

# Regulatory Analysis Form

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

(1) Agency

Department of State, Bureau of Professional and Occupational Affairs, State Board of Dentistry

(2) I.D. Number (Governor's Office Use)

16A-4617

IRRC Number: 2720

(3) Short Title

Dental Hygiene Scope of Practice

(4) PA Code Cite

49 Pa. Code, §§ 33.1, 33.3, 33.102, 33.115, 33.116, 33.205, 33.205b 33.301, 33.302 and 33.402

(5) Agency Contacts & Telephone Numbers

Primary Contact: Christopher Grovich, Counsel  
State Board of Dentistry (717) 783-7200

Secondary Contact: Joyce McKeever, Deputy Chief  
Counsel, Department of State (717) 783-7200

(6) Type of Rulemaking (check one)

- Proposed Rulemaking  
 Final Order Adopting Regulation  
 Final Rulemaking (Proposed-Omitted)

(7) Is a 120-Day Emergency Certification Attached?

- No  
 Yes: By the Attorney General  
 Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

The proposed regulation would expand the scope of practice of dental hygienists to include the administration of local anesthesia by regional injection under the direct supervision of a licensed dentist. Dental hygienists who meet the qualifications provided for by the proposed regulations would be required to obtain a local anesthesia permit prior to administering local anesthesia. In addition, it adopts new supervision requirements for dental hygienists in recognition of the fact that Act 51 of 2007 abrogated the existing regulations. In addition, the proposed rulemaking implements the new public health dental hygiene certificate and makes amendments to the dental radiology supervision requirements as required by Act 51 of 2007. Finally, the proposed rulemaking would also permit dental hygienists to complete up to 3 hours of their continuing education requirements in communication skills.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

Sections 3(d) and (o) of the Dental Law, the Act of May 1, 1933 (P.L. 216, No. 76) (63 P.S. §§ 122(d) and (o)) provide the statutory authority to the Board to regulate the practice of dental hygiene and to promulgate and enforce such rules and regulations as may be deemed necessary by the Board. Section 3(j.2) of the Dental Law (63 P.S. § 122(j.2)) authorizes the Board to adopt, promulgate and enforce rules and regulations relating to continuing education for dental hygienists.

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(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

**Yes, Act 51 of 2007 requires many of the changes being implemented in the proposed rulemaking.**

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

**The proposed rulemaking implements the provisions of Act 51, of 2007, part of the Governor's Prescription for Pennsylvania relating to public health dental hygiene practitioners, and would expand the scope of practice for dental hygienists. Thirty-nine states and the District of Columbia currently permit dental hygienists to administer local anesthesia. The rulemaking is required to bring the Commonwealth in line with the expansion in the scope of practice of dental hygienists that is occurring nationwide. In addition, the proposal will make it possible for a dentist to authorize routine dental hygiene services to be provided to a patient who has been examined within 1 year without necessarily having another dental examination, thus saving time and money for patients. Dental hygienists will be able to provide services under general supervision to an expanded group of patients under the proposed rulemaking, thus permitting the provision of dental hygiene services to more individuals when the dentist is unavailable.**

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

**Nonregulation would keep Pennsylvania among the few states that do not utilize dental hygienists to their full capacity. Consumers of dental hygiene services would continue to be required to obtain an examination within 90 days in order to receive routine dental hygiene services. Dental hygienist operating in public health settings would continue to require supervision of a dentist in all cases.**

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

**Dental hygienists and their employing dentists will benefit from the expanded scope of practice provided for by the proposed regulations. Consumers of dental hygiene services will benefit by being able to obtain routine dental hygiene services within 1 year of an examination without necessarily having another exam and without the need for the dentist to be present. Those patients who routinely obtain their dental care through public entities would benefit by increased access to dental hygiene services.**

### Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

**There are no perceived people or groups who would be adversely affected by this regulation.**

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

**All dental hygienists licensed by the Board will be required to comply with the regulations. Currently, there are 7,904 dental hygienists. The Board has no way of knowing how many dental hygienists will apply for local anesthesia permits or public health dental hygiene practitioner certificates.**

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

**In compliance with Executive Order 1996-1, the Board extended an invitation to comment on two exposure drafts relating to these proposed regulations to 150 dental associations, schools and other organizations and interested parties. The Board received comments regarding the addition of local anesthesia to the scope of practice of dental hygienists from representatives from the dental hygiene programs at Pennsylvania College of Technology, Harcum College, Montgomery County Community College and Harrisburg Area Community College; Temple University School of Dentistry; the Pennsylvania Dental Hygienists' Association; the Pennsylvania Dental Association; the Pennsylvania Academy of General Dentistry and five licensed dentists. Comments relating to the proposed amendments relating to supervision were received from the Pennsylvania Dental Hygienists' Association; the Pennsylvania Dental Association; the Pennsylvania Academy of General Dentistry; and four licensed dentists. All comments were considered and the proposals were revised based on many of the comments. Subsequent to the passage of Act 51 of 2007, the proposal was further revised.**

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

**The only costs to the regulated community relating to the proposed regulations relate to costs associated with obtaining and renewing the local anesthesia permit and the public health dental hygiene practitioner certificate. These costs will be borne by those dental hygienists who wish to obtain these credentials. The Board has no way to know exactly how many of the 7,904 dental hygienists currently licensed will apply. The Board expects there to be an large amount of permits and certificates issued within the 2 years following adoption of these regulations, but estimates no more than 300 per year after that. In addition, some dental hygienists will incur additional costs relating to education in order to meet the qualifications for the local anesthesia permit. Finally, all permit and certificate holders will be required to renew their credentials biennially.**

## Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

**There are no costs or savings to local governments associated with this proposed rulemaking.**

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

**Cost associated with processing local anesthesia permit applications and public health dental hygiene practitioner certificate applications will be borne by the applicants, therefore state government should incur no additional costs related to the proposed rulemaking, except minimal costs associated with developing application forms and the costs associated with promulgating these regulations.**

### Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY 07-08	FY +1 08-09	FY +2 09-10	FY +3 10-11	FY +4 11-12	FY +5 12-13
<b>SAVINGS:</b>	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A
Regulated Community						
Local Government						
State Government						
Total Savings						
<b>COSTS:</b>						
Regulated Community	\$ 0	\$ 0	\$40,000	\$40,000	\$88,000	\$ 8,000
Local Government						
State Government						
Total Costs						
<b>REVENUE LOSSES:</b>	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

The above costs were based on an estimate of 1,000 local anesthesia permit applications per year for the first 2 years following the promulgation of these regulations; followed by an average of 300 applications per year. In addition, these permits will renew biennially at the same time as the permit holder's dental hygiene license (which occurs in March of odd-numbered years)

The Board further estimates approximately \$1,000 public health dental hygiene certificate applications per year for the first 2 years following the promulgation of these regulations; followed by an average of 100 applications per year. These certificates will also renew biennially at the same time as the certificate holder's dental hygiene license.

Historically, the Board issues approximately 300 new dental hygiene licenses each year.

## Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3 04-05	FY -2 05-06	FY -1 06-07 Projected	Current FY 07-08 Budgeted
State Board of Dentistry	\$1,141,822.40	\$1,147,389.09	\$1,397,000.00	\$1,424,000.00

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

**The benefits of the regulation are described in paragraphs (11) and (13) above. These benefits are outweighed by the costs to licensees.**

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

**Nonregulatory alternatives were not considered because existing regulations must be amended in order to accomplish the goals of this proposed rulemaking.**

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

**An earlier proposal did not include the permit requirement for dental hygienists to administer local anesthesia. Based on comments received from interested parties and stakeholders listed above, the Board revised the proposed rulemaking to require the issuance of a permit before a qualified dental hygienist may administer local anesthesia. The costs associated with processing permit applications will be borne by those dental hygienists who wish to obtain a local anesthesia permit.**

**No alternative regulatory schemes were considered related to public health dental hygiene practitioners because the approach being implemented was mandated by Act 51 of 2007.**

## Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

**There are no applicable federal standards.**

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

**The regulation is consistent with the laws and regulations of other states. Currently 39 states and the District of Columbia permit dental hygienists to administer local anesthesia, including the surrounding states of New York, Ohio, West Virginia, and Virginia. Maryland, New Jersey and Delaware do not. Attached is a map and chart prepared by the American Dental Hygienists' Association that summarizes the status of the administration of local anesthesia by dental hygienists nationwide. With regard to the supervision requirements, a survey of the surrounding states indicates that most states permit dental hygienists to practice under general supervision (that is, without the physical presence of the supervising dentist) under varied circumstances. Attached is a chart prepared by the ADHA relating to supervision requirements nationwide. The regulation will not put Pennsylvania at a competitive disadvantage with other states. It is proposed in order to bring the Commonwealth in line with nationwide expansion in the scope of dental hygiene practice and to implement the mandates of Act 51 of 2007.**

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

**No.**

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

**No public hearings or informational meetings are planned. However, the Board meets in public session eight times a year at which time its regulatory proposals are discussed. Comments from the public are always welcomed.**

## Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

**The Board will need to develop applications and biennial renewal forms for local anesthesia permits and public health dental hygiene certificates, however no other reporting, record keeping or paperwork requirements will change.**

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

**The Board is not aware of any group with special needs that require special consideration under this regulation.**

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

**The regulation will be effective upon publication as final rulemaking in the Pennsylvania Bulletin. Compliance will be required as of that date.**

(31) Provide the schedule for continual review of the regulation.

**The Board continuously reviews its regulations, periodically communicates with licensees through newsletters and obtains information and feedback from its licensees at its regular meetings. The Board meets in public session eight times each year.**

**Meeting dates are available on the Department of State's website at [www.dos.state.pa.us/bpoa](http://www.dos.state.pa.us/bpoa).**



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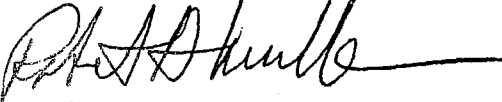
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2720

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Copy below is hereby approved as to form and legality. Attorney General



BY: \_\_\_\_\_  
(DEPUTY ATTORNEY GENERAL)

AUG 11 2008

DATE OF APPROVAL

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

State Board of Dentistry  
(AGENCY)

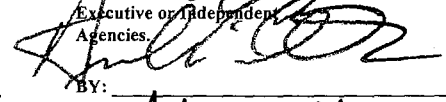
DOCUMENT/FISCAL NOTE NO. 16A-4617

DATE OF ADOPTION: \_\_\_\_\_

BY: \_\_\_\_\_  
John V. Reitz, D.D.S.

TITLE: Chairperson  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is approved as to form and legality. Executive or Independent Agencies.



BY: \_\_\_\_\_  
Andrew C. Clark

JUL 16 2008

DATE OF APPROVAL

Deputy General Counsel,  
~~Chief Counsel,~~  
Independent Agency  
(Strike inapplicable title)

- Check if applicable  
Copy not approved.  
Objections attached.
- Check if applicable.  
No Attorney General approval  
or objection within 30 day  
after submission.

NOTICE OF PROPOSED RULEMAKING  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF DENTISTRY  
49 PA. CODE, CHAPTER 33

DENTAL HYGIENE SCOPE OF PRACTICE/LOCAL ANESTHESIA

The State Board of Dentistry (Board) proposes to amend §§ 33.1, 33.3, 33.102, 33.205, 33.301, 33.302 and 33.402, and to add §§ 33.115, 33.116 and 33.205b (relating to local anesthesia permit; certification of public health dental hygiene practitioners; and practice as a public health dental hygiene practitioner) to read as set forth in Annex A.

#### Effective Date

The regulation will be effective upon publication of the final-form rulemaking in the Pennsylvania Bulletin.

#### Statutory Authority

Under Sections 3(d), (j.2) and (o) of the Dental Law (63 P.S. §122(d), (j.2) and (o)), the Board has authority to adopt, promulgate and enforce regulations for the general supervision, scope of practice and continuing education of dental hygienists. The Act of July 20, 2007, (P.L. 376, No. 51) (Act 51 of 2007) requires amendments to the regulations to implement a new class of certificate for “public health dental hygiene practitioners.”

#### Background and Purpose

The Board has been considering expanding the scope of practice of dental hygienists to include the administration of local anesthesia since 2002, when the Pennsylvania Dental Hygienists' Association provided testimony on the subject at the January 18, 2002, Board meeting. At that time, 27 states permitted dental hygienists to administer local anesthesia. Today, 39 states and the District of Columbia permit the administration of local anesthesia by dental hygienists. Since 2002, an ongoing dialog has continued within the dental community in this Commonwealth regarding this proposal. In 2005, a draft of this proposed rulemaking was sent out to over 150 organizations, schools and individuals to solicit input from the regulated community and other interested parties. The proposal received overwhelming support from the dental hygiene community. In addition, the dental community was generally supportive of the proposal provided that dental hygienists receive adequate education and are properly supervised. The proposal was revised based on the comments received by the Board.

Some parties to this dialog objected to permitting dental hygienists to administer local anesthesia through both block and infiltration techniques. Essentially, when a nerve is anesthetized along the nerve trunk before it branches, block anesthesia occurs. A block is used to anesthetize the entire area of the nerve's innervation. When a branch of a nerve is anesthetized by depositing the anesthetic solution in the area of the nerve branch so that the solution filters through the underlying bone to reach the nerve, infiltration anesthesia occurs. Initially, the Board considered restricting

dental hygienists to infiltration injections only. The Board reviewed the regulations of the 39 states that permit dental hygienists to administer local anesthesia. Of these, 37 states permit both infiltration and block techniques and have not reported significant problems relating to dental hygienists administering local anesthesia. Ultimately, the Board determined that dental hygienists who meet the education requirements being proposed and are properly supervised could safely perform infiltration injections and intraoral nerve blocks limited to the second (maxillary) and third (mandibular) divisions of the trigeminal nerve. Under this proposal, a dental hygienist must meet the educational requirements in order to obtain a local anesthesia permit. In addition, a dental hygienist who holds a local anesthesia permit may administer local anesthesia only under the direct on-premises supervision of a licensed dentist. Direct supervision requires the dentist to examine the patient, authorize the procedure to be performed, be physically present in the dental facility and available during performance of the procedure and examine and take full responsibility for the completed procedure. This proposal would permit a dental hygienist to administer local anesthesia only as authorized by the supervising dentist. A supervising dentist exercising the dentist's professional judgment may choose not to authorize it, authorize it by infiltration only, or authorize it by both infiltration and nerve block techniques.

While these discussions continued, the Board's Regulations Review Committee (Committee) proposed other changes relating to the scope of practice of dental hygienists, specifically with regard to the supervision and continuing education requirements. The Committee suggested that the requirement that routine dental hygiene services (for example, scaling, root planing and polishing) be provided under direct supervision in all cases except for ASA class I patients was unduly restrictive. ASA class I patients are currently defined in § 33.1 (relating to definitions) as those that are without systemic disease. The Committee proposed expanding this exception to provide for general supervision with regard to ASA Class I and II patients. ASA Class II patients are defined as those with mild systemic disease. The Committee also proposed an expansion in the definition of general supervision to permit a dental hygienist to provide dental hygiene services, as authorized by a licensed dentist, within 1 year of an examination by the dentist. Currently the regulations provide a standard of 90 days. Finally, the Committee proposed a change in the continuing education requirements for dental hygienists to permit dental hygienists to complete up to 3 of the required 20 hours of continuing education in the area of communication skills. The Committee made this proposal in recognition of the fact that the education of the patient with regard to oral hygiene care is an important function of a dental hygienist and that effective communication skills are essential to that function.

A draft of the Committee's proposal was also circulated within the regulated community and other interested parties in 2005. Input provided from the dental and dental hygiene communities was, again, generally supportive of the proposal. Some concerns were raised by the dental community regarding the expansion of general supervision to extend to dental hygiene services to be performed within 1 year of a dental examination. The Board, however, believes that this proposal

establishes a minimum standard and that each individual dentist is responsible for exercising the dentist's professional judgment in authorizing dental hygiene services to be provided to patients based on each patient's condition and treatment plan. Patients with chronic conditions may need more frequent exams, while patients who are generally healthy and who have good oral hygiene may need less frequent exams. Other commentators agreed that communication skills are essential for dental hygienists, however they objected to any reduction in the number of clinical continuing education hours required and suggested that the Board require 3 additional hours of continuing education be completed in the area of communication skills. The Board, however, does not have the statutory authority to increase the total number of hours of continuing education required beyond the statutorily mandated 20 hours. This proposal would permit, but not require, a dental hygienist to complete up to 3 hours of continuing education in communication skills.

As a result, the Board prepared a prior version of this proposed rulemaking to implement these changes to the scope of practice of dental hygienists. However, before the Board was able to publish the proposed rulemaking, Act 51 of 2007 was enacted on July 20, 2007. Act 51 made three major amendments to the Dental Law which affected this proposal. First, Act 51 created a new classification of certificate for "public health dental hygiene practitioners." Second, Act 51 created a "hierarchy" relating to the provision of radiological procedures in a dental office, with public health dental hygiene practitioners able to take x-rays without supervision, dental hygienists able to take x-rays under general supervision, and other auxiliary staff able to take x-rays only under direct supervision. Finally, section 5 of Act 51 abrogated the Board's regulations relating to the supervision of dental hygienists in § 33.205(d)(1) (relating to practice as a dental hygienist), requiring that section to be completely redrafted.

#### Description of Proposed Amendments

The definition of "general supervision" in § 33.1 (relating to definitions) would be amended to extend general supervision to dental hygiene services to be performed within 1 year of an examination by a dentist, instead of the current standard of 90 days. Section 33.1 would also be amended to define the term "local anesthesia" as "the elimination of sensations, especially pain, in one part of the body by regional injection of an anesthetic agent." As regards dental hygienists administration of local anesthesia pursuant to a permit issued by the Board, the term would include local infiltration anesthesia and intraoral nerve block anesthesia limited to the second (maxillary) and third (mandibular) divisions of the trigeminal nerve. Finally, a definition of "public health dental hygiene practitioner" would be added to comport to Act 51 of 2007

Section 33.3 (relating to fees) would be amended to include the fees necessary for processing applications for and biennial renewal of local anesthesia permits and public health dental hygiene practitioner certificates.

Section 33.102 (relating to professional education) would be amended to comport with changes made by Act 51 of 2007.

Section 33.115 (relating to local anesthesia permit) would be added to set forth the requirement for a dental hygienist to secure a permit prior to administering local anesthesia. This section also sets forth the qualifications required by the Board for a dental hygienist to both secure and maintain a local anesthesia permit. First, a dental hygienist must hold a current license in good standing to practice as a dental hygienist in this Commonwealth. Second, a dental hygienist must maintain certification in basic life support (BLS). Finally, a dental hygienist must take one of three alternate educational paths prior to applying for a local anesthesia permit. The first is graduation, within the 5 years immediately preceding the filing of the application for a local anesthesia permit, from a dental hygiene school accredited by the American Dental Association's Commission on Dental Accreditation (CODA) which included the successful completion of a didactic and clinical course in the administration of local anesthesia. The second option is the successful completion, within the 5 years immediately preceding the filing of the application for local anesthesia permit, of a course consisting of a minimum of 30 hours of didactic and clinical instruction in the administration of local anesthesia sponsored by a dental or dental hygiene education program accredited by CODA. The third avenue is for dental hygienists who are licensed in other jurisdictions that permit dental hygienists to administer local anesthesia. The Board will issue permits to these dental hygienists provided that the other jurisdiction required completion of a course in the administration of local anesthesia accredited by CODA or by the Commission on Dental Accreditation of Canada (CDAC) prior to obtaining the authority to administer local anesthesia; the dental hygienist actively engaged in the administration of local anesthesia under a current license or permit within the 5 years immediately preceding the filing of the application for a local anesthesia permit; and the dental hygienist certifies that he or she at all times administered local anesthesia in accordance with all applicable rules and regulations of the other jurisdiction and provides a letter or certificate of good standing indicating that there has been no disciplinary action taken against the dental hygienist relating to the administration of local anesthesia.

The Board is also proposing a requirement for biennial renewal of the local anesthesia permit. In order to maintain the local anesthesia permit, a dental hygienist must submit a renewal application and renewal fee and must maintain certification in BLS.

Section 33.116 (relating to certification of public health dental hygiene practitioner) would be added to implement the provisions of Act 51 of 2007. Subsection (a) would require a dental hygienist who desires to obtain a certification as a public health dental hygiene practitioner to submit an application and fee to the Board. Subsection (b) sets forth the qualifications for a public health dental hygiene practitioner certificate to include a current license in good standing to practice as a dental hygienist in this Commonwealth; 3,600 hours of practice as a licensed dental hygienist under the supervision of a license dentist; and professional liability insurance. The Board determined the

minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate in consultation with the Pennsylvania Dental Hygienists' Association as well as by surveying a number of insurance providers licensed to issue such coverage in Pennsylvania.

Subsection (c) provides for the expiration and biennial renewal of the public health dental hygiene practitioner's certificate.

Section 33.205 (relating to practice as a dental hygienist) would be amended to make some minor changes to the description of certain dental hygiene services. Paragraph (a)(1) would be amended to replace the more specific "placement of antimicrobial cord," with a more general alternative "placement of subgingival agents." The Board makes this proposal because the existing description is outdated. Therapeutic and technological advances in the delivery of oral health care occur rapidly, while the regulatory process can take years. Dental hygienists are qualified to place a variety of subgingival agents, including antimicrobials, antibiotics, antiseptics or anesthetics, and they may be delivered by a variety of methods, including pastes, ointments, gels, fibers, strips, spheres, discs, or chips.

In addition, paragraph (a)(2) provides that a dental hygienist may engage in "periodontal probing, scaling, root planing, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the free margin of the gingiva to the base of the junctional epithelium." The Board proposes to replace the histological reference "beneath the free margin of the gingiva to the base of the junctional epithelium" with "beneath the gingiva." The gingiva is the tissue (covered by mucous membranes) that surrounds the bases of the teeth, commonly referred to as the gums. The "junctional epithelium" is defined as "a circular arrangement of epithelial cells occurring at the base of the gingival sulcus and attached to both the tooth and the subepithelial connective tissue." In layman's terms, the junctional epithelium is a grouping of cells that attach the gums to the teeth. Realistically, the only way to determine "the base of the junctional epithelium" is with a microscope. The fact is that a dental hygienist provides the listed services both above and below the gum line. In fact, root planing, by definition, must be done beneath the gingiva (gums). The current description is overly technical and serves no practical regulatory purpose.

Paragraph (a)(7) is added to include the administration of local anesthesia by regional injection within the scope of practice of a dental hygienist in accordance with § 33.115 (relating to local anesthesia permit).

Subsection (d) (1) pertaining to supervision requirements for dental hygienists in dental offices would be amended in its entirety as a result of Act 51 of 2007, which abrogated the existing language. In its place, it provides that the placement of subgingival agents, some of which require a prescription by a dentist, would be permitted only under direct supervision, unless the dentist has

reviewed the patient's dental records and medical history and has written a prescription or given an order for the placement of subgingival agents by the dental hygienist, in which case general supervision is required. Scaling, root planing, polishing, and the like, may be provided under general supervision if the patient is relatively free of systemic disease or suffers only mild systemic disease, as determined by the dentist. Otherwise, if the patient suffers from systemic disease that is severe, incapacitating or life threatening, these services may only be provided under direct supervision. The provision of local anesthesia services may only be provided under direct supervision pursuant to a permit issued by the Board. All other dental hygiene services may be provided under general supervision.

Section 33.205(d)(2), pertaining to supervision requirements for dental hygienists (who are not public health dental hygiene practitioners) in public and private institutions and institutions under the jurisdiction of Federal, State or local health agencies, would be amended to provide similar supervision requirements relating to the placement of subgingival agents and local anesthesia by regional injection. All other dental hygiene services would be provided under general supervision.

The Board also proposes to add § 33.205b (relating to practice as a public health dental hygiene practitioner) to set forth the standards for public health dental hygiene practitioners in accordance with Act 51 of 2007. Subsection (a) addresses the scope of practice of public health dental hygiene practitioners. A public health dental hygiene practitioner would be permitted to perform the dental hygiene services set forth in § 33.205(a)(2) – (6) without supervision of a dentist. However, placement of subgingival agents (antimicrobials, antibiotics, anesthetics, etc.) would require a prescription or order of a dentist, and administration of local anesthesia would require direct supervision pursuant to a permit issued by the Board. Although Act 51 of 2007 provides for a public health dental hygiene practitioner to practice generally “without the authorization, assignment or examination by a dentist,” the General Assembly could not have anticipated the expansion of the scope of practice to include the placement of all subgingival agents and the administration of local anesthesia because these provisions had not yet been proposed by the Board.

Subsection (b) would incorporate the requirement of referral set forth in Act 51. Subsection (c) would establish the practice settings in which a public health dental hygiene practitioner would be authorized to practice without supervision. In subsection (d), the Board proposes minimum standards for recordkeeping by public health dental hygiene practitioners. The Board's existing recordkeeping regulations in § 33.209 (relating to preparing, maintaining and retaining patient records) place the onus on the dentist to assure that dental records are properly maintained. Public health dental hygiene practitioners are authorized to practice in public health settings without supervision, so the onus must fall on them to maintain proper records.

The Board also proposes to amend its regulations relating to the performance of radiologic procedures in Subchapter D. Section 33.301 (relating to definitions) would be amended to establish

the Radiation Health and Safety examination administered by the Dental Assisting National Board (DANB) as the required examination for auxiliary personnel who wish to administer ionizing radiation in a dental office. Section 33.302 (relating to auxiliary personnel performing radiologic procedures) would also be amended to comport with changes made by Act 51 of 2007. The result is that public health dental hygiene practitioners may perform radiologic procedures without the supervision of a dentist; dental hygienists may do so under general supervision, as defined in Act 51, and all other auxiliary personnel who have passed the examination may do so under direct supervision.

Finally, the Board proposes amendments to § 33.402 (relating to continuing education subject areas) to permit dental hygienists to complete no more than 3 of the required 20 hours of continuing education in courses relating to communication skills; to require public health dental hygiene practitioners to complete 5 of the required 20 hours in public health-related courses; and to permit public health dental hygiene practitioners who are also certified educational specialists by the Department of Education to submit evidence of compliance with section 1205.2 of the Public School Code in order to meet the 20-hour continuing education requirement.

#### Fiscal Impact and Paperwork Requirements

The proposed amendments should have no fiscal impact on the Commonwealth or its political subdivisions because the costs associated with processing the local anesthesia permits and public health dental hygiene practitioner certificates will be borne by applicants. Dental hygienists who apply for local anesthesia permits will incur some costs associated with the permit application and renewal fees and possibly the costs of completing a local anesthesia course. Dental hygienists who wish to obtain certification as public health dental hygiene practitioners will incur costs associated with the permit application and biennial renewal fees. There are currently approximately 7,904 licensed dental hygienists in the Commonwealth. The Board has no way of knowing how many dental hygienists will apply for the local anesthesia permit or the public health dental hygiene practitioner certificate.

The proposed amendments will require the Board to develop applications for the local anesthesia permit, public health dental hygiene practitioner certificate, and biennial renewal forms for each of these credentials, but should not result in any additional legal, accounting or reporting requirements for the Commonwealth or the regulated community.

#### Sunset Date

The Board continuously monitors the cost effectiveness of its regulations. Therefore, no sunset date has been assigned.



Regulatory Review

Under Section 5(a) of the Regulatory Review Act (71 P.S. §745.5(a)), on August 18, 2008, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Professional Licensure Committee and the Senate Consumer Protection and Professional Licensure Committee. A copy of this material is available to the public upon request.

Under Section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review of comments, recommendations and objections by the Board, the Governor and the General Assembly, prior to final publication of the rulemaking.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed amendments to Christopher P. Grovich, Counsel, State Board of Dentistry, P.O. Box 2649, Harrisburg, PA 17105-2649, within 30 days following publication of this proposed rulemaking.

John V. Reitz, D.D.S.  
Chairperson  
State Board of Dentistry

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS  
PART I. DEPARTMENT OF STATE  
Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
CHAPTER 33. STATE BOARD OF DENTISTRY

Subchapter A. GENERAL PROVISIONS

§ 33.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*General supervision*—In a dental facility, supervision by a dentist who examines the patient, develops a treatment plan, authorizes the performance of dental hygiene services to be performed within [90 days] 1 year of the examination, and takes full professional responsibility for the performance of the dental hygienist. In facilities identified in § 33.205(c)(2) and (3) (relating to practice as a dental hygienist), general supervision is defined in § 33.205(d)(2).

\* \* \* \* \*

*Local anesthesia*—The elimination of sensations, especially pain, in one part of the body by regional injection of an anesthetic agent. For the purposes of § 33.115 (relating to local anesthesia permit), the term includes local infiltration anesthesia and intraoral nerve block anesthesia limited to the 2<sup>nd</sup> (maxillary) and 3<sup>rd</sup> (mandibular) divisions of the trigeminal nerve.

\* \* \* \* \*

Public health dental hygiene practitioner – A licensed dental hygienist who is certified by the Board as having met the requirements of section 11.9 of the act, 63 P.S. § 130j, and who is authorized to perform dental hygiene services in accordance with § 33.205b (relating to practice as a public health dental hygiene practitioner) without the authorization, assignment or examination of a dentist.

\* \* \* \* \*

**§ 33.3. Fees.**

(a) Following is the schedule of fees charged by the Board:

\* \* \* \* \*

Application fee – certificate of public health dental hygiene practitioner.....\$20

Application fee – local anesthesia permit.....\$20

\* \* \* \* \*

Biennial renewal fee – certificate of public health dental hygiene practitioner.....\$40

Biennial renewal fee – local anesthesia permit.....\$40

\* \* \* \* \*

**Subchapter B. LICENSURE OF DENTISTS AND DENTAL HYGIENISTS**

\* \* \* \* \*

**§ 33.102. Professional education.**

\* \* \* \* \*

(b) *Dental hygienists.*

(1) Candidates for licensure as dental hygienists shall show compliance with section 3(d) of the act by submitting certification of graduation from a dental hygiene school accredited or provisionally accredited by an approved United States Department of Education-recognized regional accrediting agency or the Commission on Dental Accreditation (CODA) of the American Dental Association, if the school's dental hygiene course of study comprises a minimum of 2 years of at least 32 weeks of at least 30 hours each week or its equivalent.

\* \* \* \* \*

**§ 33.115. Local anesthesia permit.**

(a) Permit required. A dental hygienist shall possess a current permit issued by the Board under this section before administering local anesthesia to a patient in a dental office.

(b) Application. A dental hygienist who desires to obtain a permit to administer local anesthesia shall submit an application on a form provided by the Board, pay the permit fee prescribed in § 33.3 (relating to fees) and meet the qualifications for the permit as prescribed in this section.

(c) Qualifications. To obtain a local anesthesia permit, a dental hygienist shall:

(1) Hold a current license in good standing to practice as a dental hygienist in this Commonwealth.

(2) Hold current certification in Basic Life Support (BLS).

(3) Provide to the Board acceptable documentation evidencing one of the following:

(i) Graduation, within the 5 years immediately preceding the filing of the application for local anesthesia permit, from a dental hygiene program that meets the following criteria:

(A) The dental hygiene program is accredited by the American Dental Association's Commission on Dental Accreditation (CODA).

(B) The dental hygiene program included the successful completion of a didactic and clinical course in the administration of local anesthesia.

(ii) Successful completion, within the 5 years immediately preceding the filing of the application for local anesthesia permit, of a course consisting of a minimum of 30 hours of didactic and clinical instruction in the administration of local anesthesia sponsored by a dental or dental hygiene education program accredited by CODA.

(iii) Possession of a current license or permit issued by the proper licensing authority of another state, territory or district, or by Canada, where the dental hygienist is authorized under the laws of that jurisdiction to administer local anesthesia, provided that the following conditions are met:

(A) The jurisdiction where the dental hygienist is so licensed or permitted requires completion of a course in the administration of local anesthesia accredited by CODA or by the Commission on Dental Accreditation of Canada (CDAC) prior to obtaining certification, endorsement or other such authority.

(B) The dental hygienist actively engaged in the administration of local anesthesia under a current license or permit within the 5 years immediately preceding the filing of the application for local anesthesia permit.

(C) The dental hygienist certifies that, at all times prior to filing the application for local anesthesia permit, the dental hygienist administered local anesthesia in accordance with all applicable laws and regulations of the jurisdiction where the dental hygienist is so licensed or permitted.

(D) The jurisdiction where the dental hygienist is so licensed or permitted provides a letter or certificate of good standing indicating that there has been no disciplinary action taken against the dental hygienist relating to the administration of local anesthesia.

(d) *Expiration and biennial renewal.* A local anesthesia permit issued by the Board under this section will expire at the same time as the permitholder's dental hygiene license but may be renewed biennially at the same time the dental hygiene license is renewed. A dental hygienist who desires to renew a local anesthesia permit shall submit the following:

- (1) A renewal application on a form provided by the Board.
- (2) The permit renewal fee set forth in § 33.3 (relating to fees).

(3) Proof of current certification in BLS.

**§ 33.116. Certification of public health dental hygiene practitioners.**

(a) Application. A licensed dental hygienist who desires to obtain certification as a public health dental hygiene practitioner shall submit an application on a form provided by the Board, pay the application fee prescribed in § 33.3 (relating to fees) and meet the qualifications for certification as prescribed in this section.

(b) Qualifications. To qualify for certification as a public health dental hygiene practitioner, a dental hygienist shall:

(1) Hold a current license in good standing to practice as a dental hygienist in this Commonwealth.

(2) Provide to the Board acceptable documentation demonstrating that the dental hygienist has completed 3,600 hours of practice as a licensed dental hygienist under the supervision of a licensed dentist.

(3) Provide to the Board acceptable documentation demonstrating that the dental hygienist has obtained professional liability insurance in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.

(c) Expiration and biennial renewal. A certificate issued by the Board under this section will expire at the same time as the certificateholder's dental hygiene license but may be renewed biennially at the same time the dental hygiene license is renewed. A dental hygienist who desires to renew a local anesthesia permit shall submit the following:

- (1) A renewal application on a form provided by the Board.
- (2) The permit renewal fee set forth in § 33.3 (relating to fees).

### Subchapter C. MINIMUM STANDARDS OF CONDUCT AND PRACTICE

\* \* \* \* \*

#### § 33.205. Practice as a dental hygienist.

(a) *Scope of professional practice.* A dental hygienist may offer to perform or perform services that involve:

- (1) Placement of [antimicrobial cord] subgingival agents.
- (2) Periodontal probing, scaling, root planing, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the [free margin of the] gingiva [to the base of the junctional epithelium].

\* \* \* \* \*

(7) Administration of local anesthesia by regional injection in accordance with § 33.115 (relating to local anesthesia permit).

\* \* \* \* \*

(d) *Supervision.*

- (1) [In subsection (c)(1) practice sites, the following apply:
  - (i) A dental hygienist may provide the professional service identified in



subsection (a)(1) to patients in any ASA Class under the direct supervision of a dentist.

- (ii) A dental hygienist may provide the professional services identified in subsection (a)(2) to ASA Class I patients under the general supervision of a dentist.
- (iii) A dental hygienist may provide the professional services identified in subsection (a)(2) to ASA Class II—ASA Class V patients under the direct supervision of a dentist.
- (iv) A dental hygienist may provide the professional services identified in subsection (a)(3)—(6) to patients in any ASA Class under the general supervision of a dentist.]

In subsection (c)(1) practice sites (dental facilities), a dental hygienist shall provide professional services as follows:

(i) A dental hygienist may provide the professional services identified in subsection (a)(1) under the direct supervision of a dentist, except that these services may be provided under general supervision if the dentist has reviewed the patient's dental records and medical history and has written a prescription or given an order for the placement of subgingival agents by the dental hygienist.

(ii) A dental hygienist may provide the professional services identified in subsection (a)(2) under the general supervision of a dentist when the patient is free of systemic disease or suffers from mild systemic disease, as determined by the dentist upon

review of the patient's medical history.

(iii) A dental hygienist may provide the professional services identified in subsection (a)(2) under the direct supervision of a dentist when the patient is suffering from systemic disease which is severe, incapacitating, or life threatening, as determined by the dentist upon review of the patient's medical history.

(iv) A dental hygienist may provide the professional services identified in subsections (a)(3)—(6) under the general supervision of a dentist.

(v) A dental hygienist may provide the professional services identified in subsection (a)(7) only under the direct supervision of a dentist.

(2) In subsection (c)(2) and (3) practice sites (public and private institutions and institutions under the jurisdiction of Federal, State or local health agencies), a dental hygienist shall provide professional services as follows:

(i) A dental hygienist may provide the professional services identified in subsections (a)(1) under the direct supervision of a dentist, except that these services may be provided under general supervision if a dentist has reviewed the patient's dental records and medical history and has written a prescription or given an order for the placement of subgingival agents by the dental hygienist.

(ii) A dental hygienist may provide the professional services identified in subsections (a)(2)—(6) under the general supervision of a dentist. For the purposes of this paragraph, general supervision is defined as supervision by a dentist who authorizes and takes full professional responsibility for the provision of the services. A single authorization

may, when appropriate, apply to one or more classes or categories of students/patients.

(iii) A dental hygienist may provide the professional service identified in subsection (a)(7) only under the direct supervision of a dentist.

(3) For professional services not identified in subsection (a)(1)—~~[(6)]~~ (7) or § 33.302 (relating to auxiliary personnel performing radiologic procedures), the dentist shall compare the listed services and the supervision required with the unlisted service and utilize the appropriate supervision. Supervision for noncomparable services shall be determined by the Board on a modality basis.

\* \* \* \* \*

§ 33.205b. Practice as a public health dental hygiene practitioner.

(a) Scope of professional practice. A public health dental hygiene practitioner may perform the dental hygiene services set forth in § 33.205(a)(2)—(6) (relating to practice as a dental hygienist) in the practice settings identified in subsection (c) without the authorization, assignment or examination by a dentist. A public health dental hygiene practitioner may perform the dental hygiene services set forth in § 33.205(a)(1) and (7) in accordance with § 33.205(d).

(b) Requirement of referral. A public health dental hygiene practitioner shall refer each patient to a licensed dentist on an annual basis. Documentation of the referral must be maintained in the patient's dental record. The failure of the patient to see a dentist as referred shall not prevent the public health dental hygiene practitioner from continuing to provide dental hygiene services to the patient within the scope of professional practice set forth in subsection (a).

(c) Practice settings. A public health dental hygiene practitioner may perform dental hygiene services without the supervision of a dentist in the following practice settings:

(1) Schools.

(2) Correctional facilities.

(3) Health care facilities, as defined in section 802.1 of the act of July 19, 1979 (P.L. 130, No. 48), known as the "Health Care Facilities Act."

(4) Personal care homes, as defined in section 1001 of the act of June 13, 1967 (P.L. 31, No. 21), known as the "Public Welfare Code."

(5) Domiciliary care facilities, as defined in section 2202-A of the act of April 9, 1929 (P.L. 177, No. 175), known as "The Administrative Code of 1929."

(6) Older adult daily living centers, as defined in section 2 of the act of July 11, 1990 (P.L. 499, No. 118), known as the "Older Adult Daily Living Centers Licensing Act."

(7) Continuing-care provider facilities, as defined in section 3 of the act of June 18, 1984 (P.L. 391, No. 82), known as the "Continuing-Care Provider Registration and Disclosure Act."

(8) Federally qualified health centers.

(9) Public or private institutions under the jurisdiction of a Federal, State or local agency.

(d) Recordkeeping. A public health dental hygiene practitioner shall maintain a dental record which accurately, legibly and completely reflects the dental hygiene services provided to the patient. The dental record must be retained for a period of at least 5 years from the date of the last treatment entry. The dental record shall include, at a minimum, the following:

- (1) The name and address of the patient and, if the patient is a minor, the name of the patient's parents or legal guardian.
- (2) The date dental hygiene services are provided.
- (3) A description of the treatment or services rendered at each visit.
- (4) The date and type of radiographs taken, if any, and documentation demonstrating the necessity or justification for taking radiographs, as well as the radiographs themselves.
- (5) Documentation of the annual referral to a dentist.

\* \* \* \* \*

#### Subchapter D. PERFORMANCE OF RADIOLOGIC PROCEDURES

##### BY AUXILIARY PERSONNEL

#### § 33.301. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*Radiologic procedure examination*—[An examination adopted by the Board for auxiliary personnel performing radiologic procedures in the office of a licensed dentist in this Commonwealth] The Radiation Health and Safety examination administered by The Dental Assisting National Board, Inc. (DANB).

§ 33.302. Auxiliary personnel performing radiologic procedures.

[The following auxiliary personnel may perform radiologic procedures on the premises of a dentist under the direct supervision of the dentist. These procedures include applying ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes. The dentist shall be on the premises when a radiologic procedure is being performed. The dentist is not required to personally observe performance of the procedure.

(1) Dental hygienists currently licensed in this Commonwealth.

(2) Auxiliary personnel who have passed the radiologic procedure examination adopted by the Board.]

(a) Public health dental hygiene practitioners may perform radiologic procedures in those settings set forth in § 33.205b(c) (relating to practice as a public health dental hygiene practitioner) without the supervision of a dentist.

(b) Dental hygienists may perform radiologic procedures in any setting under the general supervision of a licensed dentist. For the purposes of this subsection, "general supervision" means supervision by a dentist who examines the patient, develops a dental treatment plan, authorizes the performance of the radiologic services to be performed within 1 year of the examination, and takes full professional responsibility for performance of the dental hygienist.

(c) Auxiliary personnel who have passed the radiologic procedure examination adopted by the Board may perform radiologic procedures on the premises of a dentist under the direct supervision of a dentist. The dentist shall be on the premises when a radiologic procedure is performed, but is not required to personally observe performance of the procedure.

Subchapter F. CONTINUING DENTAL EDUCATION

\* \* \* \* \*

§ 33.402. Continuing education subject areas.

(a) [The] Except as provided in subsections (c), (d) and (e), the required credit hours shall be completed in subjects which contribute directly to the maintenance of clinical competence of a dentist, dental hygienist, public health dental hygiene practitioner or expanded function dental assistant. Examples of acceptable subjects include:

\* \* \* \* \*

(b) Credit hours will not be awarded in nonclinical subjects, including:

\* \* \* \* \*

(5) Communication skills, except as provided in subsection (c).

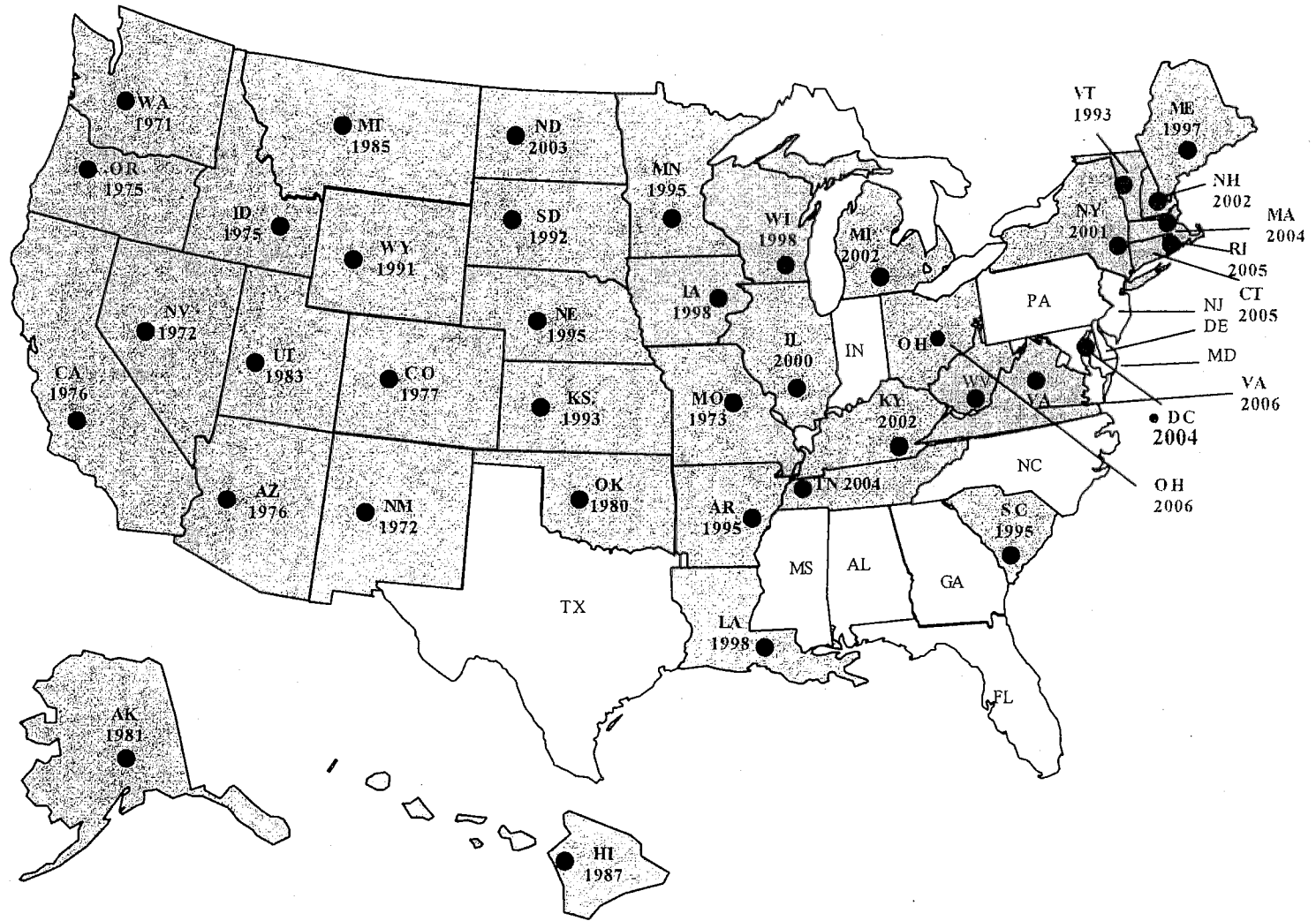
\* \* \* \* \*

(c) A dental hygienist may complete no more than 3 of the required 20 hours of continuing education in courses relating to communication skills.

(d) A public health dental hygiene practitioner shall complete 5 of the required 20 hours of continuing education in public health-related courses.

(e) A school dental hygienist who is certified as a public health dental hygiene practitioner and who, as a certified educational specialist is required to obtain continuing professional education under the act and under section 1205.2 of the act of March 10, 1949 (P.L. 30, No. 14), known as the "Public School Code of 1949," may submit evidence of the completion of education courses approved for certification by the school district to meet the 20-hour continuing education requirement.

# STATES WHERE DENTAL HYGIENISTS MAY ADMINISTER LOCAL ANESTHESIA



Local Anesthesia

TOTAL JURISDICTIONS 40

Revised November, 2007

[www.adha.org](http://www.adha.org)



## Local Anesthesia Administration by Dental Hygienists State Chart

State & Year Implement	Supervision Required	Block and/or Infiltration	Education Required	Exam Required	Implement Language in Statute or Rules	Legal Requirements for Local Anesthesia Courses?
AK 1984	Direct	Both	Specific	Yes – WREB and local anesthetic exam	Statute	16 didactic 8 clinical 8 lab
AL 1976	Direct	Both	Approved	Yes-WREB and local anesthetic exam	Statute	36 hrs for local and N20
AR 1982	Direct	Both	Approved And Accredited	No	Statute	16 didactic 12 clinical
CA 1977	Direct	Both	Approved	Yes	Rules	No
CO 1975	Direct	Both	Accredited	No	Statute	12 didactic 12 clinical
CT 1982	Direct	Both	Accredited	No	Statute	20 didactic 8 clinical
DC 2002	Direct	Both	Board Approved	Yes	Rules	32 hours total
HI 1987	Direct	Both	Accredited	Yes – Exam given by course	Statute	39 didactic and clinical
IA 1973	General	Both	Accredited	Yes –Clinical	Statute	No
IL 1982	Direct	Both	Accredited	No	Rules	Must be conducted by an accredited RDH or DDS school
IN 2001	Direct	Both	Accredited	No	Statute	24 didactic 8 clinical
KS 1992	Direct	Both	Accredited	No	Statute	12 hrs total
KY 2002	Direct	Both	Specific	Yes –Written exam given by course	Statute	32 hour didactic 12 hours clinical
LA 1998	Direct	Both	Accredited	Yes	Rules	72 total hours
MA 1984	Direct	Both	Accredited	Yes	Statute	35 Total; No Less than 12 hours clinical
MD 1987	Direct	Both	Accredited	Yes	Rules	60 hrs total

## Local Anesthesia Administration by Dental Hygienists State Chart

State & Year Implement	Supervision Required	Block and/or Infiltration	Education Required	Exam Required for Certificate?	Implement Language in Statute or Rules	Legal Requirements for Local Anesthesia Courses?
CA 1995	Direct/General	Both	Accredited	No	Rules	No
CO 1975	Direct	Both	Accredited/ Board approved	Yes	Rules	No
IL 2002	Direct	Both	Accredited and Specific	Yes – State or regional board-administered written exam (NERB)	Statute	15 didactic 14 clinical
IN 1986	Direct	Both	Accredited	Yes – WREB local anesthetic exam or successful completion of clinical & written LA regional or state board exam	Statute	No
KS 1985	Direct	Both	Accredited	No	Rules	Course must include clinical and didactic components, but there are no specific hourly requirements.
NE 1992	Direct	Both	Approved	No	Statute	12 didactic 12 clinical
ND 2002	Direct	Both	Accredited	Yes – NERB local anesthesia exam	Statute	20 didactic 12 clinical
NY 1972	Direct/General	Both	Approved	No	Rules	No
OH 1976	Direct	Both	Accredited	Yes – WREB local anesthesia exam	Statute	24 didactic 10 clinical
RI 1981	Direct	Infiltration	Accredited	No	Statute	30 didactic 15 clinical & lab
SD 2004	Direct	Both	Accredited	Yes – Written regional or state exam.	Statute	15 didactic 14 clinical
VA 1980	Direct	Both	Approved	No – Exam given by course	Rules	20 ½ hours

# Local Anesthesia Administration by Dental Hygienists State Chart

State & Year Implement	Supervision Required	Block and/or Infiltration	Education Required	Exam Required for Certificate?	Implement Language in Statute or Rules	Legal Requirements for Local Anesthesia Courses?
CA 1975	General	Both	Accredited	No	Rules	No
IL 2001	Direct	Both	Accredited	Yes-NERB	Statute	20 didactic 12 clinical
IN 1991	Direct	Infiltration	Approved	Yes	Statute	Information not available
SD 1992	Direct	Both	Accredited Approved	No	Statute	No
TX 2001	Direct	Both	Pending	Pending	Pending	Pending
VA 1995	Direct	Both	Approved	Yes - WREB exam in anesthesiology (local)	Statute	No
WI 1985	Direct	Both	Accredited	Yes - Board administered	Statute	24 hrs total
WA 2006	Direct	Both Only on patients over age 18	Pending	Pending	Statute	Pending
WV 1971	Direct	Both	Approved	No	Statute	No
MT 1991	Direct	Both	Accredited	No	Statute	10 didactic 11 clinical
MT 2005	Direct	Both	Pending	NERB local anesthesia exam or equivalent state or regional exam	Statute	12 didactic 15 clinical
WY 1983	Direct	Both	Approved	Yes = in state. No= out of state DH certified in local	Rules	No

Key: Accredited----Course must be provided within a CODA accredited DH program or an Institution housing a CODA program  
 Approved----Course must be approved by the state licensing agency  
 Specific-----Course is specified in law. Data compiled from 51 practice acts/rules  
 Direct Supervision --- means the dentist must be present.  
 General Supervision - means dentist need not be present.



## ADHA PRACTICE ACT OVERVIEW CHART OF PERMITTED FUNCTIONS AND SUPERVISION LEVELS BY STATE

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS
PROPHYLAXIS	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
X-RAYS	P	N	N	N	N/U	N	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
LOCAL ANESTHESIA		P	P		P	P	P		P			P	N	P		P	P	P	P			P		P	
TOPICAL ANESTHESIA	P	N	N		N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	
FLUORIDE	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
PIT/FISSURE SEALANTS	P	N	N	N	N/U	U	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
ROOT PLANING	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
SOFT TISSUE CURETTAGE	P	N	N	N	P	U		N	N	P	P	P/N		N			N	N		N			P	N	P
ADMINISTER N <sub>2</sub> O		P	P		P	P			P				P	P		P	N	P						P	
STUDY CAST IMPRESSIONS	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	P	N	P	N	N	N	P	N	N	N	N/U	N	P
PLACE PERIO DRESSINGS	P	N	P		N/U	N	N/U	N	P	N	P	P/N			P	N	N	N		P	N	N	N/U	N	P
REMOVE PERIO DRESSING	P	N	P	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
PLACE SUTURES		N	P									P/N													
REMOVE SUTURES	P	N	N	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
APPLY CAVITY LINERS & BASES	P				N/U	N				P	P					N		N					N/U	N	
PLACE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N		N	P	N	P	N	
REMOVE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N				P	P	N	
PLACE AMALGAM RESTORATIONS						N							P					P				P	P	N	
CARVE AMALGAM RESTORATIONS						N							P					P					P	N	
FINISH AMALGAM RESTORATIONS						N							P					P					P	N	
POLISH AMALGAM RESTORATIONS	P	N	N		N/U	N	N/U	N	N	P	P	P/N	N			N	N	P	P	N	N	N	N/U	N	
PLACE & FINISH COMPOSITE RESIN SILICATE RESTORE						N							P					P							

KEY: P = PHYSICAL PRESENCE OF DENTIST IS REQUIRED

N = PHYSICAL PRESENCE OF DENTIST IS NOT REQUIRED

U = PHYSICAL PRESENCE NOT REQUIRED. NO PRIOR AUTHORIZATION BY DENTIST REQUIRED BUT THERE MAY BE REQUIREMENT FOR TYPE OF COOPERATIVE ARRANGEMENT WITH A DENTIST(S). SOME STATES REQUIRE EXPERIENCE OR SPECIAL EDUCATION BY RDH.

/ = WHERE TWO LETTERS ARE PRESENT IN A BOX THE FIRST INDICATES THE SUPERVISION LEVEL IN THE PRIVATE DENTAL OFFICE. THE SECOND INDICATES THE SUPERVISION LEVEL IN OTHER SETTINGS SUCH AS INDEPENDENT DENTAL PRACTICE, LONG-TERM FACILITIES, HOSPITALS, ETC. ON NON-AMBULATORY PATIENTS.

## ADHA PRACTICE ACT OVERVIEW CHART OF PERMITTED FUNCTIONS AND SUPERVISION LEVELS BY STATE

	MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
PROPHYLAXIS	N/U	N	N/U	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N/U	P	N/U	N	
X-RAYS	N	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	P	N	N	
LOCAL ANESTHESIA	P	P	P	P/U	P*		P	P			P	P	N		P	P	P	P		P	P	P	P	P	P	P	
TOPICAL ANESTHESIA	N	N	N	N/U	N	P/N	N	N	P	N	N	N	N/U	P/N	N	P	N	N	N	N	N	N	N	P	N	N	
FLUORIDE	N/U	N	N/U	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N/U	P	N	N
PIT/FISSURE SEALANTS	N/U	N	N/U	N/U	N	P	N	N	P/N	N	P	N	N/U	P/N	N	P/N	N	N	N	N	N	N	N	N/U	P	N	P
ROOT PLANING	N	N	N	P/U	N	N	N	N	P	N	P	N	N/U	P/N	N	P/N	N	N	N	N	N	N	N	N/U	P	N	N
SOFT TISSUE CURETTAGE	N	N	N	N			N			N	P	N	N/U				N	N		N			P/U				
ADMINISTER N <sub>2</sub> O	P			P/U	P			P			P	P	P				P	P		P		P	P			P	
STUDY CAST IMPRESSIONS	N	N	N	N/U	N	P	N	P	P	P	N	N	N/U	P	P	P		P	N	N	N	N	N	P	N	N	
PLACE PERIO DRESSINGS	N	N	N	N/U		P		P		P	P	N	N/U		P				N	N	N	N	P	P	N	P	
REMOVE PERIO DRESSING	P	N	N	N/U	N	P	N	P	P	P	N	N	N/U		P	P	N	P	N	N	N	N	P	P	N	P	
PLACE SUTURES									P											N							
REMOVE SUTURES	N	N	N	N/U	N	P		P	P	P	P	N	N/U	P	P	P		P	N	N	N	N	P	P	N	N	
APPLY CAVITY LINERS & BASES	P				N				P															P			
PLACE TEMPORARY RESTORATIONS	P	N	N	N/U	N	P		P	P	P		N	N/U			P/N		P	N					P	N	N	
REMOVE TEMPORARY RESTORATIONS	P	N	N		N			P	P	P									P	N							
PLACE AMALGAM RESTORATIONS	N				N								P										P			P	
CARVE AMALGAM RESTORATIONS	P												P										P	P		P	
FINISH AMALGAM RESTORATIONS	P												P										P			N	
POLISH AMALGAM RESTORATION	N	N	N	N/U	N	P	N		P	P	P	N	N/U		P	P	N	P	N	N			U	P		N	
PLACE & FINISH COMPOSITE RESIN SILICATE RESTORE	P												P										P			P	

KEY: P = PHYSICAL PRESENCE OF DENTIST IS REQUIRED

N = PHYSICAL PRESENCE OF DENTIST IS NOT REQUIRED

U = PHYSICAL PRESENCE NOT REQUIRED. NO PRIOR AUTHORIZATION BY DENTIST REQUIRED BUT THERE MAY BE REQUIREMENT FOR TYPE OF COOPERATIVE ARRANGEMENT WITH A DENTIST(S). SOME STATES REQUIRE EXPERIENCE OR SPECIAL EDUCATION BY RDH.

/ = WHERE TWO LETTERS ARE PRESENT IN A BOX THE FIRST INDICATES THE SUPERVISION LEVEL IN THE PRIVATE DENTAL OFFICE. THE SECOND INDICATES THE SUPERVISION LEVEL IN OTHER SETTINGS SUCH AS INDEPENDENT DENTAL PRACTICE, LONG-TERM FACILITIES, HOSPITALS, ETC. ON NON-AMBULATORY PATIENTS.

\* = RULES PENDING

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** 09/29/2006

**Contact:** Basil Merenda  
Commissioner, Bureau of Professional & Occupational Affairs

**Phone No.:** 783-7192

### **Fee Title, Rate and Estimated Collections:**

**Application Fee: Dental Hygienist – Local Anesthesia Permit: \$20.00**

Estimated Biennial Revenue: \$12,000.00 (600 applications x \$20.00)

### **Fee Description:**

The fee will be charged to evaluate each application for approval of a Local Anesthesia Permit in Pennsylvania.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to review and process an application for approval of a new Local Anesthesia Permit and (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- review and prepare application	(.25 hr)	5.59
Administrative Overhead:		<u>13.74</u>
	Total Estimated Cost:	\$19.33
	Proposed Fee:	\$20.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$20.00 be established to review and evaluate an application for approval of a Local Anesthesia Permit in Pennsylvania.

### **Application Fee: Dental Hygienist – Local Anesthesia Permit:**

Board Staff: Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** January 14, 2008

**Contact:** Basil Merenda  
Commissioner, Bureau of Professional and Occupational Affairs

**Phone No.** 783-7192

### **Fee Title, Rate and Estimated Collections:**

**Biennial Renewal Fee: Dental Hygienist-Local Anesthesia Permit: \$40.00**

Estimated Biennial Revenue: \$24,000.00 (600 applications x \$40.00)

### **Fee Description:**

The fee will be biennially to every applicant for license renewal.

### **Fee Objective:**

The fee should defray a portion of the State Board of Dentistry's administrative overhead, specifically helping to defray the difference between the Board's total biennial expenditures and its total biennial revenues from non-renewal sources.

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$40.00 be established for renewal of each Dental Hygienist-Local Anesthesia permit.

## FEE REPORT FORM

Agency: State - BPOA

Date: January 14, 2008

Contact: Basil Merenda  
Commissioner, Bureau of Professional & Occupational Affairs

Phone No. 783-7192

### Fee Title, Rate and Estimated Collections:

Application Fee: Public Health Dental Hygiene Practitioner: \$20.00

Estimated Biennial Revenue: \$20,000.00 (1,000 applications x \$20.00)

### Fee Description:

The fee will be charged to evaluate each application for approval of a Public Health Dental Hygiene Practitioner in Pennsylvania.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to review and process an application for approval of a new Public Health Dental Hygiene Practitioner and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and prepare application	(.25 hr)	5.59
Administrative Overhead:		<u>13.74</u>
	Total Estimated Cost:	\$19.33
	Proposed Fee:	\$20.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$20.00 be established to review and evaluate an application for approval as a Public Health Dental Hygiene Practitioner in Pennsylvania.

### Application Fee: Public Health Dental Hygiene Practitioner

Board Staff: Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.



## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** January 14, 2008

**Contact:** Basil Merenda  
Commissioner, Bureau of Professional and Occupational Affairs

**Phone No.** 783-7192

### **Fee Title, Rate and Estimated Collections:**

**Biennial Renewal Fee: Public Health Dental Hygiene Practitioner: \$40.00**

Estimated Biennial Revenue: \$40,000.00 (1,000 applications x \$40.00)

### **Fee Description:**

The fee will be biennially to every applicant for license renewal.

### **Fee Objective:**

The fee should defray a portion of the State Board of Dentistry's administrative overhead, specifically helping to defray the difference between the Board's total biennial expenditures and its total biennial revenues from non-renewal sources.

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$40.00 be established for renewal of each Public Health Dental Hygiene Practitioner permit.

PRIOR PRINTER'S NOS. 502, 1097, 1186,  
1225

PRINTER'S NO. 1243

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 455 Session of 2007

INTRODUCED BY VANCE, EARLL, BOSCOLA, FONTANA, MADIGAN, O'PAKE,  
ORIE, PUNT, RAFFERTY, STACK, M. WHITE, WONDERLING, CORMAN,  
BROWNE, KITCHEN AND McILHINNEY, MARCH 14, 2007

AS AMENDED ON THIRD CONSIDERATION, JUNE 26, 2007  
AN ACT

1 Amending the act of May 1, 1933 (P.L.216, No.76), entitled "An  
2 act relating to dentistry; defining and providing for the  
3 licensing and registration of dentists and dental hygienists,  
4 and for the revocation and suspension of such licenses and  
5 registrations, subject to appeal, and for their  
6 reinstatement; defining the powers and duties of the State  
7 Dental Council and Examining Board and the Department of  
8 Public Instruction; providing penalties; and repealing  
9 existing laws," further providing for the definitions of  
10 "dental hygienist" and "board"; providing for the definition  
11 of "public health dental hygiene practitioner"; further  
12 providing for the general powers of the State Board of  
13 Dentistry and for radiologic procedures, education and  
14 training; and providing for the practice of public health  
15 dental ~~hygienists~~ HYGIENE PRACTITIONERS. <--

16 The General Assembly of the Commonwealth of Pennsylvania  
17 hereby enacts as follows:

18 Section 1. The definitions of "dental hygienist" and "board"  
19 in section 2 of the act of May 1, 1933 (P.L.216, No.76), known  
20 as The Dental Law, amended February 9, 1984 (P.L.23, No.9), are  
21 amended and the section is amended by adding a definition to  
22 read:

23 Section 2. Definitions.--\* \* \*

1 A "Dental Hygienist" is one who is legally licensed as such  
2 by the [said dental council and examining board] State Board of  
3 Dentistry to perform those educational, preventive, and  
4 therapeutic services and procedures that licensed dental  
5 hygienists are educated to perform. Licensed dentists may assign  
6 to [their employed] dental hygienists intra-oral procedures  
7 which the hygienists have been educated to perform and which  
8 require their professional competence and skill but which do not  
9 require their professional competence and skill of the [employer-  
10 dentist] dentist. Such assignments shall be under the  
11 supervision of a licensed dentist. Such performance of intra-  
12 oral procedures by licensed dental hygienists shall be in the  
13 private office of a dentist or public or private institution  
14 such as [schools, hospitals, orphanages, and sanitoria or State

15 health cars.] prescribed under section 11.9(b). Dental  
 16 hygienists certified as public health dental hygiene  
 17 practitioners may perform intra-oral procedures without the  
 18 assignment of a dentist pursuant to section 11.9. The foregoing  
 19 shall not be construed as authorizing the assignment of  
 20 diagnosing, treatment planning and writing prescriptions for  
 21 drugs or writing authorizations for restorative, prosthetic, or  
 22 orthodontic appliances. The board shall issue rules setting  
 23 forth the necessary education and defining the procedures that  
 24 may be performed by dental hygienists licensed under this act  
 25 including those procedures that may be performed under direct  
 26 and general supervision.

27 The word "board," as used in this act, means the [State  
 28 Dental Council and Examining Board] State Board of Dentistry.

29 \* \* \*

30 "Public Health Dental Hygiene Practitioner" means a licensed

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- 2 -

1 dental hygienist who may perform educational, preventative,  
 2 therapeutic and intra-oral procedures which the hygienist is  
 3 educated to perform and which requires the hygienist's  
 4 professional competence and skill but which do not require the  
 5 professional competence and skill of a dentist without the  
 6 authorization, assignment or examination of a dentist, and who  
 7 is certified by the State Board of Dentistry as having satisfied  
 8 the requirements of section 11.9. Public health dental hygiene  
 9 practitioners may only engage in professional practice in the  
 10 practice sites enumerated in section 11.9(b).

11 Section 2. Section 3(d) and (j.2) of the act, amended or  
 12 added December 27, 1994 (P.L.1361, No.160) and July 11, 1996  
 13 (P.L.657, No.113), are amended to read:

14 Section 3. General Powers of the State Board of Dentistry.--  
 15 The State Board of Dentistry (hereinafter called the board)  
 16 shall have the following powers and duties:

17 \* \* \*

18 (d) To provide for and to regulate the licensing, and to  
 19 license as a dental hygienist, after examination, any duly  
 20 qualified person, not less than eighteen years of age, of good  
 21 moral character, not addicted to the use of intoxicating liquor  
 22 or narcotic drugs, who has obtained the required education[,  
 23 together with a certificate or diploma from an approved  
 24 institution or college] for the training of dental hygienists[.]  
 25 from an approved institution or college that meets or exceeds  
 26 the minimum standards established by an approved United States  
 27 Department of Education-recognized regional accrediting agency  
 28 or the American Dental Association Commission on Dental  
 29 Accreditation. The board shall, consistent with this act, adopt  
 30 regulations providing for the general supervision and practice

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- 3 -

1 of dental hygienists under this act.

2 \* \* \*

3 (j.2) (1) To adopt, promulgate and enforce rules and  
 4 regulations establishing requirements for continuing dental  
 5 education to be met by persons licensed or certified under this  
 6 act. The board shall approve sponsors of continuing education  
 7 courses within one year of the effective date of regulations  
 8 adopted to enforce this subsection. No credit may be given for  
 9 courses in office management or practice building. The board may  
 10 waive all or part of the continuing education requirement to a  
 11 licensee who shows to the satisfaction of the board that he or  
 12 she was unable to complete the requirement due to illness,  
 13 emergency or hardship.

14 (2) The following requirements shall be satisfactorily  
 15 completed in accordance with board regulations as a precedent to  
 16 biennial renewal of a license or certification:

17 (i) Thirty credit hours for a person licensed to practice

18 dentistry.

19 (ii) Twenty credit hours for a person licensed to practice  
20 dental hygiene. For a public health dental hygiene practitioner,  
21 five hours shall be public health-related courses.

22 (iii) Ten credit hours for a person certified to practice  
23 expanded function dental assisting.

24 (3) For the purposes of this subsection, one credit hour  
25 shall be defined as one clock hour of instruction.

26 \* \* \*

27 Section 3. Section 11.4(a) of the act, added December 20,  
28 1985 (P.L.513, No.118), is amended and the section is amended by  
29 adding subsections to read:

30 Section 11.4. Radiologic Procedures; Education and Training  
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1 Required.--(a) On and after January 1, 1987, no auxiliary  
2 personnel except dental hygienists and public health dental  
3 hygiene practitioners shall perform radiologic procedures on the  
4 premises of the dentist unless such person is under the direct  
5 supervision of a dentist who is on the premises at the time the  
6 X-ray is taken and unless such person has passed an examination  
7 approved by the board and administered in accordance with  
8 section 812.1 of the act of April 9, 1929 (P.L.177, No.175)  
9 known as "The Administrative Code of 1929."

10 \* \* \*

11 (e) Notwithstanding the supervision requirements of this  
12 act, a public health dental hygiene practitioner may perform  
13 radiological procedures in any setting without supervision of a  
14 dentist on or after the effective date of this subsection.

15 (f) A dental hygienist may perform radiologic procedures in  
16 any setting under the general supervision of a licensed dentist.  
17 For the purposes of this subsection, "general supervision" means  
18 supervision by a dentist who examines the patient, develops a  
19 dental treatment plan, authorizes the performance of the  
20 radiologic services to be performed within one year of the  
21 examination, and takes full professional responsibility for  
22 performance of the dental hygienist.

23 Section 4. The act is amended by adding a section to read:

24 Section 11.9. Public Health Dental Hygiene Practitioner.--

25 (a) Public Health dental hygiene practitioners must satisfy and  
26 shall be certified by the board upon meeting the following  
27 criteria:

28 (1) Met the requirements for a dental hygienist license and  
29 successfully passed the required examination for a dental  
30 hygienist.

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1 (2) Completion of three thousand six hundred hours of  
2 practice under the supervision of a licensed dentist.

3 (3) Purchase of a malpractice policy in an amount determined  
4 to be adequate by the board.

5 (b) The professional practice of a public health dental  
6 hygiene practitioner shall be limited to the following practice  
7 sites:

8 (1) Schools.

9 (2) Correctional facilities.

10 (3) "Health care facility" as defined in section 802.1 of  
11 the act of July 19, 1979 (P.L.130, No.48), known as the "Health  
12 Care Facilities Act."

13 (4) "Personal care home" as defined in section 1001 of the  
14 act of June 13, 1967 (P.L.31, No.21), known as the "Public  
15 Welfare Code."

16 (5) "Domiciliary care" as defined in section 2202-A of the  
17 act of April 9, 1929 (P.L.177, No.175), known as "The  
18 Administrative Code of 1929."

19 (6) An "older adult daily living center" as defined in  
20 section 2 of the act of July 11, 1990 (P.L.499, No.118), known

21 as the "Older Adult Daily Living Centers Licensing Act."  
22 (7) A "facility" as defined in section 3 of the act of June  
23 18, 1984 (P.L.391, No.82), known as the "Continuing-Care  
24 Provider Registration and Disclosure Act."  
25 (8) A federally qualified health center.  
26 (9) A public or private institution under the jurisdiction  
27 of a Federal, State or local agency.  
28 (10) Other institutions the board deems appropriate.  
29 (c) The public health dental hygiene practitioner shall  
30 refer the patient to a licensed dentist on an annual basis. The  
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1 failure to see a dentist as referred shall not prevent the  
2 patient from continuing to receive treatment from the public  
3 health dental hygiene practitioner.  
4 (d) A school dental hygienist who is licensed as a public  
5 health dental hygiene practitioner and who, as a certified  
6 education specialist is required to obtain continuing  
7 professional education under this act and under section 1205.2  
8 of the act of March 10, 1949 (P.L.30, No.14), known as the  
9 "Public School Code of 1949," shall be permitted to submit  
10 evidence of the completion of education courses approved for  
11 their certification by the school district.  
12 Section 5. The provisions of 49 Pa. Code § 33.205(d)(1)  
13 (relating to practice as a dental hygienist) are abrogated.  
14 Section 6. This act shall take effect in 60 days.

L27L63JLW/20070S0455B1243

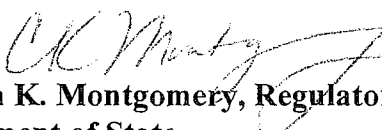
- 7 -

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

**DATE:** January 14, 2008

**SUBJECT:** RESUBMISSION of Proposed Rulemaking:  
State Board of Dentistry  
16A-4617: Dental Hygiene Scope of Practice

**TO:** Andrew C. Clark, Deputy General Counsel  
Office of General Counsel

**FROM:**   
Cynthia K. Montgomery, Regulatory Counsel  
Department of State

Accompanying this memorandum is the above-noted regulation package from the State Board of Dentistry. A prior version was approved by all parties and was ready for delivery when Act 51 of 2007 was signed into law. Act 51 abrogated the Board's supervision regulations relating to dental hygienists, which required substantial revisions to the proposed rulemaking. Act 51 also created a new classification of certificate for "public health dental hygiene practitioners." The Board elected to amend this proposed rulemaking to include all changes relating to dental hygiene scope of practice rather than initiating a new rulemaking package.

I certify that I have reviewed this regulation for form and legality, that I have discussed any legal and policy issues with the administrative officers responsible for the program, and that all information contained in the Preamble and Annex is correct and accurate.

CKM:pah



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF DENTISTRY  
Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-7162

August 18, 2008

The Honorable Arthur Coccodrilli, Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harrisstown 2, 333 Market Street  
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation  
State Board of Dentistry  
16A-4617: Scope of Practice/Local Anesthesia

Dear Chairman Coccodrilli:

Enclosed is a copy of a proposed rulemaking package of the State Board of Dentistry pertaining to Scope of Practice/Local Anesthesia.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read "John W. Reitz".

John W. Reitz, DDS, Chairperson  
State Board of Dentistry

JWR/CKM:rs

Enclosure

cc: Basil L. Merenda, Commissioner  
Bureau of Professional and Occupational Affairs  
Albert H. Masland, Chief Counsel  
Department of State  
Joyce McKeever, Deputy Chief Counsel  
Department of State  
Cynthia Montgomery, Regulatory Counsel & Senior Counsel in Charge  
Department of State  
Christopher P. Grovich, Counsel  
State Board of Dentistry  
State Board of Dentistry

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-4617  
 SUBJECT: DENTAL HYGIENE SCOPE OF PRACTICE/LOCAL ANESTHESIA  
 AGENCY: DEPARTMENT OF STATE  
 STATE BOARD OF DENTISTRY

**TYPE OF REGULATION**

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
  - a.  With Revisions
  - b.  Without Revisions

RECEIVED  
 2008 AUG 18 AM 11:33  
 INDEPENDENT REGULATORY  
 REVIEW COMMISSION

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
8/18/08	<i>Jim M. Lowe</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE MAJORITY CHAIRMAN <i>Mike Sturka</i>
8/18/08	<i>Mary Walmer</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE MAJORITY CHAIRMAN <i>Robert M. Tomlinson</i>
8/18/08	<i>Kathy Coope</i>	INDEPENDENT REGULATORY REVIEW COMMISSION  ATTORNEY GENERAL (for Final Omitted only)
8/18/08	<i>Wayne Davis</i>	LEGISLATIVE REFERENCE BUREAU (for Proposed only)