the United States department of veterans' affairs for five years immediately preceding application; and
- (6) ~~He proves~~Proves to the satisfaction of the board ~~that he intends~~the intention to practice dental hygiene in this state.

(C) Each applicant for licensure to practice dental hygiene shall successfully pass a jurisprudence examination approved by the state dental board on the statute and rules governing the practice of dental hygiene in the state of Ohio.

4715-9-04 DENTAL HYGIENE TEACHING CERTIFICATE.

An application for a dental hygiene teaching certificate must be certified by the administrator of the dental hygiene school or program where the person is authorized to teach. The application shall contain a statement signed by the applicant as to ~~his~~their knowledge of the dental laws of the state. The certificate granted under the provisions of section 4715.27, of the Revised Code, shall be displayed in a conspicuous place in the institution.

4715-9-05 PRACTICE WHEN THE DENTIST IS NOT PHYSICALLY PRESENT.

(A) A dental hygienist may provide, for not more than fifteen consecutive business days, ~~or no more than three consecutive weeks,~~ dental hygiene services to a patient when the supervising dentist is not physically present at the location at which the services are provided if all of the following requirements are met:

- (1) The dental hygienist has at least ~~two years~~one year and a minimum of ~~three thousand~~one thousand five hundred hours of experience in the practice of dental hygiene. This experience shall be documented on a form supplied by the board, with any necessary supporting information attached, and the form shall be maintained in the facility(s) where the dental hygienist is working.
- (2) The dental hygienist has successfully completed a course approved by the state dental board in the identification and prevention of potential medical emergencies. This board approved course shall be taken through a permanent sponsor, shall be at least four hours in duration, and shall include, at a minimum, the following topics:
 - (a) Medical history;
 - (b) Recognition of common medical emergency situations;
 - (c) Office emergency protocols;
 - (d) Basic airway management;
 - (e) Prevention of emergency situations during dental appointments; and

- (f) Recognition of symptoms, first aid treatment and possible outcomes for patients who exhibit bleeding injuries, cardiovascular disease, insulin reaction, diabetic coma, shock, syncope, epileptic seizures and allergic reactions. Completion of this course shall be documented on a form supplied by the board, with all necessary supporting information attached, and the form shall be maintained in the facility(s) where the dental hygienist is working.
- (3) The dental hygienist must have completed a basic life-support training course certified by the American heart association, American red cross, or the American safety and health institute, and remain current at all times while treating patients when the dentist is not physically present. This must be verified on a form supplied by the board, with all necessary supporting information attached, and the form shall be maintained in the facility(s) where the dental hygienist is working.
- (4) The dental hygienist complies with written protocols for emergencies the supervising dentist establishes.
- (5) The supervising dentist has evaluated the dental hygienist's skills and has made a determination that the dental hygienist is competent to treat patients without the dentist being physically present. This determination shall be documented on a form supplied by the board, and the form shall be maintained at the facility(s) where the dental hygienist is working.
- (6) The supervising dentist examined the patient not more than ~~seven months~~ one year prior to the date the dental hygienist provides the dental hygiene services to the patient.
- (7) The dental hygienist complies with written protocols or written standing orders that the supervising dentist establishes, including an updated medical history.
- (8) The supervising dentist completed and evaluated a medical and dental history of the patient not more than one year prior to the date the dental hygienist provides dental hygiene services to the patient, unless there has been a medically significant change in the patient's medical history since the last appointment, and, except when the dental hygiene services are provided in a health care facility, the supervising dentist determines that the patient is in a medically stable condition.
- (9) If the dental hygiene services are provided in a health care facility, a doctor of medicine and surgery or osteopathic medicine and surgery who holds a current certificate issued under Chapter 4731. of the Revised Code or a registered nurse licensed under Chapter 4723. of the Revised Code is present in the health care facility when the services are provided.
- (10) In advance of the appointment for dental hygiene services, the patient is notified that the supervising dentist will be absent from the location and that the dental hygienist cannot diagnose the patient's dental health care status. This notification must be documented in the patient record.
- (B) A dental hygienist may provide dental hygiene services to a patient when the supervising dentist is not physically present at the location at which the services are provided if the services are provided as part of a dental hygiene program that is approved by the state dental board and all of the following requirements are met:
- (1) The program is operated through a school district board of education or the governing board of an educational service center; the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code; a national, state, district, or local dental association; or any other public or private entity recognized and approved by the state dental board.

(2) The supervising dentist is employed by or a volunteer for, and the patients are referred by, the entity through which the program is operated.

(3) (a) Except as provided in division (B)(3)(b) of this section, the services are performed after examination and diagnosis by the dentist and in accordance with the dentist's written treatment plan.

(b) The requirement in division (B)(3)(a) of this section does not apply when the only service to be provided by the dental hygienist is the placement of pit and fissure sealants.

a. ~~The services are performed after examination and diagnosis by the dentist and in accordance with the dentist's written treatment plan for the procedures to be performed by the dental hygienist.~~

(C) A dental hygienist may apply fluoride varnish, apply desensitizing agents, and discuss general nonmedical nutrition information for the purpose of maintaining good oral health when the supervising dentist is not physically present at the location where the services are provided, regardless of whether the dentist has examined the patient, if the dental hygienist is employed by, or under contract with, the supervising dentist or another person or government entity specified in paragraph (B).

(C)(D) _____ The supervising dentist shall have no more than ~~three~~ four dental hygienists treating patients when the dentist is not physically present.

(D)(E) _____ No person shall do either of the following:

- (1) Practice dental hygiene in a manner that is separate or otherwise independent from the dental practice of a supervising dentist.
- (2) Establish or maintain an office or practice that is primarily devoted to the provision of dental hygiene services.

(E)(F) _____ The following procedures may not be performed by a dental hygienist when the supervising dentist is not physically present:

- (1) Administration of intraoral block and infiltration local anesthesia
- (2) Administration (initiate, adjust, monitor, and terminate) of nitrous oxide-oxygen ((N₂O-O₂) minimal sedation
- (3) Monitoring of nitrous oxide-oxygen ((N₂O-O₂) minimal sedation
- (4) Procedures while the patient is anesthetized.
- (5) Definitive subgingival curettage.
- (6) Definitive root planing.
- (7) Sulcular placement of prescribed materials.
- (8) Shade selection for fabrication of appliances or restorations.
- (9) Pulp testing.
- (10) Suture removal.
- (11) Placement of a rubber dam over preplaced clamp, and removal of clamp and rubber dam.
- (12) Application of cavity varnish.
- (13) Placement and removal of surgical dressings.
- (14) Bleaching of teeth.
- (15) The following orthodontic procedures:
 - (a) Preliminary selection and sizing of orthodontic bands and arch wires.

- (b) Checking for and removal of loose orthodontic bands and loose brackets.
 - (c) Placement and removal of orthodontic arch wires, auxiliary arch wires, and ligation of same to orthodontic bands and/or brackets.
 - (d) Placement and removal of orthodontic separators and ties.
- (16) The following endodontic procedures:
- (a) Irrigation and drying of canals during endodontic procedures.
 - (b) Placement of medication in the pulp chamber(s) of teeth with non-vital pulp or instrumented root canals.
- (17) The following restorative procedures:
- (a) Impression, fabrication, cementation and removal of any provisional restorations.
 - (b) Preliminary selection and sizing of stainless steel crowns.
 - (c) Polymerization of light-activated restorative or bonding materials.
- (18) The preparation of materials, drugs and medications for use in dental procedures, including, but not limited to:
- (a) Palliative materials.
 - (b) Restorative materials.
- (19) All non-invasive supportive services normally utilized in conjunction with the treatment by the dentist of fascia pain or TMJ syndrome.
- (20) Intra-oral bite registrations for restorations and appliances.
- (21) Preparing the teeth for restorations or for the bonding of orthodontic brackets by treating the supragingival coronal surfaces of the teeth to be bonded with a conditioning or etching agent and by the placement of a bonding agent adhesive.
- (22) Impressions for removable or fixed orthodontic appliances.

4715-9-06 DENTAL HYGIENIST PARTICIPATING IN THE ORAL HEALTH ACCESS SUPERVISION PROGRAM (OHASP).

- (A) A dental hygienist may participate in an oral health access supervision program and provide dental hygiene services if all of the following requirements have been met:
- (1) The dental hygienist, and authorizing dentist, ~~and facility,~~ comply with all requirements outlined in section 4715.36 to 4715.375 of the Revised Code.
 - (2) A dental hygienist may provide dental hygiene services as defined in division (F) of section 4715.36 of the Revised Code when participating in the oral health access supervision program (OHASP).
 - (3) A dental hygienist may perform those duties outlined in ~~paragraph~~ paragraphs (C) and (E) of rule 4715-9-01 of the Administrative Code when participating in the OHASP.
 - (4) A dental hygienist may not perform those duties outlined in paragraph (E) of rule 4715-9-05 of the Administrative Code when participating in the OHASP.
- (B) The dental hygiene services must be provided ~~within 30 days of their~~ accordance with the dentists protocol after the authorizing dentist's review and evaluation of the patient's medical and dental records, unless there are medically significant changes in the patients medical and dental history since the review. If a medically significant change has occurred, no

