

**02 DEPARTMENT OF PROFESSIONAL AND
FINANCIAL REGULATION**

313 BOARD OF DENTAL EXAMINERS

RULE-MAKING

Proposed Changes

**Comment Deadline
March 17, 2010**

Maine Board of Dental Examiners
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Summary: As used in the Board rules, unless the context otherwise indicates, the following words have the following meanings:

[NOTE: Additional definitions are found in 32 M.R.S.A. Chapter 16.]

- 1. **ACLS:** "ACLS" means advanced cardiac life support.
- 2. **ADA:** "ADA" means the American Dental Association or its successor.
- 3. **ADHA:** "ADHA" means the American Dental Hygienists' Association or its successor.
- 4. **Advertising:** "Advertising" means any verbal, written, or electronic medium designed to call public attention to or to attract patronage to a dentist, dental practice, dental hygienist, dental hygiene practice, dentist, or dentist practice.
- 5. **BCLS:** "BCLS" means basic cardiac life support.
- 6. **Board:** "Board" means the Maine Board of Dental Examiners.
- ~~7.~~ **Certificate of Oral Condition:** A written statement of oral condition on a form supplied and approved by the Board of Dental Examiners that is required to be completed by a licensed dentist prior to the fabrication of cast partial dentures by a licensed Maine dentist.
- ~~8.~~ **Certified Dental Assistant (CDA):** "Certified Dental Assistant" means a dental assistant who has successfully passed a certification examination administered by the Dental Assisting National Board.
- ~~9.~~ **CDC:** "CDC" means the Center for Disease Control and Prevention or its successor.
- ~~10.~~ **CDE:** "CDE" means continuing dental education.
- ~~11.~~ **CME:** "CME" means continuing medical education.
- ~~12.~~ **CODA:** "CODA" means the ADA Commission on Dental Accreditation.
- ~~13.~~ **CPR:** "CPR" means cardiopulmonary resuscitation.
- ~~14.~~ **Dental Auxiliaries:** "Dental Auxiliaries" means dental hygienists, dental assistants, expanded function dental assistants, dental laboratory technicians, dental radiographers, and denturists.

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Deleted: 12. **Conscious Sedation:** "Conscious Sedation" means a minimally depressed level of consciousness that retains the patient's ability to maintain independently and continuously an airway and respond appropriately to physical stimulation or verbal command, produced by pharmacologic or nonpharmacologic method, or combination thereof. For the purposes of this definition, inhalation of nitrous oxide, used in conjunction with anxiolytic drugs, is considered conscious sedation.¶

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15. **Deep Sedation:** “Deep Sedation” means an induced state of depressed consciousness, accompanied by a partial loss of protective reflexes, including the inability to maintain independently and continuously an airway and/or to respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method or combination thereof. Deleted: 5
16. **Dental Assistant:** “Dental Assistant” means an individual employed by a dentist and who may perform certain delegable duties pursuant to Board Rule Chapter 3 under the supervision of a dentist. Deleted: 6
17. **Dental Hygienist:** “Dental Hygienist” means an individual licensed by the Board to practice dental hygiene in the State of Maine under the supervision of a dentist of record pursuant to Board Rule Chapter 2. Deleted: 7
18. **Dental Radiographer:** “Dental Radiographer” means an individual licensed by the Board to practice dental radiography in the State of Maine while employed and supervised by a dentist. Deleted: 8
19. **Dental Radiography:** “Dental Radiography” means the use of ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes. Deleted: 19
20. **Dentist:** “Dentist” means an individual licensed by the Board to practice dentistry in the State of Maine as defined by 32 M.R.S.A. §1081. Deleted: 0
21. **Denturist:** “Denturist” means an individual licensed by the Board to practice denturism in the State of Maine as defined by 32 M.R.S.A. §1100-B.3. Deleted: 1
22. **Direct Supervision:** “Direct supervision” shall mean that the dentist must be physically present in the dental office at the time the duties under his/her supervision are being performed. In order to provide direct supervision of patient treatment, the dentist must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation, and examine the condition after treatment and prior to the patient’s discharge. Deleted: 2
23. **Edentulous Arch:** “Edentulous Arch” means a maxillary or mandibular arch devoid of or absent any teeth, roots, or implants. Deleted: 3
24. **Expanded Function Dental Assistant (EFDA):** “Expanded Function Dental Assistant (EFDA)” means a certified dental assistant (CDA) or a licensed dental hygienist who has successfully completed a Board approved EFDA training program and who has been issued a certificate by the Board to perform reversible intraoral procedures as defined by Board Rule Chapter 3 under the direct supervision of a dentist. Deleted: 4
25. **General Anesthesia:** “General Anesthesia” means an induced state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to maintain independently an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or a nonpharmacologic method, or combination thereof. Deleted: 5
26. **General Supervision:** “General supervision” shall mean that the dentist is not required to be in the dental office at the time the procedures are being performed on a patient of record. Deleted: 6
27. **Independent Practice Dental Hygienist:** “Independent Practice Dental Hygienist” or “IPDH” means an individual licensed by the Board to practice without supervision by a dentist in the State of Maine pursuant to a scope of practice as defined by 32 M.R.S.A. §1094-Q.

28. Local Anesthesia: “Local Anesthesia” means the use of any drug, element, or other material which results in a state of insensibility of a circumscribed area, or the loss of sensation of some definite, localized area without inhibition of conscious processes.

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29. Moderate Sedation: a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

30. NERB: “NERB” means the Northeast Regional Board Examination or its successor.

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31. Nitrous Oxide Analgesia: “Nitrous Oxide Analgesia” means the administration of nitrous oxide in order to induce a controlled state of relative analgesia with the goal being the control of anxiety.

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 ¶ 29. NERB CSCE: “NERB CSCE” means Northeast Regional Board Examination Computer Simulated Clinical Examination.¶
 ¶ 30. NERB DSCE: “NERB DSCE” means the Northeast Regional Board Examination Dental Simulated Clinical Examination.

32. Overdenture: A denture constructed to be placed over existing teeth, retained roots, or dental implants.

33. Patient of Record: “Patient of Record” means a patient who has been examined by a dentist, and has been provided with a diagnosis or treatment plan by the dentist.

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34. PALS: “PALS” means pediatric advanced life support.

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35. Practice of Denturism: “Practice of Denturism” means:

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- A. The taking of denture impressions and bite registration for the purpose of or with a view to the making, producing, reproducing, constructing, finishing, supplying, altering or repairing of a denture to be fitted to an edentulous or partially edentulous arch or arches;
- B. The fitting of a denture to an edentulous or partially edentulous arch or arches, including the making, producing, reproducing, constructing, finishing, supplying, altering and repairing of dentures without performing alteration to natural or reconstructed tooth structure; and
- C. The procedures incidental to the procedures specified in paragraphs a and b, as defined by Board Rule Chapter 4.

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36. Public Health Supervision: “Public Health Supervision” means that:

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- A. The dentist provides general supervision to a dental hygienist who is practicing in a Public Health Supervision status under Chapter 2 of these rules, with the exception that the patient being treated shall not be deemed to be a patient of record of the dentist providing Public Health Supervision; and
- B. The dental hygienist has an active Maine license and practices in settings other than a traditional dental practice, provided that the service is rendered under the supervision of a dentist with an active Maine license. These settings may include but are not necessarily limited to public and private schools, medical facilities, nursing homes, residential care facilities, dental vans, and any other setting where adequate parameters of care, infection control, and public health guidelines can and will be followed.

~~37.~~ **Reversible Intraoral Procedures:** “Reversible Intraoral Procedures” means placing and removing rubber dams and matrices; placing and contouring amalgam, composite and other restorative materials; applying sealants; supra gingival polishing; and other reversible procedures as defined in Board Rule Chapter 3.

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~~38.~~ **“Teledentistry”**

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- A. The practice of dentistry at a distance through the use of any electronic means.
- i. **CONSULTATION:** Consultations shall be considered to occur when a dentist and/or physician not licensed in the State of Maine reviews records or interviews or examines a patient in any way, and provides a professional opinion or recommendation to a dentist licensed in the State of Maine who is a dentist of record for the patient being diagnosed or treated. Such consultant must be fully licensed in another state. A non-resident dentist and/or physician does not need a license in this State if he/she consults with a dentist licensed in this State.
 - ii. **DISTANCE DENTISTRY – TELEDENTISTRY:** For the purposes of Teledentistry the practice of dentistry occurs in the state where the patient is located at the time of the examination.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1094-I, 1094-Q, 1095, 1100-A, 1100-B, 1100-C, 1100-E, 1100-I

EFFECTIVE DATE:

May 22, 2007 – filing 2007-192

Chapter 2: RULES RELATING TO DENTAL HYGIENISTS

Summary: This Chapter establishes the duties a dentist may delegate to dental hygienists. A dentist may not permit a dental hygienist to perform any act not specifically provided for in this chapter.

Section I. GENERAL SUPERVISION OF DENTAL HYGIENISTS

Dental hygienists may perform the following duties under the general supervision of a dentist:

- A. Interview patients and record complete medical and dental histories;
- B. Take and record the vital signs of blood pressure, pulse and temperature;
- C. Perform oral inspections, recording all conditions that should be called to the attention of the dentist;
- D. Perform complete periodontal and dental restorative charting;
- E. Expose and process radiographs, permitted pursuant to Title 32 M.R.S.A. §1100-J(3)(A) (Supp. 1985);
- F. Perform pulp tests pursuant to the direction of a dentist;
- G. Perform all procedures necessary for a complete prophylaxis, including root planing and curettage;
- H. Apply fluoride to control caries;
- I. Apply desensitizing agents to teeth;
- J. Apply liquids, pastes or gel topical anesthetics;
- K. Apply sealants, provided that a licensed dentist first makes the determination and diagnosis as to the surfaces on which the sealants shall be applied;

In Public health or school sealant programs only, determination and diagnosis of the sealant site by a dentist need not occur.
- L. Smooth and polish amalgam restorations;
- M. Cement pontics and facings outside the mouth;

- N. Take impressions for study casts, athletic mouth guards, custom trays, bleaching trays, fluoride trays, opposing models, retainers, and stents;
- O. Re-cement temporary crowns with temporary cement;
- P. Place and remove rubber dams;
- Q. Remove sutures and periodontal dressings;
- R. Perform post-operative irrigation of surgical sites;
- S. Place temporary restorations as an emergency procedure, provided that the patient is informed of the temporary nature of the restoration;
- T. Isolate operative fields;
- U. Place and remove gingival retraction cord without vasoconstrictor;
- V. Obtain bacterial sampling when treatment is planned by the dentist;
- W. Place localized delivery of chemotherapeutic agents when treatment is planned by the dentist; and
- X. Perform any other duties that may be performed by a dental assistant under Chapter 3, Sections I - III of these rules.

Section II. DIRECT SUPERVISION OF DENTAL HYGIENISTS

A dental hygienist may perform the following duties only when under the direct supervision of a dentist:

- A. Place periodontal dressings;
- B. Remove socket dressings;
- C. Take cytological smears, as requested by the dentist;
- D. A dental hygienist who has not obtained a permit to administer nitrous oxide from the Board may, during nitrous oxide administration by the dentist, observe the gauges and advise the dentist of any changes in gauge indices or readings but shall not in any way or under any circumstances adjust, manipulate or control the nitrous oxide apparatus or equipment;
- E. **Permitting Process.** A hygienist may apply for a permit to administer nitrous oxide after satisfactory completion of a nitrous oxide course in a CODA approved dental or dental hygiene program or other Board approved course. The nitrous oxide course must be at least 8 hours in length and include didactic and clinical components and an exit examination. The hygienist must receive both a minimum of 75% on the exit examination and course grade in order to meet satisfactory completion requirements. A hygienist may obtain a nitrous oxide permit via endorsement if the hygienist has taken a nitrous oxide

course within a CODA approved dental or dental hygiene program, has been certified to administer nitrous oxide in another state, and has administered nitrous oxide within the last 2 years. Application fee and initial certification is \$40. Renewal is \$20 per biennium.

- F. A licensed dentist, who is providing the direct supervision, must decide which patient will receive nitrous oxide and should document this decision by note or prescription in the patient dental record.
- G. **Concentration of Nitrous Oxide.** A dental hygienist issued a permit by the Board to administer nitrous oxide may administer nitrous oxide, utilizing induction via titration and not to exceed 50% concentration;
- H. The supervising dentist must note in the patient dental record the condition of the patient's recovery prior to the patient's discharge.
- I. The supervising/licensed dentist must ensure that nitrous oxide equipment is calibrated every three years in order to ensure that it is functioning correctly.
- J. Administer local anesthesia;

Special Endorsement: After satisfying the Board of his or her competence to administer local anesthesia, a licensed dental hygienist may qualify for a special endorsement to administer local anesthesia under the direct supervision of a licensed dentist or licensed medical or osteopathic physician within a hospital or clinical setting, by performing the following:

- (1) Competence to administer local anesthesia must be demonstrated to the Board by successfully completing with a passing grade a course of study of at least 40 hours of instruction in a formal program in administration of local anesthesia sponsored by an institutional program accredited by the Commission on Dental Accreditation of the American Dental Association. A certificate of course completion and a copy of the syllabus must be provided to the Board for approval. The course must include didactic studies and clinical experience in the administration of block and infiltration anesthesia. A minimum of 50 satisfactorily performed injections is required.

The curriculum for required study must include but is not necessarily limited to:

- a. Medical history evaluation procedures;
- b. Understanding pharmacology of local anesthesia and vasoconstrictors;
- c. Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
- d. Indications and contraindications for administration of local anesthesia;
- e. Selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents;
- f. Medical and legal management of complications;

- g. Recognition and management of post-injection complications and management of reactions to injections;
 - h. Proper infection control techniques with regard to local anesthesia and proper disposal of sharps;
 - i. Methods of administering local anesthetic agents with emphasis on:
 - (i) technique
 - a. aspiration
 - b. slow injection
 - (ii) minimum effective dosage
- (2) Upon satisfactory completion of the application process, including submission of a copy of a valid CPR certification, the applicant must pass a Board-administered examination in the administration of local anesthesia, or a national, regional or state examination in the administration of local anesthesia as approved by the Board.
- (3) A dental hygienist who has been licensed and trained to administer local anesthesia in another state may qualify, at the discretion of the Board, to take the examination by presenting written documentation of such licensure and training to the Board, along with documentation of at least two years experience within the past five years and by gaining approval of the Board through the interview process.
- (4) A licensed dental hygienist who has demonstrated competence to the satisfaction of the Board may qualify for a special endorsement and may undertake the administration of local anesthesia by:
- a. Successfully completing the examination administered by the Board or a national, regional or state administered examination;
 - b. Substantiating the adequacy of training; and
 - c. Limiting administration of local anesthesia as provided by these rules.
- (5) The endorsement shall be for a period of 5 years and renewable with documentation of experience as required by the Board.
- K. Take impressions for nightguards and occlusal splints as long as the dentist takes all measurements and bite registrations; and
- L. Perform any other duties that may be performed by a dental assistant under Chapter 3, Sections I-III of these rules.

Section III. PUBLIC HEALTH SUPERVISION STATUS

- A. **Public Health Supervision Status Allowed.** Upon notification to the Board, as set forth below, hygienists may provide services pursuant to "Public Health Supervision" status as defined in Section 1(C).
- B. **Roles and Responsibilities.** When working together in a Public Health Supervision relationship, dentists and dental hygienists shall enter into a Public Health Supervision Agreement based on the following roles and responsibilities:
- (1) The dentist providing Public Health Supervision must:
 - a. Be available to provide an appropriate level of contact, communication, collaboration, and consultation with the dental hygienist;
 - b. Have specific standing orders or policy guidelines for procedures which are to be carried out for each location or program, although the dentist need not be present when the procedures are being performed;
 - c. Help provide for the patient's additional needed care in collaboration with the dental hygienist, although the dentist has no responsibility for providing treatment.
 - (2) A dental hygienist providing services under Public Health Supervision may perform only those duties within the accepted scope of practice of dental hygiene, as follows:
 - a. Interview patients and record complete medical and dental histories;
 - b. Take and record the vital signs of blood pressure, pulse and temperature;
 - c. Perform oral inspections, recording all conditions that should be called to the attention of the dentist;
 - d. Perform complete periodontal and dental restorative charting;
 - e. Expose and process radiographs upon written standing prescription orders from a dentist who will be available to interpret all dental radiographs within 21 days and completes and signs a radiographic review and findings form;
 - f. Perform pulp tests pursuant to the direction of a dentist;
 - g. Perform all procedures necessary for a complete prophylaxis, including root planing;
 - h. Apply fluoride to control caries;
 - i. Apply desensitizing agents to teeth;
 - j. Apply liquids, pastes or gel topical anesthetics;

- k. Apply sealants;
- l. Smooth and polish amalgam restorations, limited to slow speed application only;
- m. Cement pontics and facings outside the mouth;
- n. Take impressions for athletic mouth guards, and custom fluoride trays;
- o. Place and remove rubber dams;
- p. Isolate operative fields;
- q. Place temporary restorations in compliance with the protocol adopted by the Board and attached to this rule as Appendix 1;
- r. Place and remove gingival retraction cord without vasoconstrictor;
- s. Perform any other duties that may be performed by a dental assistant under Chapter 3, Sections I-III of these rules; and
- t. Apply topical antimicrobials (excluding antibiotics), including fluoride for the purposes of bacterial reduction, caries control and desensitization in the oral cavity. The practitioner must follow current manufacturer's instructions in the use of these medicaments. For the purposes of this section, "topical" includes superficial and intrasulcular application.

- (3) A dental hygienist providing services under Public Health Supervision must perform the following duties:
- a. Provide to the patient, parent or guardian a written plan for referral or an agreement for follow-up, recording all conditions that should be called to the attention of a dentist;
 - b. Have each patient sign a permission slip or consent form that informs them that the service to be received does not take the place of regular dental checkups at a dental office and is meant for people who otherwise would not have access to the service;
 - c. Inform each patient who may require further dental services of that need;
 - d. Inform the Board in writing of any changes in or termination of the Public Health Supervision Agreement; and
 - e. Maintain an appropriate level of contact and communication with the Maine licensed dentist providing Public Health Supervision.

- C. **Criteria.** Hygienists providing services pursuant to Public Health Supervision status shall meet the following criteria:

- (1) The proposal fills a need not currently being met;
- (2) The particular proposed practice setting(s), including the proposed supervisor, will be adequate to accomplish the goal;
- (3) Appropriate public health guidelines can be followed in the proposed setting(s);
- (4) Adequate parameters of care can be maintained in the proposed practice setting(s);
- (5) A dentist is available to provide Public Health Supervision to the dental hygienist and specific standing orders are submitted to the Board; and
- (6) If criteria (1) – (4) are met, but a dentist is not readily available under (5), the Board shall assist the dental hygienist in finding a dentist to provide Public Health Supervision.

- D. **Notification Process.** A dental hygienist wishing to practice under Public Health Supervision must notify the Board on a notification form specified by the Board, providing such information as the Board may deem necessary, including the signature of the supervising dentist. The dental hygienist shall list all known locations at which he or she expects to practice. Upon filing of the written notification to the Board, the dental hygienist may practice under Public Health Supervision for a specified period not to exceed three years. If, during the specified period, the dental hygienist finds that he or she will be providing services at locations other than those described in the notification form, he or she shall notify the Board in writing about each of these locations, in the manner specified by the Board. Any notification for a specified period may be amended, upon written submission by the dental hygienist to the supervising dentist and the Board. The Board may revoke Public Health Supervision status if a program does not continue to meet the criteria specified in section III.C.
- E. **Reporting Requirements.** Each dental hygienist who has rendered services under Public Health Supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report must be completed in the manner specified by the Board, including information about each location where the dental hygienist has rendered these services. The dental hygienist must submit the form to the dentist providing Public Health Supervision for his or her signature, before sending it to the Board.
- F. **Reimbursement.** Dental hygienists providing services under Public Health Supervision may be compensated for their work by salary, honoraria, and other mechanisms by the employing or sponsoring entity. Nothing in this rule shall preclude the entity that employs or sponsors a dental hygienist from seeking payment, reimbursement, or other source of funding for the services provided.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1079(2), 1095, 1098-E, 1100-A

EFFECTIVE DATE:

May 22, 2007 – filing 2007-193

Summary: This Chapter establishes the duties a dentist may delegate to dental assistants, certified dental assistants, and expanded function dental assistants. A dentist may not permit a dental assistant, certified dental assistant or expanded function dental assistant to perform any act not specifically provided for in this chapter.

I. GENERAL SUPERVISION OF DENTAL ASSISTANTS

A dental assistant may perform the following duties under the general supervision of a dentist:

- A. Give oral health instructions.
- B. Perform dietary analyses for dental disease control.
- C. Take and record the vital signs of blood pressure, pulse and temperature.
- D. Take intra-oral photographs.
- E. Retract lips, cheek, tongue and other tissue parts.
- F. Irrigate and aspirate the oral cavity.
- G. Expose dental radiographs, but only if licensed as a Dental Radiographer pursuant to Title 32 M.R.S.A. §1100-I through §1100-R.
- H. For instruction purposes, a dental assistant may demonstrate to a patient how the patient should place and remove removable prostheses, appliances or retainers.
- I. Take dental plaque smears for microscopic inspection and patient education.
- J. For the purpose of eliminating pain or discomfort, remove loose, broken or irritating orthodontic appliances.
- K. Take and pour impressions for study casts.
- L. Change/replace dry socket packets after diagnosed and treatment planned by a dentist.
- M. Remove sutures with a follow-up appointment with the dentist within 7-10 days of suture removal.
- N. Pour and trim dental models.

II. DIRECT SUPERVISION OF DENTAL ASSISTANTS

A dental assistant may perform the following intra-oral procedures only under the direct supervision of a dentist:

- A. Apply liquids, pastes and gel topical anesthetics.
- B. Place and remove rubber dams.
- C. ~~Place and recement temporary crowns with temporary cement.~~
- D. Place and remove matrix bands.
- E. Place, hold or remove celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist.
- F. Place and remove wedges.
- G. Apply cavity varnish.
- H. Deliver, but not condense or pack, amalgam or composite restoration material.
- I. Remove gingival retraction cord.
- J. Select and try in stainless steel or other preformed crowns for insertion by the dentist.
- K. Take impressions for single-arch athletic mouth guards and for custom fluoride trays.
- L. Irrigate and dry root canals.
- M. Place or remove temporary separating devices.
- N. Remove orthodontic arch wires and tension devices and any loose bands or bonds, but only as directed by the dentist.
- O. Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure shall not be intended or interpreted as an oral prophylaxis, which is a procedure specifically reserved to be performed by dental hygienists or dentists. This procedure also shall not be intended or interpreted as a preparation for restorative material. A dentist or dental hygienist shall check and approve the procedure.
- P. Place wires, pins and elastic ligatures to tie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion.
- Q. Perform preliminary selection and fitting of orthodontic bands, but final placement and cementing in the patient's mouth shall be done by the dentist.
- R. Remove excess cement from the supragingival surfaces of teeth.

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- S. Take intra-oral measurements and make preliminary selection of arch wires and intra and extra-oral appliances, including head gear.
- T. Take impressions for opposing models and retainers.
- U. Place elastics and/or instruct in their use.
- V. Reapply, on an emergency basis only, orthodontic brackets.
- W. Isolate the operative field.
- X. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, so long as the dentist checks the occlusion and fit prior to releasing the patient.
- Y. Remove composite material using slow speed instrumentation for de-bonding brackets, as long as the dentist conducts a final check prior to release of the patient.

III. GENERAL SUPERVISION OF CERTIFIED DENTAL ASSISTANTS

In addition to the duties permitted under Chapter 3, Section I of these Rules, a certified dental assistant may perform the following duties under general supervision of a dentist:

- A. Place temporary fillings on an emergency basis, provided that the patient is informed of the temporary nature of the fillings; and
- B. Remove excess cement from the supragingival surfaces of teeth.

IV. DIRECT SUPERVISION OF EXPANDED FUNCTION DENTAL ASSISTANT

In addition to the duties permitted under Chapter 3, section II of these rules, an EFDA may perform the following duties under direct supervision of a dentist.

- A. Place and contour amalgam, composite and other restorative materials prior to the final setting and/or curing of the material.
- B. Supragingival polishing: A Maine licensed dentist (DDS/DMD) or a Maine licensed hygienist (RDH) must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing. Dentists may only permit an EFDA to perform supragingival polishing using a slow speed rotary instrument and rubber cup. Dentists may allow an EFDA to use high-speed, power-driven handpieces/instruments to contour or finish newly-placed composite materials.
- C. Cement provisional/temporary crowns and bridges and remove excess cement.
- D. Perform tooth vitality tests.
- E. Place and remove retraction cord.

- F. Place and remove periodontal dressing.
- G. Size, place, and cement/bond orthodontic bands and brackets with final inspection by the dentist.
- H. Apply topical fluorides recognized for the prevention of dental caries.
- I. Apply supragingival desensitizing agents to an exposed root surface and/or dentinal surface of teeth.
- J. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement.
- K. Take impressions for study casts, bleaching trays, sports guards, provisional/temporary crowns and bridges.

V. CERTIFICATION REQUIREMENTS FOR EFDAs

To qualify for certification to practice expanded function dental assisting, an applicant shall meet the following requirements:

- A. Be at least 18 years of age;
- B. Have a high school diploma or its equivalent;
- C. Hold a current CDA certificate or a registered dental hygiene license and have successfully completed a formal program in EFDA approved by the Board at a CODA accredited program or an equivalent program as determined by the Board, or is credentialed to perform as an EFDA by another state or Canadian province, except that the professional education and experience may not be less than is required in this State as set out in section VI;
- D. Have successfully completed with a passing grade of 90 percent, the jurisprudence examination given by the Board; and
- E. Provide documentary proof to the Board of current certification in CPR.

VI. CERTIFICATION BY ENDORSEMENT FOR EFDA'S

The Board may at its discretion, without examination, issue a certificate to an applicant to practice EFDA who furnishes proof satisfactory to the Board that the EFDA applicant has been duly licensed or certified as an EFDA to practice in another state or Canadian province after full compliance with the requirements of its dental laws, except that the professional education may not be less than is required in this State and the applicant must: (a) have successfully completed with a passing grade of 90 percent, the jurisprudence examination given by the Board; and (b) provide documentary proof to the Board of current certification in CPR. In addition, the applicant must have been at least three (3) years in actual practice in the state or Canadian province in which the EFDA license or certification was granted.

The Board may require letters of reference as to ability. Applicants for certification by endorsement who meet the requirements of this section must be interviewed in person by the Board or members of the Board prior to being issued a certificate. Every certification so given must state upon its face that it was granted on the basis of endorsement.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1094-D, 1094-E, 1094-F, 1094-G, 1094-H, 1100-A, 1100 I – 1100 R.

EFFECTIVE DATE:

May 22, 2007 – filing 2007-194

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Summary: This chapter establishes general practice standards for all denturists and establishes minimum standards of acceptability for any removable full or partial upper or lower prosthetic dental appliance to be worn in the human mouth to replace any missing natural teeth made by denturists or dentists.

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I. GENERAL

A. **License Display**

- (1) Each denturist shall post a current license to practice denturism in a conspicuous area on the premises where engaged in the practice of denturism.
- (2) Advertising by Professional Service Corporations. Denturists who have incorporated their practices as a professional service corporation may advertise in the name of the professional service corporation, provided that all such advertising shall clearly include the names of all licensed denturists affiliated with the professional service corporation who provide services which constitute the practice of denturism as defined in 32 M.R.S.A. § 1100-B and provided that such advertising shall not include the name of any denturist who is not providing such services.

II. PRACTICE STANDARDS. As part of her/his practice, every denturist shall perform the following tasks:

- A. **Health History.** Record, update, and maintain a health history for each patient that will include the following information as a minimum:
1. General health status;
 2. Systemic diseases or disorders;
 3. Allergies and sensitivities;
 4. Current medical and dental treatment, including medications;
 5. Length of edentulousness; and

6. Difficulties encountered in prior dental or denturist visits.
- B. **Clinical Inspection.** Conduct and record a clinical inspection of each patient that will include as a minimum information relative to:
1. Appearance of gingival, oral mucosal membranes, pharynx; and
 2. Oral conditions that may effect successful denture construction and use.
- C. **Record of Clinical Treatment.** Make and keep a complete written record of each clinical treatment event.
- D. **Referral.** Immediately refer to a licensed dentist or physician any abnormality or disease process that requires medical or dental treatment observed during oral inspection. In such a case, the denturist shall take no further action to manufacture or place a denture until the patient has been examined by a dentist or physician. If the examination reveals the need for tissue modification or opposing natural tooth modification in order to assure proper fit of a full denture, the denturist shall refer the patient to a dentist and assure that the modification has been completed before taking an impression for the completion of the denture.
- E. **Retention of Records.** Retain each health history, clinical examination record, prescription record and record of clinical treatment, for a minimum of seven (7) years following completion of treatment for each patient.
- F. **Minimum Standards of Acceptability for All Full Dentures Made by Denturists or Dentists Covered by The Dental Practice Act.**
1. The maxillary denture covers the entire hard palate, with a postdam that extends between hamular notches to form a posterior seal;
 2. The mandibular denture has full posterior flanges extending distally to include a portion of the retromolar pad;
 3. The denture base material adapts to the soft tissues, and the extension achieves stability;
 4. Tooth position, size and shade appear natural;
 5. Contour and shade of the denture base material appear natural;
 6. Centric occlusion, if not correct, is correctable;
 7. Vertical dimension is within the physiologic tolerance of the patient;

8. No occlusal interferences are present in lateral and protrusive excursions;
9. Occlusal surfaces may lack anatomic or nonanatomic detail, but masticatory forces are evenly distributed;
10. Occlusal disharmony may be present, but the patient is comfortable and no visible pathology exists; and
11. There may not be movement of the denture when biting pressure is applied in anterior and posterior segments of the arch except when it is not reasonably possible to achieve the desired result.
12. Prescriptions must exist for all work not personally performed by the dentist or under the direct supervision of that dentist.
13. The denture must be identified pursuant to Title 32 M.R.S.A. § 1094-B.

A denture may deviate from the standards outlined in II(F)(1) through (13) above, if the deviation is shown to be reasonable, is based upon physiological conditions or requirements, or responds to specific requests of the individual patient. The reason(s) for any deviation from the standards must be documented in the patient's records at the time the deviation is made.

G. Clinical Requirements

The Board will utilize current Center for Disease Control and Prevention ("CDC") guidelines in effect at the time of treatment when determining acceptable patient care and requirements for the clinical practice of denturism. It is the responsibility of the dentist to keep informed of the latest guidelines and to implement them appropriately.

H. Prohibited Activities

1. Denturists will not perform procedures which would alter any oral tissues or natural teeth.
2. Denturists will not perform initial insertion of an immediate denture in the mouth of the intended wearer within 48 hours of extractions.
3. Denturists will not diagnose or treat any abnormalities of the mouth.
4. Denturists will not prescribe any drugs or treatment for any oral or medical disease.
5. Prohibited activities enumerated in (1) through (4) above shall not be

construed to prohibit changes to the denture base for the purpose of healing denture sores. The prohibitions of this chapter do not apply to:

- a. The practice of dentistry or medicine by persons authorized to do so by this state;
- b. A student of denturism in pursuit of scientific studies under an approved school program; or
- c. A denture technician, as defined by the Board, performing services under the direction of a licensed denturist or licensed dentist, when the service does not involve contact with the intended patient.

I. **Ethics and Professional Conduct.** Denturists are held to the same ethical and professional standards as all other persons under the jurisdiction of the Board.

~~J. **Prior to the fabrication of a removable tooth-borne partial denture, including but not limited to cast frameworks, a Maine licensed denturist must have;**~~

~~(1) **A certificate of oral condition approved by the Board and completed by a Maine licensed dentist; and**~~

~~(2) **A diploma from a post-secondary denturism educational institution approved by the International Federation of Denturists and the Maine Board of Dental Examiners; or**~~

~~(3) **Completed the upgrade curriculum related to the fabrication of partial dentures as set forth in 32 M.R.S. §1100-E(6) and Board Rule, Chapter 5,**~~

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STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1100-A, ~~1100-B~~, 1100-C(1); ~~1100-E~~

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Summary: This rule establishes the requirements for licensure as a dentist in the State of Maine.

I. Licensure by Original Application

To be eligible for licensure, applicants for a license to practice denturism in this category shall meet the following requirements:

- A. **Examination.** In order to qualify to take the dentist examination pursuant to 32 M.R.S.A. §1100-D, an applicant must:
 1. Be a high school graduate or have obtained high school equivalency;
 2. Have a diploma from a post-secondary denturism educational institution approved by the International Federation of Denturists and the Maine Board of Dental Examiners and provide a statement under seal from the Office of the Dean of the school affirming that the applicant has met all applicable degree requirements;
 3. Have successfully completed with a passing grade of 90 percent, the jurisprudence examination given by the Board; and
 4. Provide the Board or Subcommittee with documentary proof of current certification in CPR.

5. For any applicant who graduated from an approved post-secondary denturism educational institution more than one year prior to application for licensure in Maine, have successfully completed a personal interview before the Subcommittee. The personal interview may be waived at the Subcommittee's discretion ~~based upon proof of overseas military deployment~~; however, the applicant shall still submit to an ~~telephonic~~ interview ~~by other means~~ or the Board ~~equivalent~~ as determined by the Subcommittee or the Board.

B. **Board-Approved Upgrade Curriculum.** Pursuant to 32 M.R.S.A. § 1100-E(2) (PL 2009, c. 227 as amended) denturists licensed in this State prior to October 1, 2009, who do not have a diploma from a Board-approved denturism post-secondary institution shall, within two (2) years following the adoption of this specific provision:

1. Provide the Board with documentary proof of successful completion of a comprehensive course (i.e. a semester) in each of the following areas from a

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Board-approved post-secondary denturism educational institution: Radiographic Pattern Recognition; Periodontology; and Partial Denture Design and Application; and

2. Provide the Board with documentary proof of successful completion of an upgrade course in each of the following areas from a Board-approved institution, entity or individual:

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a. An eight (8) hour review course in Radiographic Pattern Recognition;

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b. An eight (8) hour review course in Periodontology; and

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c. A twenty-four (24) hour review course in Partial Denture Design and Application.

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3. Pursuant to 32 M.R.S.A. § 1100-E(2) (PL 2009, c. 227 as amended) denturists licensed in this State prior to October 1, 2009, who do not have a diploma from a Board-approved denturism postsecondary institution and who do not comply with this provision within two (2) years following the adoption of this specific provision shall be ineligible for licensure or re-licensure.

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II. Licensure by Endorsement

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To be eligible for licensure, applicants for a license to practice denturism in this category shall meet the following requirements:

- A. Have graduated from a post-secondary denturism educational institution approved by the International Federation of Denturists and the Board;
- B. Furnish proof, satisfactory to the Board, that the candidate has been duly licensed to practice denturism in another U.S. state or Canadian province after full compliance with the requirement of its laws;
- C. Have engaged in the active clinical practice of denturism in another U.S. state or Canadian province for a minimum of three years prior to application;
- D. Furnish the Board or Subcommittee, upon request, letters of reference about the denturist applicant;
- E. Provide the Board or Subcommittee with documentary proof of current certification in CPR; and
- F. Have successfully completed with a passing grade of 90 percent, the jurisprudence examination given by the Board; and
- G. Have successfully completed ~~an personal~~ interview ~~before with~~ the Subcommittee on Denturists.

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III. Waiver of Interview for License Reinstatement

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- A. The Board or Subcommittee may at its discretion waive an interview for reinstatement of a license to practice denturism if it has been two (2) years or less since the lapse of licensure.

IV. Requirements for Licensure When Re-Entering the Profession of Denturism

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- A. If an applicant has not been in active practice within the preceding five years, he/she must meet all of the requirements for initial licensure as outlined in section I above ; and

- ~~B. Have successfully completed an ~~personal~~ interview ~~before with~~ the Subcommittee on ~~Denturists~~.~~

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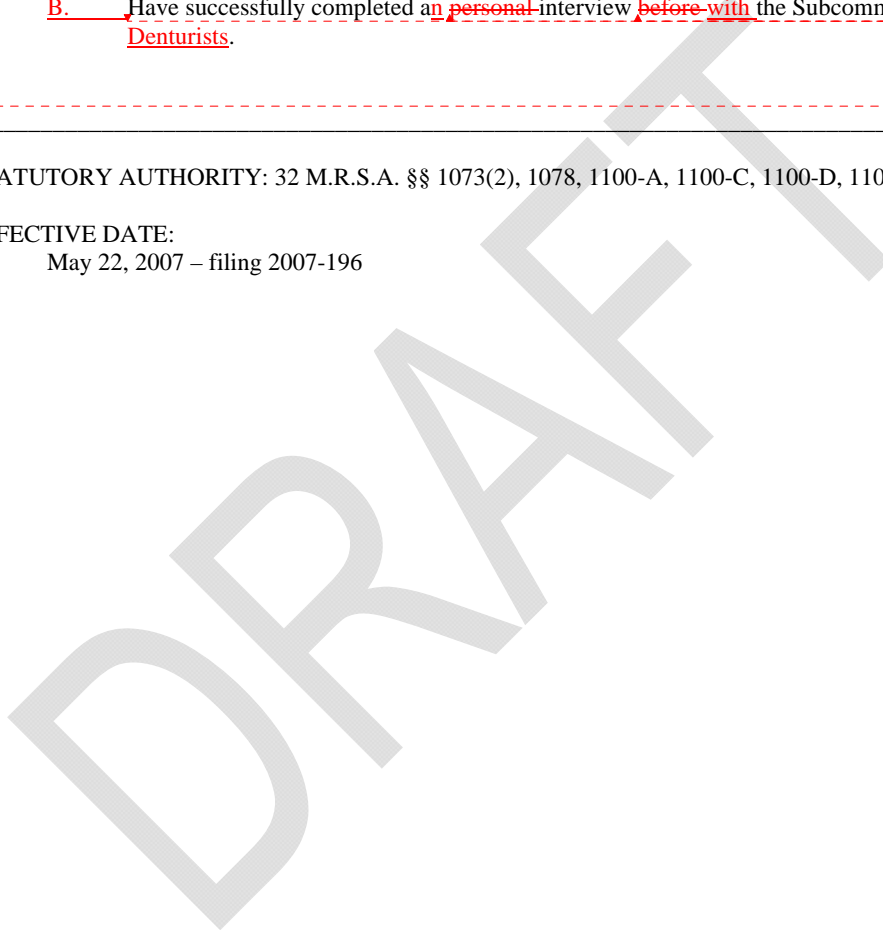
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STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1078, 1100-A, 1100-C, 1100-D, 1100-E.

EFFECTIVE DATE:

May 22, 2007 – filing 2007-196



Summary: This rule describes the procedure by which the Board processes and/or initiates complaints and/or investigations and defines acts and/or omissions that constitute “unprofessional conduct” within the meaning of 32 M.R.S.A. §1077(2)(F).

I. COMPLAINTS/INVESTIGATIONS

The Board shall, to the extent practicable, receive and process complaints as follows:

- A. All complaints shall be submitted to the Board in writing. The Board may request that complaints be submitted on a complaint form which it provides. The Board may, on its own motion, conduct or authorize an investigation without a written complaint in any matter involving possible noncompliance with or violation of 32 M.R.S.A. Chapter 16 or any Board rule or regulation.
- B. A written complaint should set forth the facts which provide the basis for the complaint and include all available information concerning the identification of persons involved and dates.
- C. The Board will send a letter to the complaining party acknowledging receipt of the complaint. The Board will also furnish a copy to the person against whom the complaint has been registered and a written response to the charges shall be requested.
- D. In the event of an investigation, pertinent records shall be made available to the Board by a licensee at written Board request.
- E. Hearings may be conducted by the Board to assist with investigations, to determine whether cause exists for revocation or suspension of a license or for any other lawful purpose. Hearings shall be conducted in conformity with the Administrative Procedure Act, Title 5 M.R.S.A Chapter 375, Sub-Chapter IV, to the extent applicable. In an appropriate case, the Board may hold an informal proceeding to determine whether a matter may be disposed of by consent agreement.
- F. If the Board determines that any person has violated a provision of 32 M.R.S.A. Chapter 16 or has violated a rule or regulation of the Board, it may take any of the actions authorized by law pursuant to 32 M.R.S.A. §1077(2) and 10 M.R.S.A. §8003(5).
- G. The Board may, through staff, initiate an investigation concerning any potential violations of 32 M.R.S.A. Chapter 16 or 10 M.R.S.A. §8003-C.
- H. The Board may, based upon information it receives, initiate a complaint against a licensee for alleged violations of 32 M.R.S.A. Chapter 16.

II. UNPROFESSIONAL CONDUCT

Unprofessional conduct under 32 M.R.S.A. §1077(2)(F) includes, but is not limited to, the following:

- A. Engaging in any activity which assists, encourages or induces any person to violate this chapter or the rules of the Board.
- B. Sexual Misconduct: Sexual misconduct is defined as an unwanted or offensive act of a sexual nature, which is neither diagnostic nor therapeutic, committed with respect to either a patient or a colleague. It may include but is not limited to:

deliberate or repeated comments or gestures of a sexual nature;

physical contacts of a sexual nature, such as intentional touching of a body part for any purpose other than appropriate examination or treatment or when a patient has refused or withdrawn consent;

or

offering to provide practice-related services, such as providing drugs, in exchange for sexual favors.

Sexual misconduct may be established by a single act or by a series of acts. Sexual misconduct may also be established where such acts create a hostile environment of which the dental professional either is, or should be, aware.

In determining an appropriate sanction for a sexual misconduct violation, consideration will be given to the following factors: patient harm; severity of impropriety; culpability of the dental professional; age of patient or colleague; physical/mental capacity of patient or colleague; number of times behavior occurred; and nature and length of any existing, non-professional relationship. The above list is not intended to be exclusive.

- C. The obtaining of any fee by fraud or misrepresentation.
- D. Division of fees or an agreement to split the fees received for dental services with any person for referring a patient or for assisting in the care of a patient, without the knowledge of the patient or the patient's representative.
- E. The prescribing of any narcotic medication(s) by the licensee for himself/herself or to a family member or domestic partner with the exception of ongoing dental treatment by the licensee.
- F. Possession, use, prescription for use, or distribution of controlled substances or prescription drugs in any way other than for dental therapeutic purposes. Controlled substances and prescription drugs in the possession of a licensee which are prescribed for the licensee by a medical practitioner legally licensed to so prescribe and which are being used for therapeutic purposes by the licensee are exempted from this rule.

- G. The inappropriate prescribing or administering of drugs or treatment or the excessive use for diagnostic procedures, or the excessive use of diagnostic or treatment facilities.
- H. The advertising of either professional superiority or the advertising of the performance of professional services in a superior manner.
- I. The use of threats and harassment against any patient or former patient, employee or former employee, or licensee for providing evidence in any possible or actual disciplinary action, or other legal action.
- J. The alteration of a patient's record with the intent to deceive.
- K. The failure of a dentist to surrender a copy of a patient's records upon appropriate request by the patient or the patient's agent and payment of a reasonable duplication cost. This rule does not require a dentist to surrender original patient records. The records should be released within five business days of receipt of the request and shall be released within 21 calendar days of receipt of the request. Dentists shall maintain patient treatment records for a minimum of seven (7) years after the date on which the last dental services were provided to the patient.
- L. Violation of sanitary and safe office conditions as set forth below:
 - 1. Premises shall be kept clean, orderly and free of accumulated rubbish and similar substances;
 - 2. Premises shall be kept free of all insects and vermin by utilizing proper control and eradication methods;
 - 3. Water shall be piped under pressure and in an approved manner to all equipment and fixtures requiring the use of water. The water shall be from a properly constructed ground water supply and should be tested yearly if the source of the water is not from a recognized public water source. Water from private water sources shall meet all applicable State standards;
 - 4. All structures shall be in compliance with local and state building codes;
 - 5. Sanitary conditions shall be maintained at all times for patients and employees;
 - 6. Adequate toilet facilities shall be located on the premises of every dental office. Toilet facilities shall conform to standards of the Maine Center for Disease Control and Prevention (Maine "CDC"); and
 - 7. Failure to utilize Center for Disease Control and Prevention ("CDC") Guidelines for Infection Control in Dental Health-Care Settings, 2003 at the time of treatment. Copies of these rules are available at:

Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333
1-800-311-3435

The electronic version may be accessed on line at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>

8. Failure of the dentist(s) to ensure that any nitrous oxide delivery system within the dental practice meets the standards for controlling exposures to nitrous oxide during anesthetic administration as established by the following publications of the U.S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH):
 - (i) DHHS (NIOSH) Publication No. 94-100, "Controlling Exposures to Nitrous Oxide During Anesthetic Administration";
 - (ii) DHHS (NIOSH) Publication No. 94-118, "NIOSH Warns: Nitrous Oxide Continues to Threaten Health Care Workers";
 - (iii) DHHS (NIOSH) Publication No. 96-107, "Control of Nitrous Oxide in Dental Operatories."

Copies of the foregoing publications may be obtained on line at:

<http://www.cdc.gov/niosh/pubs.html> or by calling 1-800-356-4674; the physical address is:

NIOSH
4676 Columbia Parkway, Mail Slot C-13
Cincinnati, OH 45226

9. The keeping or allowing of any living animal, including domesticated pets, in or on the premises of a dental or denturist practice, with the sole exception of fish aquariums. This section does not prevent a patient from bringing into or onto the premises of a dental practice a registered guide dog.
- M. The abandonment of the patient by the licensee before the completion of a phase of treatment.
- N. Delegations by a dentist of any duty not specified in Chapters 2 & 3, including but not limited to:
1. Diagnosis and treatment planning;
 2. Prescription of drugs, medicaments or authorization;
 3. Making occlusal adjustments;
 4. Performing pulp capping and pulpotomy procedures; and
 5. Placing, condensing, carving and contouring permanent restorations, except as delegated to an EFDA issued a permit by the Board.

- O. Failure to respond to the Board regarding any matter for which a time frame is prescribed by law and/or failure to provide the Board with the records of treatment when requested by the Board.
- P. Failure of a licensee to retain/maintain complete patient records for a period of no less than seven (7) years after cessation of a patient’s treatment.
- Q. Failure of a licensee to place on or over a patient’s body a radiation barrier prior to exposing that patient to ionizing radiation, *i.e.*, before taking a dental X-Ray (radiograph) of the patient.
- R. A violation of the standard of care that has been established in the practice of dentistry, dental hygiene, independent practice dental hygiene, denturism, expanded function dental assistants, or dental radiography.
- S. Failure to publicly display a license, permit and/or certificate issued by the Board.

T. A violation of the standard of professional behavior, including engaging in disruptive behavior that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant behavior that interferes with or is likely to interfere with the delivery of care.

U. Dermal Fillers (including Botox) – The administration of dermal filler(s) is limited to properly trained Board certified oral and maxillofacial surgeons. Anyone performing this procedure other than properly trained Board certified oral and maxillofacial surgeons would be in violation of Board rules.

V. Failure of a licensee to obtain a valid, signed certificate of oral condition from a licensed dentist, prior to commencing clinical procedures related to the fabrication of a removable partial denture.

W. Failure to comply with practice closure procedures as follows:

1. Notification in a local newspaper at least weekly starting 8 weeks prior to closure with specific times listed for patients to obtain copies of their records.
2. Written or oral notification of all patients of record to be documented in the patients’ dental charts.
3. Written notification of practice closure date to State Board
4. Notification to employees at least 8 weeks prior to closure.

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STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2) 1073(3), 1077, 1092.

EFFECTIVE DATE:

May 22, 2007 – filing 2007-200

Summary: This rule establishes the requirements for licensure as a dental hygienist in the State of Maine.

- I. Standard Licensure.** To be licensed, candidates for dental hygiene licensure in this category shall meet the following requirements:
- A. Have received, at least, an associate degree from a dental hygiene program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) or its successor organization and provide a notarized statement under seal from the Office of the Dean of the school affirming that the applicant has met all applicable degree requirements;
 - B. Have completed with a passing grade the National Board Dental Hygiene examination or the successor to that examination;
 - C. Provide the Board or Subcommittee on Dental Hygienists with documentary proof of current certification in CPR;
 - D. Have completed with a passing grade all parts of: (1) the Northeast Regional Board (NERB) Dental Hygiene examination or its successor; (2) any other U.S. state or regional dental hygiene examination, so long as all modules are passed, ~~and the applicant successfully passes the NERB CSCE~~; or (3) a national dental hygiene examination approved by the Board;
 - E. Have successfully completed with a passing grade of 90 percent, the jurisprudence examination given by the Board; and
 - F. For any applicant who has completed NERB or its successor examination more than one year prior to application for licensure in Maine, have successfully completed a personal interview before the Subcommittee. The personal interview may be waived at the Subcommittee's or the Board's discretion ~~based upon proof of overseas military deployment~~; however, the applicant shall still submit to ~~an telephonic interview by other means or the equivalent~~ as determined by the Subcommittee or the Board.
- II. Licensure by Endorsement.** To be licensed, candidates for dental hygiene licensure in this category shall meet the following requirements:
- A. Have graduated from an accredited dental hygiene program. For the purposes of this section, an accredited dental hygiene program is one that is accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) or its successor organization;

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- B. If the candidate was graduated subsequent to 1964, have completed with a passing grade the National Board Dental Hygiene examination or its successor examination if such examination was required;
- C. Provide the Board or Subcommittee with documentary proof of current certification in CPR;
- D. Furnish proof, satisfactory to the Board or Subcommittee, that the candidate has been duly licensed to practice dental hygiene in another state or Canadian province after full compliance with the requirement of its laws;
- E. If the candidate was graduated subsequent to 1970, have completed with a passing grade the Northeast Regional Board Dental Hygiene examination if such examination was required;
- F. Have engaged in active clinical practice for a minimum of three years prior to application;
- G. Have completed with a passing grade of 90 percent, the jurisprudence examination given by the Board ; and
- H. Have successfully completed a personal interview before the Subcommittee on Dental Hygienists.
- I. The Board may at its discretion waive the NERB exam or the successor to that examination if all other requirements have been met.

III. Requirements for Licensure When Re-Entering the Profession of Dental Hygiene

If an applicant has not been in active practice within the preceding five years, he/she must meet all of the requirements in section I above.

IV. Waiver of Interview for License Reinstatement

The Board or Subcommittee may at its discretion waive an interview for reinstatement of a license to practice dental hygiene if it has been two (2) years or less since the lapse of their license.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1096, 1099.

EFFECTIVE DATE:

May 22, 2007 – filing 2007-202

Summary: This rule establishes the requirements for licensure as a dentist in the State of Maine.

I. GENERAL STANDARDS FOR DENTAL LICENSURE

For the purpose of 32 M.R.S.A. §1082, "acceptable dental college, school or dental department of a university approved by the Board" shall be a dental college, school or dental department of a university whose general dentistry undergraduate program resulting in a D.M.D. or D.D.S. degree has been accredited by the American Dental Association (ADA) Commission on Dental Curriculum Accreditation (CODA).

II. SPECIFIC REQUIREMENTS FOR DENTAL LICENSURE

A. STANDARD LICENSURE

To be licensed, candidates for dental licensure in this category shall meet the following requirements:

1. Have received a D.M.D. or D.D.S. degree from an undergraduate dental school accredited by the A.D.A. Commission on Dental Accreditation (CODA) and have provided a statement under seal from the Office of the Dean of the school affirming that the applicant has met all applicable degree requirements;
2. Have successfully completed, with a passing grade, Parts I and II of the National Dental Board Examination or the successor to that examination;
3. Have successfully completed, with a passing grade, all parts of: (1) the Northeast Regional Board Dental examination ("NERB") or the successor to that examination; or (2) any other U.S. state or regional dental board examination, so long as all modules are passed, ~~and the applicant successfully passes the NERB DSCE~~; or (3) a national dental clinical examination approved by the Board;
4. Provide the Board with documentary proof of current certification in CPR;
5. Have successfully completed with a passing grade of 90 percent, the jurisprudence examination given by the Board; and
6. For any applicant who completed the requirement in Section II(A)(3) above more than one year prior to application for licensure in Maine, have successfully completed a personal interview before the Board. The personal interview may be waived at the Board's discretion ~~based upon proof of overseas military~~

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~~deployment~~; however, the applicant shall still submit to an ~~telephonic~~-interview ~~by other means or the equivalent~~ as determined by the Board.

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B. LICENSURE BY ENDORSEMENT

To be licensed, candidates for dental licensure in this category shall meet the following requirements:

1. Have received a D.M.D. or D.D.S. degree from an undergraduate dental school accredited by the A.D.A. Commission on Dental Accreditation (CODA) and have provided a notarized statement from the Dean of the school affirming that the applicant has met all applicable degree requirements;
2. If the candidate was graduated subsequent to 1952, have successfully completed, with a passing grade, Parts I and II of the National Dental Board Examination or the successor to that examination if such examination was required;
3. Furnish proof, satisfactory to the Board, that the candidate has been duly licensed to practice dentistry in another U.S. state or Canadian province after full compliance with the requirements of its dental laws;
4. If the candidate was graduated subsequent to 1972, have successfully completed, with a passing grade, all parts of: (1) the Northeast Regional Board Dental Examination ("NERB") if such examination was required; or (2) any other U.S. state or regional dental board examination, so long as all modules are passed, ~~and the applicant successfully passes the NERB DSCE~~; or (3) a national dental clinical examination approved by the Board;
5. Have engaged in an active clinical practice in a U.S. state or Canadian province for a minimum of three years prior to application;
6. Provide the Board with documentary proof of current certification in CPR;
7. Have successfully completed with a passing grade of 90 percent, the jurisprudence exam given by the Board; and
8. Have successfully completed a personal interview before the Board.
9. ~~The Board may at its discretion waive the NERB exam, another U.S. state or regional examination, or a national dental clinical examination approved by the Board, if all of the other requirements of the Board of Dental Examiners have been met.~~

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C. REQUIREMENTS FOR LICENSURE WHEN RE-ENTERING THE PROFESSION OF DENTISTRY

If an applicant has not been in active practice within the preceding five years, he/she must meet all of the requirements of section II(A) above.

III. Waiver of Interview for License Reinstatement

The Board may at its discretion waive an interview for reinstatement of a license to practice dentistry if it has been two (2) years or less since the lapse of their license.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073(2), 1082, 1083, 1085

EFFECTIVE DATE:

May 22, 2007 – filing 2007-203

DRAFT

Chapter 14: RULES FOR USE OF SEDATION AND GENERAL ANESTHESIA BY DENTISTS

Summary: This rule prescribes the circumstances under which dentists may administer Minimal, Moderate, and Deep Sedation and General Anesthesia in the State of Maine.

I. ADOPTION OF THE ADA GUIDELINES FOR THE USE OF SEDATION AND GENERAL ANESTHESIA BY DENTISTS.

The Board adopts and incorporates into this Chapter by reference the American Dental Association's "Guidelines for the Use of Sedation and General Anesthesia by Dentists" (as adopted by the October 2007 ADA House of Delegates)[hereinafter referred to in these rules as "ADA Sedation Guidelines"]. All Dentists shall comply with the "ADA Sedation Guidelines" in addition to any other requirement imposed by the Board pursuant to this Chapter. In the event of a conflict between a standard in the "ADA Sedation Guidelines" and a provision of this Chapter, the provision of this Chapter shall govern.

Copies of the ADA "Guidelines for the Use of Sedation and General Anesthesia by Dentists" (as adopted by the October 2007 ADA House of Delegates) are available at:

American Dental Association
211 East Chicago Ave.
Chicago, IL 60611-2678
312-440-2500

The electronic version may be accessed on line at:

http://www.ada.org/prof/resources/positions/statements/anesthesia_guidelines.pdf

II. ADOPTION OF THE ADA GUIDELINES FOR THE USE OF SEDATION AND GENERAL ANESTHESIA BY DENTISTS.

The Board adopts and incorporates into this Chapter by reference the American Dental Association's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" (as adopted by the October 2007 ADA House of Delegates). [hereinafter referred to in these rules as "ADA Teaching Guidelines"]. All Dentists shall comply with the "ADA Teaching Guidelines" in addition to any other requirement imposed by the Board pursuant to this Chapter. In the event of a conflict between a standard in the "ADA Teaching Guidelines" and a provision of this Chapter, the provision of this Chapter shall govern.

Copies of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students” (as adopted by the October 2007 ADA House of Delegates) are available at:

American Dental Association
211 East Chicago Ave.
Chicago, IL 60611-2678
312-440-2500

The electronic version may be accessed on line at:

http://www.ada.org/prof/resources/positions/statements/anxiety_guidelines.pdf

III. PERMITS REQUIRED. No dentist may administer moderate sedation or deep sedation/general anesthesia to any person without first being issued a permit by the Board. A dentist issued a Permit for Moderate Sedation Level II (Parenteral) by the Board may also perform moderate sedation level I (enteral) and minimal sedation. A dentist issued a Permit for Deep Sedation/General Anesthesia by the Board may also perform any type of moderate or minimal sedation.

- A. Posting of Permits. All dentists who have been issued a permit pursuant to this Chapter are required to post such permit within the dental practice in an area that is accessible to the public.
- B. Minimal Sedation:
 1. General. No dentist shall be required to obtain a permit in order to administer minimal sedation as defined by the “ADA Guidelines.”
 2. Exception. Dentists who administer minimal sedation to patients age 12 and under require a Permit for Moderate Sedation, which sedation may only be administered to the child inside the dental office, if:
 - a. The dentist prescribes a preoperative sedative to be administered to the child (Level I – Enteral); or
 - b. The dentist administers a combination of minimal sedation methods (i.e. oral sedative and nitrous oxide)(Level I – Enteral).
- C. Moderate Sedation:
 1. Permit Required. No dentist shall employ or use moderate sedation as defined by the “ADA Guidelines” on an outpatient basis for dental patients, unless such dentist possesses a “Permit for Moderate Sedation” issued by the Maine Board of Dental Examiners (The Board).
 2. Duration of Permits. Permits issued by the Board pursuant to this rule shall not exceed five (5) years in duration, and must be renewed in order for the dentist to continue to perform moderate sedation. Dentists holding such permits shall be

subject to review of their education, training, and office equipment and procedures at the discretion of the Board.

3. Method of Obtaining Permits. In order to receive such permits, dentists must apply on a prescribed application form to the Board, submit a permit application fee of \$500.00, and meet the educational and training requirements established by this Chapter for the type of permit requested.
4. Types of Permits for Moderate Sedation: The Board shall issue two types of permits for moderate sedation:
 - a. Permit for Moderate Sedation Level I (Enteral); and
 - b. Permit for Moderate Sedation Level II (Parenteral).
5. Qualifications for Permits for Moderate Sedation: In order to obtain a Permit for Moderate Sedation, applicants must meet the following educational and training criteria established for the type of permit for which he/she applies:
 - a. Permit for Moderate Sedation Level I (Enteral). Applicants for this type of permit must:
 - i. Have successfully completed a Board-approved comprehensive training program of a minimum of twenty-four (24) hours duration, plus management of at least ten (10) adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route as described in the "ADA Teaching Guidelines." The ten (10) cases must include at least three live clinical dental experiences managed by participants in groups no larger than five (5). The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation. Participants should be provided supervised opportunities for clinical experience to demonstrate competence in airway management. Clinical experience will be provided in managing healthy adult patients. This course in moderate enteral sedation is not designed for the management of children (aged 12 and under). Additional supervised clinical experience is necessary to prepare participants to manage medically compromised adults and special needs patients. This course in moderate enteral sedation does not result in competency in moderate paraenteral sedation.
Waiver: The Board may waive the educational and training requirements established by this section for any dentist who holds a current and unrestricted Maine dental license and who executes an affidavit on a form developed by the Board attesting that the dentist has a minimum of five (5) patient

experiences utilizing “moderate sedation” (as defined by the ADA Guidelines as adopted by the October 2007 ADA House of Delegates) within the previous three (3) years prior to the enactment of this rule. Any application for a waiver under this section must be made within one (1) year of the enactment of this rule.

- ii. Possess a current certification in: (a) Basic Life Support for Healthcare Providers (BCLS); and (b) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course; and
 - iii. Have successfully completed an on-site facility, equipment, personnel, procedures, techniques and documents inspection by the Anesthesia Subcommittee, a subcommittee established by this Chapter whose membership is appointed by the Board to act as its agent(s) in performing these inspections. In performing the on-site facility inspections, the Anesthesia Subcommittee shall employ the “ADA Sedation Guidelines.” In the case of a mobile or portable facility, one inspection of that facility shall be conducted in the office of a Maine licensed dentist where sedation is administered. The applicant/dentist shall provide the Anesthesia Subcommittee with a written statement that includes a list of all monitors, emergency equipment and other materials, which the mobile sedation provider agrees to have available at all times while administering sedation in multiple locations. This evaluation may also include the observance of at least one actual or simulated procedure where the general anesthetic or sedation techniques are employed. **Hospitals licensed by the State of Maine are exempt from an on-site facility and equipment inspection.**
- b. Permit for Moderate Sedation Level II (Parenteral). Applicants for this type of permit must:
- i. Have successfully completed a Board-approved comprehensive training program of a minimum of sixty (60) hours of instruction, plus management of at least 20 patients by the intravenous route per participant as described in the “ADA Teaching Guidelines.” Clinical experience in managing a compromised airway is critical to the prevention of emergencies. Participants should be provided supervised opportunities for clinical experience to demonstrate competence in management of the airway. Typically, clinical experience will be provided in managing healthy adult patients. Additional supervised clinical experience is necessary to prepare participants to manage children (aged 12 and under) and medically compromised adults.

Waiver: The Board may waive the educational and training requirements established by this section for any dentist who holds a current and unrestricted Maine dental license and who executes an affidavit on a form developed by the Board attesting that the dentist has a minimum of five (5) patient experiences utilizing “moderate sedation” (as defined by the ADA Guidelines as adopted by the October 2007 ADA House of Delegates) within the previous three (3) years prior to the enactment of this rule. Any application for a waiver under this section must be made within one (1) year of the enactment of this rule.

- ii. Possess a current certification in: (a) Basic Life Support for Healthcare Providers (BCLS); and (b) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course; and
 - iii. Have successfully completed an on-site facility, equipment, personnel, procedures, techniques and documents inspection by the Anesthesia Subcommittee, a subcommittee established by this Chapter whose membership is appointed by the Board to act as its agent(s) in performing these inspections. In performing the on-site facility inspections, the Anesthesia Subcommittee shall employ the “ADA Sedation Guidelines.” In the case of a mobile or portable facility, one inspection of that facility shall be conducted in the office of a Maine licensed dentist where sedation is administered. The applicant/dentist shall provide the Anesthesia Subcommittee with a written statement that includes a list of all monitors, emergency equipment and other materials, which the mobile sedation provider agrees to have available at all times while administering sedation in multiple locations. This evaluation may also include the observance of at least one actual or simulated procedure where the general anesthetic or sedation techniques are employed. **Hospitals licensed by the State of Maine or CODA accredited clinical settings are exempt from an on-site facility and equipment inspection.**
- c. Temporary Permit for Moderate Sedation. The Board may issue a Temporary Permit for Moderate Sedation Level I or Level II. Temporary permits are nonrenewable and may not exceed six (6) months duration. To be eligible to receive a temporary permit, an applicant must show proof satisfactory to the Board that:
- i. He/she has successfully completed a comprehensive training program as described in the “ADA Teaching Guidelines” that is

commensurate with the level of temporary permit for moderate sedation sought;

- ii. He/she possesses a current certification in: (a) Basic Life Support for Healthcare Providers (BCLS); and (b) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course; and
 - iii. He/she has scheduled but not undergone an on-site facility, equipment, personnel, procedures, techniques and documents inspection by the Anesthesia Subcommittee.
6. Renewal of Permit for Moderate Sedation. The Board may renew a permit if the following criteria are met:
- a. The Board receives an application to renew the permit;
 - b. An on-site re-evaluation has been successfully completed by the Anesthesia Subcommittee within one (1) year prior to permit renewal;
 - c. The applicant has completed a minimum of six (6) continuing education hours biannually directly related to anesthesia/sedation, physical diagnosis, complications, techniques, A.C.L.S. and B.C.L.S;
 - d. The applicant possesses a current certification in: (a) Basic Life Support for Healthcare Providers (BCLS); and (b) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course;
 - e. The applicant pays the \$500.00 permit renewal fee; and
 - f. There are no other grounds to deny the renewal of the permit.
7. Board Access to Dental Practice. By applying for and obtaining a permit for moderate sedation from the Board, an applicant or permittee agrees to allow the Board or its agent(s) access to his/her dental practice in order to inspect and evaluate the facility, equipment, personnel, procedures, techniques and documents to ensure that they comply with the "ADA Sedation Guidelines." The Board, in its discretion, may perform random quality assurance audits, which may include, but are not limited to, a review of documentation of pre-sedation evaluations, sedation and recovery records, and documentation of appropriateness for discharge. The permit holder shall be responsible for the actual costs incurred in a formal reevaluation, not to exceed two hundred dollars.

8. Permits are Site Specific. All moderate permits are site specific and cannot be relocated to or extended to another site without site approval and a new permit issued by the Board.

D. Deep Sedation and General Anesthesia.

1. Permit Required. No dentist shall employ or use deep sedation or general anesthesia as defined by the “ADA Guidelines” on an outpatient basis for dental patients, unless such dentist possesses a “Permit for Deep Sedation/General Anesthesia” issued by the Maine Board of Dental Examiners (The Board).
2. Duration of Permits. Permits issued by the Board pursuant to this rule shall not exceed five (5) years in duration, and must be renewed in order for the dentist to continue to perform moderate sedation. Dentists holding such permits shall be subject to review of their education, training, and office equipment and procedures at the discretion of the Board.
3. Method of Obtaining Permits. In order to receive a Permit for Deep Sedation/General Anesthesia, dentists must apply on a prescribed application form to the Board, submit an application fee of \$500.00, and meet the educational and training requirements established by this Chapter.
4. Qualifications for Permits for Deep Sedation/General Anesthesia: In order to obtain a Permit for Deep Sedation/General Anesthesia, dentist applicants must meet the following educational and training criteria:
 - a. Have successfully completed an advanced education program accredited by the ADA Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia commensurate with Part IV.C of the “ADA Sedation Guidelines;”
 - b. Possess a current certification in: (a) Basic Life Support for Healthcare Providers (BCLS); and (b) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course;
 - c. Have a properly equipped facility for the administration of deep sedation or general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies as outlined in the “ADA Sedation Guidelines;” and
 - d. Successfully completed an on-site facility, equipment, personnel, procedures, techniques and documents inspection by the Anesthesia Subcommittee, a subcommittee established by this Chapter whose membership is appointed by the Board to act as its agent(s) in performing these inspections. In performing the on-site facility inspections, the

Anesthesia Subcommittee shall employ the “ADA Sedation Guidelines.” This evaluation may also include the observance of at least one actual or simulated procedure where the general anesthetic or sedation techniques are employed. **Hospitals licensed by the State of Maine or CODA accredited clinical settings are exempt from an on-site facility and equipment inspection.**

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5. Temporary Permit for Deep Sedation/General Anesthesia. The Board may issue a Temporary Permit for Deep Sedation/General Anesthesia to any applicant who meets the criteria established in sections (a) to (c) above, and have scheduled but not yet undergone an on-site inspection of his/her facility, equipment, personnel, procedures, techniques and documents inspection by the Anesthesia Subcommittee. Temporary permits for deep sedation/general anesthesia shall be nonrenewable and no more than six (6) months in duration.
6. Renewal of Permit for Deep Sedation/General Anesthesia. The Board may renew a permit if the following criteria are met:
 - a. The Board receives an application to renew the permit;
 - b. An on-site re-evaluation has been successfully completed by the Anesthesia Subcommittee within one (1) year prior to permit renewal;
 - c. The applicant has completed a minimum of six (6) continuing education hours biannually directly related to anesthesia/sedation, physical diagnosis, complications, techniques, A.C.L.S. and B.C.L.S.;
 - d. The applicant possesses a current certification in: (a) Basic Life Support for Healthcare Providers (BCLS); and (b) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course;
 - e. The applicant pays the \$500.00 permit renewal fee; and
 - f. There are no other grounds to deny the renewal of the permit.
7. Board Access to Dental Practice. By applying for and obtaining a permit for deep sedation/general anesthesia from the Board, an applicant agrees to permit the Board or its agent(s) access to his/her dental practice in order to inspect and evaluate the facility, equipment, personnel, procedures, techniques and documents to ensure that they comply with the “ADA Sedation Guidelines.” The Board, in its discretion, may perform random quality assurance audits, which may include, but are not limited to, a review of documentation of pre-sedation evaluations, sedation and recovery records, and documentation of appropriateness for discharge. The permit holder shall be responsible for the actual costs incurred in a formal reevaluation, not to exceed two hundred dollars.

8. Permits are Site Specific. All deep sedation/general anesthesia permits are site specific and cannot be relocated to or extended to another site without site approval and a new permit issued by the Board.

IV. STANDARD OF CARE

- A. Minimal Sedation. All dentists shall comply with the generally accepted standards as established by the “ADA Sedation Guidelines” for the administration of minimal sedation.
- B. Moderate Sedation. All dentists administering moderate sedation shall:**
1. Comply with the generally accepted standards as established by the “ADA Sedation Guidelines” for the administration of moderate sedation; and
 2. Not have more than one patient under moderate sedation simultaneously with other patients in the dental office. **EXEMPTION: A moderate sedation permittee may administer moderate sedation to no more than three patients within a Board-approved educational setting, for purposes of acting as an instructor.**
- C. Deep Sedation/General Anesthesia. All dentists shall comply with the generally accepted standards as established by the “ADA Sedation Guidelines” for the administration of deep sedation/general anesthesia. In addition, each permitted dentist administering deep sedation/general anesthesia:
1. Must employ and document the use of continuous E.C.G. monitoring for all patients to whom deep sedation/general anesthesia is administered; and
 2. Must not have more than one patient under deep sedation/general anesthesia and/or moderate sedation simultaneously.

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V. THE ANESTHESIA SUBCOMMITTEE

- A. General. The Board shall create an Anesthesia Subcommittee, which shall be comprised of at least three dental licensees who have successfully completed an advanced education program accredited by the ADA Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia commensurate with Part IV.C of the “ADA Sedation Guidelines.”
- B. Authority. The Anesthesia Subcommittee is an agent of the Board created pursuant to 32 M.R.S. § 1073(1) & (2) in order to facilitate the Board’s inspection of numerous dental facilities located throughout the State of Maine that administer moderate and deep sedation/general anesthesia. As agents of the

Board, Anesthesia Subcommittee members shall be reimbursed for travel expenses incurred while performing any inspection required prior to the issuance of a permit for moderate or deep sedation/general anesthesia pursuant to this Chapter.

C. Duties. The Anesthesia Subcommittee shall:

1. Perform all on-site inspections of the facilities, equipment, personnel, procedures, techniques and documents of any applicant or permittee as required by this Chapter.
2. Evaluate the applicant's facility, equipment, personnel, procedures, techniques and documents employing the "ADA Sedation Guidelines." This evaluation may also include the observance of at least one actual or simulated procedure where the general anesthetic or sedation techniques are employed.
3. Create a written report of the evaluation following the inspection.
4. Provide the Board and the applicant or permittee with a copy of the report of inspection.
5. Perform any follow-up inspections of the facility, equipment, personnel, procedures, techniques and documents of any applicant or permittee as directed by the Board.
6. At the discretion of the Board, perform random quality assurance audits of permittees, which may include, but are not limited to, a review of documentation of pre-sedation evaluations, sedation and recovery records, and documentation of appropriateness for discharge. The permit holder shall be responsible for the actual costs incurred in a formal reevaluation.
7. Advise the Board on any issues involving moderate sedation or deep sedation/general anesthesia.
8. Perform any other act not explicitly stated herein in the performance of its duties for the Board.

VI. BOARD ACTION.

- A. Board Action Upon Receipt of Application. The Board staff shall ensure that the application is complete and that all paperwork has been completed and all fees remitted before processing an application for a permit. Once a completed application is received, the Board staff shall consult with the Board's president or vice-president, who may decide, on behalf of the Board, to issue a temporary permit or full permit.

B. Board Action Upon Receipt of Evaluation Report. In the event that the Board deems the inspection or evaluation unsatisfactory, a written explanation documenting deficiencies and suggested remedies shall be forwarded to the applicant or permittee within fourteen days. The Board may issue a permit based on documentation that deficiencies have been corrected; or the Board may require a formal evaluation; or the applicant or permittee may request an appearance before the Board to address the documented deficiencies.

C. Board Action Upon Receipt of Adverse Event Report. In the event that the Board receives a report regarding any mortality or morbidity occurring in the out-patient facilities of a dentist, the Board may, in its discretion, investigate the circumstances surrounding the mortality or morbidity, including but not limited to a review of the dentists' documentation of pre-sedation evaluations, and sedation and recovery records.

VII. PROHIBITED CONDUCT. No dentist, without personally obtaining the appropriate sedation permit, may employ or work in conjunction with a moderate or deep sedation/general anesthesia provider in an out-patient dental facility unless that sedation provider is (1) a dentist holding a valid moderate or deep sedation/general anesthesia permit under this rule; or (2) a Maine licensed physician who has successfully completed graduate medical education in the field of anesthesiology, as defined by the Maine Board of Licensure in Medicine, provided that such physician maintains successful completion of a course in advanced cardiac life support whenever moderate or deep sedation/general anesthesia is provided in a dental facility. In such circumstances, the moderate or deep sedation/general anesthesia provider, whether a dentist or physician, must remain on the premises of the dental facility until any patient given moderate or deep sedation/general anesthesia has adequately recovered. The operating dentist shall provide advance written notification to the Board that moderate or deep sedation/general anesthesia services are provided at his or her facility by a physician anesthesiologist. Failure to comply with this paragraph, when the moderate or deep sedation/general anesthesia provider is a physician, may result in disciplinary action against the operating dentist.

VIII. PENALTIES FOR VIOLATIONS. A violation of these rules pertaining to the use of Moderate or Deep Sedation/General Anesthesia shall constitute unprofessional conduct and may result in disciplinary action against the licensee.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 1073 (2), 1089.

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