Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).

Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).

Agency/Board/Commission: Tennessee Board of Dentistry
Division:
Contact Person: Jennifer Putnam, Assistant General Counsel
Address: 665 Mainstream Drive, Nashville, Tennessee
Zip: 37243
Phone: (615) 741-1611
Email: Jennifer.Putnam@tn.gov

Revision Type (check all that apply):
X Amendment
X New
___ Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that ALL new rule and repealed rule numbers are listed in the chart below. Please enter only ONE Rule Number/Rule Title per row)

<table>
<thead>
<tr>
<th>Chapter Number</th>
<th>Chapter Title</th>
<th>Rule Number</th>
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<tbody>
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<td>0460-01</td>
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<td>0460-02-.07</td>
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<td>0460-03</td>
<td>Rules Governing the Practice of Dental Hygienists</td>
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SS-7039 (November 2017) 1 RDA
Chapter 0460-02  
Rules Governing the Practice of Dentistry  

Amendments  

Rule 0460-02-.05 Examinations is amended by deleting paragraph (1) and by deleting subparagraph (1)(a) in its entirety, and substituting instead the following language, so that as amended the new paragraph and subparagraph shall read:

(1) The Board adopts as its licensure examination and requires, with the previously noted exceptions, successful completion of all of the following examination components as a prerequisite for licensure:

(a) An examination must include a prosthetic component, a periodontal component, an endodontic component, and a live human patient anterior and posterior restorative component.

Authority: T.C.A. §§ 63-5-105, 63-5-110, and 63-5-111.

Rule 0460-02-.07 Anesthesia and Sedation is amended by adding new subparagraphs (1)(g), (1)(h), (1)(i) and (1)(n) and re-lettering the remaining subparagraphs so that as amended, the new subparagraphs shall read:

(1) (g) Dental Facility - the office where a permit holder or permit applicant practices dentistry and provides or is applying to provide anesthesia/sedation services.

(h) Dental Facility Inspection - an on-site inspection to determine if a dental facility is equipped to support the provision of anesthesia/sedation services under 0460-02-.07(6)(b) and 0460-02-.07(7)(b).

(i) Dental Facility Permit - permit issued by the Board to a dental facility which allows an anesthesia/sedation permit holder to administer anesthesia/sedation services at that dental facility.

(n) Mobile dental anesthesia provider - A licensed dentist with an anesthesia/sedation permit who provides office based anesthesia/sedation for dental offices.


Rule 0460-02-.07 Anesthesia and Sedation is amended by adding new paragraphs (12), (13), (14), and (15), which shall read:

(12) Facility Permits and Inspections. A dental facility permit is required of the office where an anesthesia/sedation permit holder practices dentistry and provides anesthesia/sedation services. A dental facility permit is separate from a dentist’s individual anesthesia/sedation permit. The dental facility permit will expire five (5) years from the date of issuance or renewal of the dental facility permit.

(a) Dentists who currently hold an anesthesia/sedation permit as of the effective date of this rule shall apply for a dental facility permit prior to the expiration of their dental license. Only one dental facility permit is required per location.

(b) Prior to the issuance of a licensee’s initial anesthesia/sedation permit, the Board shall require an on-site inspection of the dental facility’s equipment and drugs to determine if the requirements of 0460-02-.07(6)(b) and 0460-02-.07(7)(b) have been met. Compliance with these rules is a condition to obtaining an initial anesthesia/sedation permit. The cost of the on­site inspection will be the responsibility of the dental facility.

(c) The individual, organization, or agency conducting the inspection may also notify the board of other violations discovered during the inspection. Violations that may have been observed.
during the inspection, but not related to equipment and drug requirements may be separately pursued by the Board.

(d) All dental facilities wherein anesthesia/sedation may be administered shall be inspected once every five (5) years beginning from the date of the initial dental facility permit to ensure that the dental facility has remained in compliance with the requirements of 0460-02-.07(6)(b) and 0460-02-.07(7)(b).

(e) The dental facility will be notified in writing within 120 days prior to the dental facility permit expiration date of when the inspection is required. Failure to receive the written notification does not exempt the dental facility from obtaining an inspection prior to the expiration of the dental facility permit. The written notice will also include a Board inspection form to be completed by the individual, organization or agency conducting the inspection.

(f) The inspection must be performed by an individual, organization or agency that has been approved by the Board. The dental facility must complete the inspection prior to the dental facility permit expiration date. Upon conclusion of the inspection, the dental facility must receive either a pass or fail recommendation.

(g) The recommendation of the inspection and Board inspection form must be submitted to both the dental facility and the Board's administrative office by the individual, organization or agency conducting the inspection within 30 days after completing the inspection. The recommendation and Board inspection form can be sent by regular or electronic mail. The Board is not bound by this recommendation.

(h) The Board consultant will review the recommendation and Board inspection form to determine whether the dental facility has passed or failed the inspection. Written notification of the decision will be provided to the dental facility within 30 days after receipt of the recommendation and Board inspection form.

(13) Failure upon inspection

(a) Any dental facility with missing or malfunctioning equipment or that is not in compliance with 0460-02-.07(6)(b) or 0460-02-.07(7)(b) shall cease administering anesthesia/sedation until all deficiencies have been remedied.

(b) The dental facility must remedy all deficiencies within thirty (30) days from receipt of the Board consultant’s decision.

(c) If a dental facility fails the inspection because of extenuating circumstances, it may submit a written request for an extension of time to remedy all deficiencies. The written request must include a complete explanation of the extenuating circumstances and the dental facility’s plan for remedying all deficiencies. If an extension is granted after the Board consultant’s review of the written request, the Board consultant shall establish the duration of the extension of time for the dental facility to remedy the deficiencies. The dental facility shall cease administering anesthesia/sedation until all deficiencies have been remedied and deemed compliant by the Board consultant. The dental facility must submit proof of the remedial measures taken to the Board consultant for review. Once the Board consultant has determined the dental facility is compliant, the dental facility will be notified by the Board.

(14) In the case of a dentist who practices as a mobile dental anesthesia provider, an inspection shall be conducted of the mobile dental anesthesia provider’s equipment and drugs required by 0460-02-.07(6)(b) and 0460-02-.07(7)(b).

(15) Exceptions to facility inspections

(a) An on-site inspection is not required when anesthesia/sedation is administered in a CODA (Commission on Dental Accreditation) accredited educational institution, hospital setting or federal facility.
A dentist may submit proof of successful completion of the American Association of Oral and Maxillofacial Surgeons’ Office Anesthesia Evaluation in lieu of the on-site inspection required by 0460-02-.07(12).


Chapter 0460-03
Rules Governing the Practice of Dental Hygienists

Amendment

Rule 0460-03-.12 Administration of Local Anesthesia Certification is amended by deleting subparagraph (2)(b) in its entirety and relettering the remaining subparagraph accordingly.


Chapter 0460-01
General Rules

0460-01-.19 New Rule
Teledentistry

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0460-01-.05 Continuing Education and C.P.R.
0460-01-.06 Disciplinary Actions, Civil Penalties, Procedures, Assessment of Costs, and Subpoenas
0460-01-.07 Working Interviews
0460-01-.08 Dental Professional Corporations and Dental Professional Limited Liability Companies
0460-01-.09 Repealed
0460-01-.10 Clinical Techniques-Teeth Whitening
0460-01-.11 Infection Control
0460-01-.12 Unprofessional Conduct
0460-01-.13 Ethics
0460-01-.14 Mobile Dental Clinics
0460-01-.15 Treatment of Nursing Home Patients
0460-01-.16 Patient Rights
0460-01-.17 Consumer Right-To-Know Requirements
0460-01-.18 Restraint of Pediatric and Special Needs Patients
0460-01-.19 Teledentistry

Rule 0460-01-.19 Teledentistry

0460-02-.19 Teledentistry. No person shall engage in the practice of dentistry, either in person or remotely using information transmitted electronically or through other means, on a patient within the state of Tennessee unless duly licensed by the Board in accordance with the provisions of the current statutes and rules. Teledentistry shall not alter or amend the supervision requirements or procedures that are authorized for licensed dental hygienists or registered dental assistants as stated by T.C.A §63-5-115., 0460-03-.09 and 0460-04-.08.
(1) Treatment and the Practice of Teledentistry

(a) A teledentistry encounter entails the rendering of a documented dental opinion concerning evaluation, diagnosis, and/or treatment of a patient whether the dentist is physically present in the same room or in a remote location within the state or across state lines.

(b) Teledentistry as practiced under T.C.A §63-5-108 (b) (16) is not an audio only telephone conversation, email/instant messaging conversation or fax. At a minimum it shall include the application of secure video conferencing or store-and-forward technology to provide or support dental care delivery by replicating the interaction of a traditional encounter between a provider and a patient.

(c) If the information transmitted through electronic or other means as part of a patient's encounter is not of sufficient quality or does not contain adequate information for the dentist to form an opinion, the dentist must declare they cannot form an opinion to make an adequate diagnosis and must request direct referral for inspection and actual physical examination, request additional data or recommend the patient be evaluated by the patient's primary dentist or other local oral health care provider.

(d) No patient seeking care via teledentistry who is under the age of eighteen (18) years of age can be treated unless there is a parent or guardian present, except as otherwise authorized by law.

(2) Dental Records and Informed Consent when Practicing Teledentistry

(a) For patient encounters conducted by teledentistry, the dentist shall have appropriate patient records or be able to obtain the patient's prior treatment information during the teledentistry encounter.

(b) Secure electronic records of the patient are to be kept at all locations where the patient is seen physically and at the location where the dentist is if the dentist is not present at the time of the visit. Dental records established for the purposes of teledentistry must contain the same information as required by Rule 0460-02-.12.

(c) Store-and-forward technology as used in (1)(b) above is the use of asynchronous electronic communications between a patient and dentist at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients, including the transferring of dental data from one site to another through the use of a device that records or stores images that are sent or forwarded via electronic communication to another site for consultation.

(d) The dentist engaging in teledentistry is responsible for ensuring that the dental record contains all pertinent data and information gleaned from the encounter. Any dentist conducting a patient encounter via teledentistry must so document by an informed consent form which shall be added in the patient record and must state the technology used.

(e) Informed consent forms shall be signed by the patient or parent/guardian describing the information to be transmitted and/or shared with a dentist who is at a different geographical location.

(f) A dentist who provides information regarding healthcare services on an internet website that is directly controlled or administered by the dentist or the dentist's agent, shall prominently display on the internet website the dentist full name and type of license.

(3) Supervision

(a) Patient encounter with hygienist – Any licensed dental hygienist who assists the dentist in providing dental health services or care using teledentistry is only authorized to perform those services that the dental hygienist is authorized to perform during an in-person patient encounter under general supervision as defined by T.C.A §63-5-108 (c)(5).

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

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<tr>
<th>Board Member</th>
<th>Aye</th>
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I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Tennessee Board of Dentistry (board/commission/other authority) on 01/10/2019 (mm/dd/yyyy), and is in compliance with the provisions of T.C.A. § 4-5-222.

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SS-7039 (November 2017) 6 RDA 1693
I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 11/05/18 (mm/dd/yy)

Rulemaking Hearing(s) Conducted on: (add more dates) 01/10/19 (mm/dd/yy)

Date: 4/16/19

Signature: Jennifer J. Putnam

Name of Officer: Jennifer Putnam
Title of Officer: Assistant General Counsel

Subscribed and sworn to before me on: 4/16/19
Notary Public Signature: 
My commission expires on: January 28, 2021

Agency/Board/Commission: Tennessee Board of Dentistry
Rule Chapter Number(s): 0460-01, 0460-02, and 0460-03

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Herbert H. Slatery III
Attorney General and Reporter

5/8/2019

Date

Department of State Use Only

Filed with the Department of State on: 5/14/19
Effective on: 8/12/19

Tre Hargett
Secretary of State
Public Hearing Comments
One copy of a document that satisfies T.C.A. § 4-5-222 must accompany the filing.

Comments on Rule 0460-02-07 Anesthesia and Sedation made at the January 10, 2019 Rulemaking Hearing:

- **Dr. Matthew Yezerski, D.D.S.**
  - Dr. Yezerski is a mobile anesthesia provider and requested clarification as to whether a mobile anesthesia provider's equipment and drugs would be inspected at a single time and was it the intention of the taskforce that the inspection for a mobile anesthesia provider be done one time and have the mobile anesthesia provider attest to the fact that each location in which they are providing mobile anesthesia services will meet the same standards. Dr. John Werther, Tennessee Board of Dentistry Anesthesia Committee chair and taskforce chair was there to address the question and confirmed that the mobile anesthesia provider would be inspected once and not at each location the mobile anesthesia provider is providing services.

- **Keith Gilmore, D.D.S., Tennessee Academy of General Dentistry Representative**
  - Requested clarification on renewing the permit every third renewal as he believed the wording was confusing. Dr. Werther addressed the 120 day notice was sufficient time to provide the license that an inspection would be required prior to permit expiring every two years. The permit is good for two years and the inspection is every five years so the third permit renewal would begin in year five of the dentist having the permit and when the inspection would start to take place.
  - Requested clarification about "grandfathering" dentists who already hold permits and when would they have to begin having inspections? It was clarified that the language specifies that it would begin on each renewal.
  - Requested clarification if an inspector can report other violations that may be seen while inspecting the office that are not anesthesia/sedation related. Dr. Hall clarified that yes, if the inspector saw a potential violation of the rules and regulations that was not anesthesia or sedation related, they could include what they observed in their report.
  - Requested clarification on what the requirements will be for someone to be deemed a board approved inspector and he suggested that any permit holder of the same level or greater with 5 years of experience be able to be deemed by the Board as an approved inspector. Dr. Werther addressed that it may be an individual, organization or agency performing the inspection to provide options to ensure patient safety and not for the inspection to be a punitive measure on the dentist.
  - Asked for the Board to explain why they would not be bound by the inspector's recommendation if there was a shortage of medication? Is there an exception when there is a shortage of a medication? Dr. Hall and Dr. Werther addressed that yes, there are already existing exceptions for medication shortages located in the rules.
  - Asked if it was necessary to have language stating the American Oral and Maxillofacial Association Office Evaluation as a substitute when you could just list them as a list of pre-approved inspectors. Dr. Werther explained that the evaluation done by the American Oral and Maxillofacial Association is not just an inspection but it's also a didactic and clinical evaluation that observes a practitioner administer sedation on a patient. Dr. Hall also clarified that the inspectors for this audit will not be there to audit clinical skills or competency but to inspect for physical items, the equipment and drugs that the rules already require permit holders to have.

- **Tennessee Dental Association – Written Comment**
  - TDA was present at the meeting but chose not to present their recommendations and have the Board review the letter they submitted with their recommended changes.
  - TDA suggested the word "primary" be added before the word "facility" so that other facilities be attested to by affidavit. This recommendation was denied by the Board.
  - TDA suggested language stating there will be no "unannounced inspections." The rules do not allow for unannounced inspections as the licensee is who schedules the inspection. This recommendation was denied by the Board.
  - TDA suggested language that only an inspector, not organization or agency, within the permit holder's discipline be approved by the Board. This would limit the licensee's inspector options. The Board denied this recommendation.
  - TDA recommended that the Board be bound by the inspector's recommendation. This recommendation was denied by the Board.
Comments on Rule 0460-01-.19 Teledentistry made at the January 10, 2019 Rulemaking Hearing:

- **Sean Murphy, Esq., - Attorney for the American Association of Orthodontists**
  - Recommended that the words "physical, in-person" be added before "dentist-patient relationship." The Board approved this recommendation.
  - Recommended a new paragraph stating "To the extent teledentistry services might involve companies and non-licensees, the Board has investigative and enforcement authority over non-licensees involved with teledentistry services. All teledentistry platforms, models and services must be entirely owned and controlled Tennessee licensed dentists." The Board denied this recommendation as they do not have any authority of unlicensed providers and the statute already requires a dental office to be owned by a licensed Tennessee dentist.
  - Recommended language stating "Teledentistry treatment, however, should not occur before a physical, in-person, examination or evaluation of the patient has occurred by a Tennessee licensed dentist." The Board denied this recommendation since it is already stated in the rules and found the recommendation to be duplicative.
  - Recommended a new paragraph (1) (e) stating "The Tennessee licensed dentist providing teledentistry services must practice within 120 miles of the patient's location." The Board denied this recommendation as they do not have the authority to limit the geographical practice of a licensee within the state.
  - Recommended a new paragraph (1) (f) stating "The dentist performing teledentistry services for a patient in Tennessee must be a Tennessee licensed dentist and licensed in the state where the dentist is located while performing teledentistry services." The Board denied this recommendation as it is already stated in the rules and found the recommendation to be duplicative.
  - Recommended new paragraph (f) stating "The dentist that is performing teledentistry services must disclose via public website his or her name, license number, telephone number, address and education to the public who may be using or interested in their teledentistry services." The Board approved this recommendation.

- **Re-Review of the Recommendations Accepted by the Board at the January 10, 2019 Rulemaking Hearing**
  - At a subsequent meeting on April 11, 2019, the board considered recommendations to have the rule language mirror the teledentistry statute. The Board considered those recommendations and voted as follows:
    - Recommended that the words requiring a "physical, in-person" dentist-patient relationship were inconsistent with the teledentistry statutory language and that the rule could not supersede that statutory language. Recommended to delete the last sentence of the introductory paragraph in its entirety and include in the preceding sentence the rule citations that list the procedures that must be done under the supervision of a dentist. The Board approved this recommendation.
    - Recommended the word "shall" should be substituted for the words "is to" and "should" to be consistent with the statutory language. The Board approved this recommendation.
    - Recommended paragraph 2(f) be consistent with the statutory language requiring a healthcare practitioner to prominently display on the internet website the dentist full name and type of license. The Board approved this recommendation.
    - Recommended to add an additional definition subparagraph for "Dental Facility Permit." The Board approved this recommendation.
    - Recommended a new introductory subparagraph to paragraph (12) of Rule 0460-02-.07 that clarifies when a dental facility permit is required and when it expires. Making the amendment to subparagraph (10) of Rule 0460-02-.07 is not necessary. The Board approved this recommendation.
    - Recommended that since the word "anesthesia" is not defined in the rules it could be interpreted as not including conscious sedation and to substitute "anesthesia/sedation" for "anesthesia/sedation" to clarify. The Board accepted this recommendation.
    - Recommended that subparagraph 12(g) of Rule 0460-02-.07 clarify that written notification of the decision will be provided to the dental facility within 30 days after receipt of the recommendation and Board inspection form. The Board accepted this recommendation.
Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process, all agencies shall conduct a review of whether a proposed rule or rule affects small business.

(1) The extent to which the rule or rule may overlap, duplicate, or conflict with other federal, state, and local governmental rules.

These rule amendments do not overlap, duplicate, or conflict with other federal, state, and local government rules.

(2) Clarity, conciseness, and lack of ambiguity in the rule or rules.

These rule amendments exhibit clarity, conciseness, and lack of ambiguity.

(3) The establishment of flexible compliance and/or reporting requirements for small businesses.

The amendments to Rule 0460-02-.07 create reporting requirements including, an inspection process for facilities offering anesthesia and sedation services. These amendments require facilities to complete forms prior to the inspection, participate in the inspection and remedy any deficiencies found during the inspection. These amendments are flexible in that they contain a provision allowing for extensions in certain circumstances upon the filing of written plans.

The remaining rule amendments do not establish any new reporting requirements.

(4) The establishment of friendly schedules or deadlines for compliance and/or reporting requirements for small businesses.

In addition to the requirements for facilities provided in the amendments to Rule 0460-.02-.07, the inspection process for facilities offering anesthesia and sedation service requires the inspections to be completed by small businesses approved by the Board. These businesses must complete the inspections before expiration of the permit and must furnish results to the facility and to the Board within thirty (30) days. These deadlines are as friendly as possible while protecting the public.

The remaining rule amendments do not establish any new reporting requirements.

(5) The consolidation or simplification of compliance or reporting requirements for small businesses.

While the amendments to Rule 0460-02-.07 do not consolidate the new requirements with any existing requirements, the reporting requirements are clearly and simply stated to ensure compliance.

The remaining rule amendments do not establish any new reporting requirements.

(6) The establishment of performance standards for small businesses as opposed to design or operational standards required in the proposed rule.

These rule amendments do not establish performance standards for small businesses as opposed to design or operational standards required for the proposed rule.

(7) The unnecessary creation of entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.

These rule amendments do not create unnecessary barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs. The teledentistry rule amendments (new rule 0460-01-.19) are necessary to comply with 2016 Public Chapter 918, signed by the Governor on April 27, 2016 and codified in Tenn. Code Ann. § 63-5-108(b).
STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

Name of Board, Committee or Council: Tennessee Board of Dentistry

Rulemaking hearing date: January 10, 2019

1. Type or types of small business and an identification and estimate of the number of small businesses subject to the proposed rule that would bear the cost of, and/or directly benefit from the proposed rule:

These proposed rule amendments to Rule 0460-02-.07 will only affect facilities with dentists who possess a conscious sedation permit or a deep sedation/general anesthesia permit. Approximately 700 dentists currently possess a conscious sedation permit or a deep sedation/general anesthesia permit. Only the facilities will bear the costs of the inspections in proposed rules.

The teledentistry rules will affect all Tennessee licensed dentists and dental hygienists. Teledentistry services will provide easier access to dental care which will especially benefit patients in rural or underserved areas.

Dental hygienists will benefit from the deletion of the reference to a Local Anesthesia Certification Fee because it clarifies the requirements for obtaining a local anesthesia certification. The Board deleted this fee at a 2013 rulemaking hearing; however, reference to this fee was inadvertently not deleted from the rule chapter governing dental hygienists.

The examination rule amendments clarify that any Board approved examination that includes a live human patient restorative component is a prerequisite for licensure. These amendments delete the references to the Southern Regional Testing Agency (SRTA) so that all examinations that include a patient restorative component are included. The the Western Regional Examining Board (WREB) is being deleted as a Board approved examination because it does not contain a live human patient restorative component. The benefit of an examination that includes a live human patient restorative component is that it uses the most common treatment modalities and demonstrates an applicant's competency in prosthodontic procedures.

2. Projected reporting, recordkeeping and other administrative costs required for compliance with the proposed rule, including the type of professional skills necessary for preparation of the report or record:

These proposed rule amendments to Rule 0460-02-.07 will create new reporting requirements for Board staff and the Board consultant. Staff will have to mail a notice to the facilities when the inspections are due and posts the final results of the inspections in LARS. The Board consultant will review and issue the final determination and notify the Board of the determination within thirty (30) days. Additionally, the consultant will review and set the duration for extension requests.

There are no reporting, recordkeeping or administrative costs required for compliance with the remaining proposed rules.

3. Statement of the probable effect on impacted small businesses and consumers:

These proposed rule amendments to Rule 0460-02-.07 will increase the costs for small businesses offering anesthesia and sedation services. However, consumers will be better protected as the inspections will ensure that facilities offering these services have the necessary equipment and drugs available at all times.

The teledentistry rules will benefit practitioners and will provide easier access to care which will especially benefit patients in rural or underserved areas. Additionally, dental hygienists will benefit from the proposed rules deleting the reference to a Local Anesthesia Certification Fee because it clarifies the requirements for obtaining a local anesthesia certification.

4. Description of any less burdensome, less intrusive or less costly alternative methods of achieving the purpose and/or objectives of the proposed rule that may exist, and to what extent, such alternative means might be less burdensome to small business:

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There are no less burdensome, less intrusive or less costly alternative methods of achieving the purpose and/or objectives of the proposed rules.

5. **Comparison of the proposed rule with any federal or state counterparts:**

   **Federal:**  None.

   **State:**  The Board of Veterinary Medical Examiners has a similar inspection process for veterinary clinics offering euthanasia services as the process proposed in 0460-02-.07. Tennessee has adopted telehealth practice authority for other health-related boards, and some of the boards have engaged in rulemaking for telehealth, including the Board of Medical Examiners.

6. **Analysis of the effect of the possible exemption of small businesses from all or any part of the requirements contained in the proposed rule.**

   These rule amendments contain exceptions from inspections in two scenarios. First, no inspection is required for CODA facilities in a hospital or federal facility. Second, dentists in the facility may submit proof of successful completion of the American Association of Oral and Maxillofacial Surgeons’ Office Anesthesia Evaluation.
Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments.” (See Public Chapter Number 1070 (http://publications.tnsosfiles.com/acts/106/pub/pcl070.pdf) of the 2010 Session of the General Assembly)

The proposed rule amendments should not have a financial impact on local governments.
Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

(A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

The amendments to Rule 0460-02-.05 add minimum requirement language and "live human patient restorative component" and delete the references to the Southern Regional Testing Agency (SRTA) and the Western Regional Examining Board (WREB).

The amendments to Rule 0460-02-.07(1)(g) add definitions of "dental facility," "dental facility inspection," "dental facility permit," "mobile dental anesthesia provider," and create new paragraphs regarding facility inspections, failure to comply with inspections, mobile dental anesthesia providers and portable facilities, and exceptions to facility inspections.

The amendments to Rule 0460-03-.12 delete a reference to submission of a Local Anesthesia Certification Fee.

Lastly, these amendments create a new rule for "Teledentistry" to comply with 2016 Public Chapter 918, signed by the Governor on April 27, 2016 and codified in Tenn. Code Ann. § 63-5-108(b).

(B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;


(C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

These proposed rule amendments to Rule 0460-02-.07 will only affect facilities with dentists who possess a conscious sedation permit or a deep sedation/general anesthesia permit. The remaining rules will affect all Tennessee licensed dentists and dental hygienists.

(D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule or the necessity to promulgate the rule;

None.

(E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars ($500,000), whichever is less;

These rules should not result in any increase or decrease in state or local government revenues or expenditures.

(F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Jennifer Putnam, Assistant General Counsel, Department of Health.

(G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Jennifer Putnam, Assistant General Counsel, Department of Health.

(H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and
(I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None.
RULES
OF
TENNESSEE BOARD OF DENTISTRY

CHAPTER 0460-01
GENERAL RULES

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0460-01-.01 DEFINITIONS. As used in Chapters 1 through 5 of Rule 0460, the following terms and acronyms shall have the following meanings ascribed to them:

(1) Associated Structures - Any structures grouped by some common factor. Structures can be associated with the oral cavity and/or maxillofacial area by anatomic and/or functional factors (e.g., the oral cavity and maxillofacial area are associated with the major and minor muscles of mastication and all of their attachments; the oral cavity and maxillofacial area are associated with the oral pharynx, nasal pharynx and the airway including the trachea). All structures adjacent, attached, or contiguous with the oral cavity and/or maxillofacial area are associated structures (e.g., the oral cavity and maxillofacial area are associated with the head and neck, including the face and its components orbital, nasal, aural, etc.).

(2) Board - The Tennessee Board of Dentistry.

(3) Board Administrative Office - The office of the Director assigned to the Tennessee Board of Dentistry located at 665 Mainstream Drive, Nashville, TN 37243.

(4) Certified Dental Assistant - A designation for an individual who has obtained certification from the Dental Assisting National Board, and with such designation, the individual may apply for registration to practice as a registered dental assistant in this State. All certified dental assistants must be registered by the State, pursuant to Rule 0460-04-.02, before they are eligible to practice as registered dental assistants in this State.

(5) Continuing Education - Continuing education consists of dental educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical and non-clinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

(a) Continuing dental education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula

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(Rule 0460-01-.18, continued)

(7) Parents or legal guardians must be informed in advance of what treatment the patient will receive and why the use of restraints may be required. Parents or legal guardians shall be informed of the office policy concerning parental presence, the benefits and risks of parental presence, and of their opportunity to choose a different practitioner for the child if they are not comfortable with the office policy.

(8) Parents or legal guardians may not be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record.


0460-02-.19 Teledentistry. No person shall engage in the practice of dentistry, either in person or remotely using information transmitted electronically or through other means, on a patient within the state of Tennessee unless duly licensed by the Board in accordance with the provisions of the current statutes and rules. Teledentistry shall not alter or amend the supervision requirements or procedures that are authorized for licensed dental hygienists or registered dental assistants as stated by T.C.A §63-5-115, 0460-03-.09 and 0460-04-.08.

(1) Treatment and the Practice of Teledentistry

(a) A teledentistry encounter entails the rendering of a documented dental opinion concerning evaluation, diagnosis, and/or treatment of a patient whether the dentist is physically present in the same room or in a remote location within the state or across state lines.

(b) Teledentistry as practiced under T.C.A §63-5-108 (b) (16) is not an audio only telephone conversation, email/instant messaging conversation or fax. At a minimum it shall include the application of secure video conferencing or store-and-forward technology to provide or support dental care delivery by replicating the interaction of a traditional encounter between a provider and a patient.

(c) If the information transmitted through electronic or other means as part of a patient's encounter is not of sufficient quality or does not contain adequate information for the dentist to form an opinion, the dentist must declare they cannot form an opinion to make an adequate diagnosis and must request direct referral for inspection and actual physical examination, request additional data or recommend the patient be evaluated by the patient's primary dentist or other local oral health care provider.

(d) No patient seeking care via teledentistry who is under the age of eighteen (18) years of age can be treated unless there is a parent or guardian present, except as otherwise authorized by law.

(2) Dental Records and Informed Consent when Practicing Teledentistry

(a) For patient encounters conducted by teledentistry, the dentist shall have appropriate patient records or be able to obtain the patient's prior treatment information during the teledentistry encounter.

(b) Secure electronic records of the patient are to be kept at all locations where the patient is seen physically and at the location where the dentist is if the dentist is not present at the
(Rule 0460-01-.18, continued)

Dental records established for the purposes of teledentistry must contain the same information as required by Rule 0460-02-.12.

(c) Store-and-forward technology as used in (1)(b) above is the use of asynchronous electronic communications between a patient and dentist at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients, including the transferring of dental data from one site to another through the use of a device that records or stores images that are sent or forwarded via electronic communication to another site for consultation.

(d) The dentist engaging in teledentistry is responsible for ensuring that the dental record contains all pertinent data and information gleaned from the encounter. Any dentist conducting a patient encounter via teledentistry must document by an informed consent form which shall be added in the patient record and must state the technology used.

(e) Informed consent forms shall be signed by the patient or parent/guardian describing the information to be transmitted and/or shared with a dentist who is at a different geographical location.

(f) A dentist who provides information regarding healthcare services on an internet website that is directly controlled or administered by the dentist or the dentist’s agent, shall prominently display on the internet website the dentist full name and type of license.

(3) Supervision

(a) Patient encounter with hygienist – Any licensed dental hygienist who assists the dentist in providing dental health services or care using teledentistry is only authorized to perform those services that the dental hygienist is authorized to perform during an in-person patient encounter under general supervision as defined by T.C.A §63-5-108 (c)(5).

(Rule 0460-02-.04, continued)

project and contains evidence that the project is under the auspices and direction of a recognized educational institution or the Tennessee Department of Health.

(5) The Dean of the dental teaching institution which intends to employ or utilize unlicensed graduates of dental schools, colleges or universities as clinical instructors must submit a written application for exemption to the Board Administrative Office which contains the following:

(a) The duties to be performed by the graduates, and
(b) The method of supervision imposed by the institution over the graduates, and
(c) A list of all graduates requiring exemption, and
(d) The student clinical instructor exemption fee as provided in rule 0460-01-.02 (1) for each graduate requiring exemption.

(6) Exemptions granted pursuant to paragraph (5) of this rule shall be effective only until the next scheduled applicable examination of the Board and shall not be extended.

(7) Application review and decisions required by this rule are governed by rule 0460-01-.04.


0460-02-.05 EXAMINATIONS. All persons intending to apply for licensure as a dentist in Tennessee must successfully complete the examinations provided by this rule, except for educational limited licensure applicants and dual degree licensure applicants who need not complete any licensure examinations, limited licensure applicants who must successfully complete only the National Board examination, criteria (reciprocity) applicants who are qualifying pursuant to Rule 0460-02-.01 (3) (d), (e), or (f) and need not complete any licensure examinations, and criteria (reciprocity) applicants who are qualifying pursuant to Rule 0460-02-.01 (3) (g), (h), or (i) and must have successfully completed a regional testing agency examination or an examination given by another state as provided in T.C.A. § 63-5-110(b)(6)(D) or (E). Completion of the required examinations is a prerequisite for application for licensure. Certification of successful completion must be submitted as part of the application process.

(1) The Board adopts as its licensure examinations and requires, with the previously noted exceptions, successful completion of all of the following examinations as a prerequisite for licensure:

(1) The Board adopts as its licensure examination and requires, with the previously noted exceptions, successful completion of all of the following examination components as a prerequisite for licensure:

(a) An examination must include a prosthetic component, a periodontal component, an endodontic component, and a live human patient anterior and posterior restorative component.

(a) Any Board-approved examination including, but not limited to, the examinations offered by:

1. The Southern Regional Testing Agency (SRTA)

2. The Western Regional Examining Board (WREB)
(b) The National Board if the applicant graduated from a dental college, school or university after 1972.

(2) Admission to, application for and the fees required to sit for the regional examinations and the National Board examinations are governed by and must be submitted to the testing agency. Admission to, application for and the fees required to sit for any other Board-approved examination must be submitted to the Board as provided in rule 0460-01-.02, or at the Board's option, its designated exam administrator.

(3) Passing scores on the regional and National Board examinations are determined by the testing agency. Such passing scores as certified to the Board are adopted by the Board as constituting successful completion of those examinations. Passing scores for any other Board-approved examination are determined by the Board.

(4) Applicants must supply or furnish their own patients, instruments and materials as required by the testing agency, the Board, or the Board's designated exam administrator.

(5) Applicant's who fail to successfully complete any of the examinations may apply for reexamination.

(6) Oral examination may be required pursuant to rule 0460-01-.04.

(7) The Board adopts as its own, the determination made by the regional testing agencies and the National Boards of the length of time that a passing score on their respective examinations will be effective for purposes of measuring competency and fitness for dental licensure; however, an applicant's test scores from any Board-approved examination as provided in subparagraph (1) (a) which were taken over five (5) years before application was made for licensure in Tennessee will be considered by the Board on a case by case basis after the applicant appears before the Board for an examination.

(8) Applicants for licensure who have failed three (3) times the National Board or any Board-approved examination as provided in subparagraph (1) (a) must successfully complete a remedial course of post-graduate studies at a school accredited by the American Dental Association before consideration for licensure by the Board. The applicant shall cause the program director of the post-graduate program to provide written documentation of the content of such course and certify successful completion.

(9) If an applicant has successfully completed a clinical board examination administered by another state and is applying for licensure pursuant to Rule 0460-02-.01 (3) (g), (h), or (i), it is that applicant's responsibility to submit documentation substantiating the appropriateness of such examination. The Board shall make the final decision to accept or reject such examination.


0460-02-.06 SPECIALTY CERTIFICATION.

(1) Recognized Specialties - The Board recognizes and will issue specialty certification in the following branches of dentistry:
(Rule 0460-02-.06, continued)

(a) Dental Public Health;
(b) Endodontics;
(c) Oral and Maxillofacial Radiology;
(d) Oral and Maxillofacial Surgery;
(e) Oral and Maxillofacial Pathology;
(f) Orthodontics and Dentofacial Orthopedics;
(g) Pediatric Dentistry (Pedodontics);
(h) Periodontics;
(i) Prosthodontics.

(2) Certification - To become certified as a specialist in a particular branch of dentistry an applicant must be licensed as a dentist in Tennessee except those persons eligible for licensure pursuant to rule 0460-02-.02, and comply with the following:

(a) An applicant shall obtain a specialty application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office.

(b) An applicant shall submit the specialty certification application fee as provided in rule 0460-01-.02 (1).

(c) An applicant shall submit verification of one of the following:

1. Successful completion of the specialty training as provided in the section of this rule for the specific specialty that the applicant is applying for; or

2. Certification as a specialist by the American Board of the particular specialty for which application is made. A letter must be sent directly from the secretary of the American Board of the particular specialty to the Board Administrative Office which indicates that the applicant is certified by the American Board in that specialty and that the applicant is in good standing. All such certificates approved by the Board may be accepted as sufficient for specialty certification in lieu of submitting proof of successful completion of a residency program in a specialty. Acceptance of such certificates is discretionary with the Board.

(d) An applicant shall submit any other documentation required by the Board after review of the application.

(e) An applicant who is certified as a specialist in another state shall have that state's licensing board send proof to the Board Administrative Office which indicates that the applicant is certified in that specialty and that the applicant is in good standing.

(f) Application review and decisions required by this rule are governed by rule 0460-01-.04.

(3) Examination - All specialty applicants shall submit to an oral examination even if certification from an American Board in a specialty is accepted in lieu of submitting proof of successful completion of a residency program in a specialty.
(4) Dental Public Health - The requirements for certification in this specialty shall be those required by the American Dental Association as regards its regulation of this specialty branch of dentistry.

(5) Endodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Endodontics at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Endodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(6) Oral and Maxillofacial Pathology - An applicant must submit certification of successful completion of two (2) years of postgraduate training in Oral Pathology or Oral and Maxillofacial Pathology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in oral pathology or oral and maxillofacial pathology or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(7) Oral and Maxillofacial Radiology - An applicant must submit certification of successful completion of graduate study in Oral and Maxillofacial Radiology of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in oral and maxillofacial radiology or a certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.

(8) Oral and Maxillofacial Surgery.
   (a) An applicant must provide to the Board Administrative Office certification of successful completion of advanced study in Oral and Maxillofacial Surgery of four (4) years or more in a graduate school or hospital accredited by the Commission on Dental Accreditation (CODA) or the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in oral and maxillofacial surgery or a certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.
   
   (b) Oral and Maxillofacial Surgery is the specialty area of the treatment of the oral cavity and maxillofacial area or adjacent or associated structures and their impact on the human body that includes the performance of the following areas of Oral and Maxillofacial Surgery, as described in the most recent version of the Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of the American Association of Oral and Maxillofacial Surgeons:

   1. Patient assessment;
   2. Anesthesia in outpatient facilities, as provided in T.C.A. §§ 63-5-105 (6) and 63-5-108 (g);
   3. Dentoalveolar surgery;
   4. Oral and craniomaxillofacial implant surgery;
   5. Surgical correction of maxillofacial skeletal deformities;

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6. Cleft and craniofacial surgery;
7. Trauma surgery;
8. Temporomandibular joint surgery;
9. Diagnosis and management of pathologic conditions;
10. Reconstructive surgery including the harvesting of extra oral/distal tissues for grafting to the oral and maxillofacial region; and
11. Cosmetic maxillofacial surgery.

(c) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:
1. Rhinoplasty;
2. Blepharoplasty;
3. Rhytidectomy;
4. Submental liposuction;
5. Laser resurfacing;
6. Browlift, either open or endoscopic technique;
7. Platysmal muscle plication;
8. Dermabrasion;
9. Otoplasty;
10. Lip augmentation; and
11. Botox injections or future FDA approved neurotoxins.

(d) Any licensee who lacks the following qualifications and nevertheless performs the procedures and surgery identified in subparagraph (c) shall be subject to discipline by the Board under T.C.A. § 63-5-124, including provisions regarding malpractice, negligence, incompetence or unprofessional conduct:
1. Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and
2. Has successfully completed a clinical fellowship, of at least one (1) continuous year in duration, in esthetic (cosmetic) surgery accredited by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or
Holds privileges issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures.

(e) The Board, pursuant to its authority under T.C.A. § 63-5-124, determines that performance of the surgery and procedures identified in subparagraph (c) without the qualifications set out above shall be considered unprofessional conduct and subject to discipline by the Board as such.

(9) Orthodontics and Dentofacial Orthopedics - An applicant must submit, with the application form, documentation of successful completion of one (1) of the following:

(a) Certification of successful completion of two (2) academic years of training in Orthodontics and Dentofacial Orthopedics in an approved Postgraduate Department of an accredited dental school, college or university. Such evidence shall include either a transcript which indicates completion of the postgraduate training in orthodontics and Dentofacial orthopedics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(b) Certification of successful completion of an organized preceptorship training program in Orthodontics and Dentofacial Orthopedics approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the preceptorship training program, to be submitted directly from the school to the Board Administrative Office.

(10) Pediatric Dentistry (Pedodontics) - An applicant must submit to the Board Administrative Office certification of successful completion of at least two (2) years of graduate or post graduate study in Pediatric Dentistry according to the following:

(a) If such study is completed in whole or in part at a dental school, college or university, the graduate or postgraduate program must be approved by the Council on Dental Education of the American Dental Association.

(b) The graduate or postgraduate program need not lead to an advanced degree.

(c) The program of study may be pursued in hospitals or clinics or other similar institutions.

(d) One (1) academic year of graduate or postgraduate study will be considered as equivalent to one (1) calendar year.

(e) Such evidence shall include either a transcript which indicates completion of the postgraduate training in pediatric dentistry (Pedodontics) or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(11) Periodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Periodontics at the university level in a program approved by the Commission on Dental Education of the American Dental Association and by the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in periodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
(Rule 0460-02-06, continued)

(12) Prosthodontics - An applicant must submit certification of successful completion of at least two (2) years of a postdoctoral education in prosthodontics in a program approved by the Commission on Dental Accreditation of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in prosthodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(13) General Rules Governing Specialty Practice

(a) Scope of Practice - Dentists certified in a specialty branch of dentistry must devote and confine a majority of their practice to the certified specialty only. Any specialty certified dentists who do not so confine their practice or who return to general practice must retire specialty certification on forms obtained from and submitted to the Board Administrative Office.

(b) A current and active dental license issued by the Board is a prerequisite to the continued practice under any specialty certification.


0460-02-.07 ANESTHESIA AND SEDATION.

(1) Definitions

(a) Advanced Cardiac Life Support (ACLS). A certification that means a person has successfully completed an advanced cardiac life support course offered by a recognized accrediting organization.

(b) American Society of Anesthesiologists (ASA) Patient Physical Status Classification

1. ASA I - A normal healthy patient.
2. ASA II - A patient with mild systemic disease.
3. ASA III - A patient with severe systemic disease.
4. ASA IV - A patient with severe systemic disease that is a constant threat to life.
5. ASA V - A moribund patient who is not expected to survive without the operation.
6. ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes.
7. E - Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).
(Rule 0460-02-.07, continued)

(c) Antianxiety premedication (anxiolysis). The prescription of pharmacologic substances for the relief of anxiety and apprehension.

(d) Certified Registered Nurse Anesthetist (CRNA). A registered nurse currently licensed by the Tennessee Board of Nursing who is currently certified as such by the American Association of Nurse Anesthetists.

(e) Conscious sedation. A minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

(f) Deep sedation. An induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.

(g) Dental Facility - the office where a permit holder or permit applicant practices dentistry and provides or is applying to provide anesthesia/sedation services.

(h) Dental Facility Inspection - an on-site inspection to determine if a dental facility is equipped to support the provision of anesthesia/sedation services under 0460-02-.07(6)(b) and 0460-02-.07(7)(b).

(i) Dental Facility Permit - permit issued by the Board to a dental facility which allows an anesthesia/sedation permit holder to administer anesthesia/sedation services at that dental facility.

(j) Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

(k) General anesthesia. An induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.

(l) Hospital. A hospital licensed by the Department of Health’s Division of Health Care Facilities.

(m) Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(n) Mobile dental anesthesia provider - A licensed dentist with an anesthesia/sedation permit who provides office based anesthesia/sedation for dental offices.

(o) Nitrous oxide inhalation analgesia. The administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(p) Pediatric Advanced Life Support (PALS). A certification that means a person has successfully completed an pediatric advanced life support course offered by a recognized accrediting organization.
Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC)].

Physician. A person licensed to practice medicine and surgery pursuant to Tennessee Code Annotated Title 63, Chapters 6 or 9.

(2) Permits required.

(a) No permit is required for the administration of nitrous oxide inhalation analgesia; however, dentists must comply with the provisions of 0460-02-.07 (4).

(b) No permit is required for the use of antianxiety premedication (anxiolysis); however, dentists must comply with the provisions of 0460-02-.07 (5).

(c) Dentists must obtain a permit to administer conscious sedation. A conscious sedation permit may be limited or comprehensive.

1. A limited conscious sedation permit authorizes dentists to administer conscious sedation by the enteral and/or combination inhalation-ental method.

2. A comprehensive conscious sedation permit authorizes a dentist to administer conscious sedation by the enteral, combination inhalation-ental, or parenteral method.

3. Children thirteen (13) and under

(i) Dentists who administer conscious sedation by any method to children thirteen (13) and under must have a comprehensive conscious sedation permit.

(ii) Agents used to produce conscious sedation/deep sedation/general anesthesia in children thirteen (13) years of age and under must be given under the direct supervision of the dentist.

4. Dentists issued limited or comprehensive conscious sedation permits must comply with rule 0460-02-.07 (6).

(d) Dentists must obtain a permit to administer deep sedation/general anesthesia and comply with rule 0460-02-.07 (7).

(3) Determination of degree of sedation

(a) The degree of sedation or consciousness level of a patient is the determinant for the application of these rules, not the route of administration. Determining the degree of sedation or level of consciousness of a patient is based upon:

1. The type and dosage of medication that was administered or was proposed for administration to the patient;

2. The age, physical size and medical condition of the patient receiving the medication; and

3. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.
(Rule 0460-02-.07, continued)

(b) In a proceeding of the board at which the board must determine the degree of sedation or level of consciousness of a patient, the board will base its findings on the provisions of subparagraph (a).

(4) Nitrous oxide inhalation analgesia.

(a) Nitrous oxide may be administered by a licensed dentist or a licensed and properly certified dental hygienist under the direct supervision of a licensed dentist. The administering or supervising dentist must be on the premises at all times that nitrous oxide is in use.

(b) An authorized person must constantly monitor each patient receiving nitrous oxide. In addition to dentists, any licensed dental hygienist or registered dental assistant who has complied with rules 0460-03-.06 or 0460-04-.05 is an authorized person and may monitor patients who are receiving nitrous oxide.

(c) Monitoring nitrous oxide. Monitoring patients receiving nitrous oxide inhalation analgesia as an adjunct to dental or to dental hygiene procedures consists of continuous direct clinical observation of the patient and begins after the dentist or dental hygienist has initiated the analgesia. The dentist must be notified of any change in the patient which might indicate an adverse effect on the patient. Those certified in nitrous oxide monitoring may terminate the administration of nitrous oxide inhalation analgesia.

(d) All equipment for the administration of nitrous oxide must be designed specifically to guarantee that an oxygen concentration of no less than thirty percent (30%) can be administered to the patient.

(e) All equipment for the administration of nitrous oxide must be equipped with a scavenger system.

(5) Antianxiety premedication (anxiolysis).

(a) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist. The drugs used should carry a margin of safety wide enough to never render unintended loss of consciousness. If the administration is for antianxiety purposes, the appropriate initial dosing of a single enteral drug can be no more than the maximum recommended dose (MRD) of a drug that can be prescribed for non-monitored home use. The co-administration of nitrous oxide is allowed. If the MRD is exceeded then a limited conscious sedation permit is required.

(b) A dentist using antianxiety premedication must employ auxiliary personnel who are certified in BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.

(c) All antianxiety premedications and all sedation techniques (except nitrous oxide and oxygen) used for children age thirteen (13) and under require a comprehensive conscious sedation permit.

(6) Conscious sedation.
RULES GOVERNING THE PRACTICE OF DENTISTRY

CHAPTER 0460-02

(Rule 0460-02-.07, continued)

(a) Dentists must obtain a permit from the Board of Dentistry to administer conscious sedation in the dental office. Conscious sedation permits are either limited or comprehensive.

1. To obtain a limited conscious sedation permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide proof of one (1) of the following:

   (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training necessary to administer and manage enteral and/or combination inhalation-ental conscious sedation, or

   (ii) Completion of a continuing education course which consists of a minimum of twenty four (24) hours of didactic instruction plus ten (10) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-ental conscious sedation.

2. To obtain a comprehensive conscious sedation permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide proof of one (1) of the following:

   (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training to administer and manage parenteral conscious sedation, or

   (ii) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus the management of at least twenty (20) patients which provides competency in parenteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication.

3. Dentists who provide conscious sedation for children must provide evidence of adequate training in pediatric sedation techniques and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.

4. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation must have a valid comprehensive conscious sedation permit.

5. A dentist may utilize a physician (MD or DO), who is a member of the anesthesiology staff of an accredited hospital, or a permitted dentist to administer conscious sedation in that dentist's office. Such person must remain on the premises of the dental facility until all patients given conscious sedation meet discharge criteria. The office must comply with the general rules for conscious sedation, i.e. rule 0460-02-.07 (b). A dentist utilizing such person and complying with these provisions does not require a conscious sedation permit.

(b) General rules for conscious sedation.

1. Physical facilities.
RULES GOVERNING THE PRACTICE OF DENTISTRY

CHAPTER 0460-02

(Rule 0460-02-.07, continued)

1. Environmental Controls.

(i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least two persons, to move freely about the patient.

(ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.

(iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.

(v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.

(vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.

(vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.

(viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.

(ix) Inspections of the anesthesia and sedation equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

(i) During conscious sedation at least one (1) person, in addition to the operating dentist, must be present.

(ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.

(iii) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.

(iv) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.
(v) Notwithstanding the provisions of part (iv), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.

3. Patient evaluation. Patients subjected to conscious sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is recommended.

4. Dental records. The dental record must include:
   (i) A medical history including current medications and drug allergies;
   (ii) Informed consent for the type of anesthesia used;
   (iii) Baseline vital signs including blood pressure and pulse. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented;
   (iv) A time-oriented anesthesia record which includes the drugs and dosage administered;
   (v) Documentation of complications or morbidity; and
   (vi) Status of the patient on discharge.

5. Monitoring
   (i) Direct clinical observation of the patient must be continuous;
   (ii) Interval recording of blood pressure and pulse must occur;
   (iii) Oxygen saturation must be evaluated continuously by a pulse oximeter;
   (iv) The patient must be monitored during recovery by trained personnel until stable for discharge;
   (v) If monitoring procedures are prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented; and
   (vi) If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation.

6. Emergency management.
   (i) Written protocols must be established by the dentist to manage emergencies related to conscious sedation including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension,
hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation.

(ii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life safety, medical equipment, utility systems, infection control, and hazardous waste practices.

(iii) A cardiac defibrillator or automated external defibrillator must be available.

(iv) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.


(i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.

(ii) The dental office must develop specific criteria for discharge parameters for conscious sedation for both adult and pediatric patients.

(iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible person.

(7) Deep sedation/general anesthesia.

(a) Dentists must obtain a permit from the Board of Dentistry to administer deep sedation/general anesthesia in the dental office.

1. Obtaining the permit

(i) To obtain a deep sedation/general anesthesia permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide certification of one (1) of the following:

(I) Successful completion of a minimum of one (1) year advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in the most recent version of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, or

(II) Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association; or

(III) Proof of successful completion of a residency program in general anesthesia of not less than one (1) calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia or proof that the applicant is a Diplomate of the American Board of Dental Anesthesiology.

June, 2015 (Revised)
Dentists who provide deep sedation/general anesthesia for children must provide evidence of adequate training in pediatric sedation techniques, in general anesthesia, and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.

2. A dentist may utilize a physician (MD or DO), who is a member of an anesthesiology staff of an accredited hospital, or another dentist who holds a deep sedation/general anesthesia permit to administer deep sedation or general anesthesia in that dentist's office. Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria. The office must comply with the general rules for deep sedation/general anesthesia, i.e. rule 0460-02-.07 (7) (b). A dentist utilizing such person and complying with these provisions does not require a deep sedation/general anesthesia permit.

3. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer deep sedation/general anesthesia must have a valid deep sedation/general anesthesia permit.

4. A dentist who holds a deep sedation/general anesthesia permit may administer conscious sedation.

(b) General rules for deep sedation/general anesthesia.

1. Physical facilities.

   (i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least three (3) persons, to move freely about the patient.

   (ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

   (iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.

   (iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.

   (v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.

   (vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.

   (vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.
(Rule 0460-02-.07, continued)

(viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.

(ix) Inspections of the deep sedation/general anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

(i) During deep sedation/general anesthesia at least two (2) persons, in addition to the operating dentist, must be present.

(ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.

(iii) When the same individual administering the deep sedation/general anesthesia is performing the dental procedure, there must be a second (2nd) individual trained in patient monitoring.

(iv) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.

(v) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.

(vi) Notwithstanding the provisions of subpart (v), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.

3. Patient evaluation. Patients subjected to deep sedation/general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is recommended.

4. Dental records. The dental record must include:

(i) A medical history including current medications and drug allergies;

(ii) Informed consent for the type of anesthesia used;

(iii) Baseline vital signs including blood pressure, pulse and temperature. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition the reason(s) should be documented;
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(Rule 0460-02-.07, continued)

(iv) A time-oriented anesthesia record which includes the drugs and dosage administered and an interval recording of blood pressure and pulse;

(v) Documentation of complications or morbidity; and

(vi) Status of the patient on discharge.

5. Monitoring.

(i) Direct clinical observation of the patient must be continuous;

(ii) Interval recording of blood pressure and pulse must occur;

(iii) Oxygen saturation must be monitored continuously by pulse oximeter;

(iv) Continuous EKG monitoring with electrocardioscope must occur;

(v) Respirations must be monitored by end tidal CO$_2$ unless precluded or invalidated by the nature of the patient, procedure, or equipment;

(vi) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, body temperature must continuously be monitored; and

(vii) The patient must be monitored during recovery by trained personnel until stable for discharge.

6. Emergency management.

(i) Written protocols must be established by the dentist to manage emergencies related to deep sedation/general anesthesia including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation.

(ii) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, protocols to treat the malignant hyperthermia must be established.

(iii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life safety, medical equipment, utility systems, infection control, and hazardous waste practices.

(iv) A cardiac defibrillator or automated external defibrillator must be available.

(v) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.


(i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.

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(Rule 0460-02-.07, continued)

(ii) The dental office must develop specific criteria for discharge parameters for deep sedation/general anesthesia for both adult and pediatric patients.

(iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible adult.

(8) Continuing education. In order to maintain a limited or comprehensive conscious sedation or deep sedation/general anesthesia permit, a dentist must:

(a) Maintain current certification in ACLS (a pediatric dentist may substitute PALS); or

(b) Certify attendance every two (2) years at a board approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia; and

(c) Obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as part of the required forty (40) hours of continuing education for dental licensure. ACLS or PALS certification shall not be included as any part of the required four (4) hours.

(9) Reporting injury or mortality.

(a) A written report shall be submitted to the board by the dentist within thirty (30) days of any anesthesia-related incident resulting in patient injury or mortality, which occurred when the patient was under the care of the dentist and required hospitalization. In the event of patient mortality, concurrent with a sedation or anesthesia-related incident, this incident must be reported to the board within two (2) working days, to be followed by the written report within thirty (30) days.

(b) A written report shall include:

1. Description of dental procedure;

2. Description of preoperative physical condition of the patient;

3. List of the drugs and dosages administered;

4. Detailed description of techniques utilized in administering the drugs;

5. Description of adverse occurrence to include:

   (i) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in the patient;

   (ii) Treatment instituted on patient; and

   (iii) Response of the patient to treatment; and

6. Description of the patient's condition on termination of any procedure undertaken.

(10) Permit process (limited conscious sedation, comprehensive conscious sedation, deep sedation/general anesthesia).

June, 2015 (Revised)
(a) To obtain a limited or comprehensive conscious sedation permit or deep sedation/general anesthesia permit, a dentist must apply on an application form provided by the board and submit the appropriate fee as established by the board.

(b) The applicant must submit acceptable proof to the Board:

1. For a limited conscious sedation permit:
   (i) That the educational requirements of 0460-02-.07 (6) (a) 1. are met; and
   (ii) Compliance with general rules 0460-02-.07 (6) (b).

2. For a comprehensive conscious sedation permit:
   (i) That the educational requirements of 0460-02-.07 (6) (a) 2. are met; and
   (ii) Compliance with general rules 0460-02-.07 (6) (b).

3. For a deep sedation/general anesthesia permit:
   (i) That the educational requirements of 0460-02-.07 (7) (a) have been met; and
   (ii) Compliance with general rules 0460-02-.07 (7) (b).

(c) A permit must be renewed every two (2) years by payment of the appropriate renewal fee as established by the board and by certification of the continuing education requirement [0460-02-.07 (8)] and by certification of compliance with the general rules for conscious sedation [0460-02-.07 (6) (b)] or deep sedation/general anesthesia [0460-02-.07 (7) (b)].

(11) Anesthesia Consultants

(a) In addition to the Board Consultant and his/her duties, as provided in Rule 0460-01-.03, Anesthesia Consultants shall be appointed by the board to assist the board in the administration of this rule. All Anesthesia Consultants shall be licensed to practice dentistry in Tennessee and shall all hold current, valid comprehensive conscious sedation or deep sedation/general anesthesia permits.

(b) The Anesthesia Consultants shall be:

1. A periodontist;
2. A pediatric dentist;
3. A general dentist; and
4. Two (2) oral and maxillofacial surgeons.

(c) The Anesthesia Consultants shall advise the Board of Dentistry regarding the continuing education courses, to be approved by the Board, to satisfy the requirements in subpart (6) (a) 1. (ii), item (6) (a) 2. (i) (II) and subparagraph (8) (b).
(12) Facility Permits and Inspections. A dental facility permit is required of the office where an anesthesia/sedation permit holder practices dentistry and provides anesthesia/sedation services. A dental facility permit is separate from a dentist's individual anesthesia/sedation permit. The dental facility permit will expire five (5) years from the date of issuance or renewal of the dental facility permit.

(a) Dentists who currently hold an anesthesia/sedation permit as of the effective date of this rule shall apply for a dental facility permit prior to the expiration of their dental license. Only one dental facility permit is required per location.

(b) Prior to the issuance of a licensee's initial anesthesia/sedation permit, the Board shall require an on-site inspection of the dental facility's equipment and drugs to determine if the requirements of 0460-02-.07(6)(b) and 0460-02-.07(7)(b) have been met. Compliance with these rules is a condition to obtaining an initial anesthesia/sedation permit. The cost of the on-site inspection will be the responsibility of the dental facility.

(c) The individual, organization, or agency conducting the inspection may also notify the board of other violations discovered during the inspection. Violations that may have been observed during the inspection, but not related to equipment and drug requirements may be separately pursued by the Board.

(d) All dental facilities wherein anesthesia/sedation may be administered shall be inspected once every five (5) years beginning from the date of the initial dental facility permit to ensure that the dental facility has remained in compliance with the requirements of 0460-02-.07(6)(b) and 0460-02-.07(7)(b).

(e) The dental facility will be notified in writing within 120 days prior to the dental facility permit expiration date of when the inspection is required. Failure to receive the written notification does not exempt the dental facility from obtaining an inspection prior to the expiration of the dental facility permit. The written notice will also include a Board inspection form to be completed by the individual, organization or agency conducting the inspection.

(f) The inspection must be performed by an individual, organization or agency that has been approved by the Board. The dental facility must complete the inspection prior to the dental facility permit expiration date. Upon conclusion of the inspection, the dental facility must receive either a pass or fail recommendation.

(g) The recommendation of the inspection and Board inspection form must be submitted to both the dental facility and the Board's administrative office by the individual, organization or agency conducting the inspection within 30 days after completing the inspection. The recommendation and Board inspection form can be sent by regular or electronic mail. The Board is not bound by this recommendation.

(h) The Board consultant will review the recommendation and Board inspection form to determine whether the dental facility has passed or failed the inspection. Written notification of the decision will be provided to the dental facility within 30 days after receipt of the recommendation and Board inspection form.
(Rule 0460-02-.07, continued)

(13) Failure upon inspection

(a) Any dental facility with missing or malfunctioning equipment or that is not in compliance with 0460-02-.07(6)(b) or 0460-02-.07(7)(b) shall cease administering anesthesia/sedation until all deficiencies have been remedied.

(b) The dental facility must remedy all deficiencies within thirty (30) days from receipt of the Board consultant's decision.

(c) If a dental facility fails the inspection because of extenuating circumstances, it may submit a written request for an extension of time to remedy all deficiencies. The written request must include a complete explanation of the extenuating circumstances and the dental facility's plan for remediating all deficiencies. If an extension is granted after the Board consultant's review of the written request, the Board consultant shall establish the duration of the extension of time for the dental facility to remedy the deficiencies. The dental facility shall cease administering anesthesia/sedation until all deficiencies have been remedied and deemed compliant by the Board consultant. The dental facility must submit proof of the remedial measures taken to the Board consultant for review. Once the Board consultant has determined the dental facility is compliant, the dental facility will be notified by the Board.

(14) In the case of a dentist who practices as a mobile dental anesthesia provider, an inspection shall be conducted of the mobile dental anesthesia provider's equipment and drugs required by 0460-02-.07(6)(b) and 0460-02-.07(7)(b).

(15) Exceptions to facility inspections

(a) An on-site inspection is not required when anesthesia/sedation is administered in a CODA (Commission on Dental Accreditation) accredited educational institution, hospital setting or federal facility.

(b) A dentist may submit proof of successful completion of the American Association of Oral and Maxillofacial Surgeons' Office Anesthesia Evaluation in lieu of the on-site inspection required by 0460-02-.07(12).


0460-02-.08 LICENSURE RENEWAL. All licensed dentists must renew their licenses to be able to legally continue in practice. Licensure renewal is governed by the following:

(1) Renewal application

(a) The due date for licensure renewal is the last day of the month in which a licensee's birthday falls pursuant to the Division of Health Related Boards "birthdate renewal system" contained on the renewal certificate as the expiration date.

(b) Methods of Renewal
Any organization that organizes or arranges for the voluntary provision of health care services on residents of Tennessee may utilize persons described in subparagraphs (a) and (b) to practice as dental hygienists only when it has complied with the provisions of T.C.A. §§ 63-6-701 through 707 and rule 1200-10-1-.12 of the Division of Health Related Boards.

Application review and licensure decisions for these types of licensure shall be governed by rule 0460-01-.04.


ADMINISTRATION OF LOCAL ANESTHESIA CERTIFICATION. A licensed dental hygienist in Tennessee must obtain certification to administer local anesthesia before he/she can administer local anesthesia on any patient.

Qualifications for Certification — One (1) of the following qualifications must be completed:

(a) Be a graduate of an ADA Commission on Dental Accreditation approved dental hygiene program which teaches the administration of local anesthesia to clinical competency; or

(b) Complete a Board-approved certification course in administration of local anesthesia; or

(c) Have completed a comparable dental hygiene training program on administration of local anesthesia in another state, which is comparable to the Board-approved course. The licensed dental hygienist is eligible to apply directly to the Board for certification in administration of local anesthesia without additional training, provided the course is determined by the Board consultant to be equivalent to the Board-approved course in Tennessee. The course provider must submit the curriculum, including the number of hours and injections required in the course, and a letter attesting that the course was taught to clinical competency to the Board's Administrative Office. If a certification or permit was issued by the other state, verification of the certificate or permit must be received directly from the other board. If it is determined that the course is not equivalent, the licensed dental hygienist will be required to comply with the provisions of subparagraphs (a) or (b) before certification can be issued.

Procedures for Certification — After successful completion of a Board-approved certification course, an ADA Commission on Dental Accreditation dental hygiene program which included instruction in the administration of local anesthesia or a certification course from another state that is equivalent to the Board-approved course, an applicant shall:

(a) submit a completed application on a form provided by the Board Administrative Office; and

(b) — submit the Local Anesthesia Certification Fee required by 0460-01-.02; and

(c) cause verification of successful completion of the course attesting that the course was taught to demonstrate clinical competency to be sent directly from the school to the Board Administrative Office. If the course was Board-approved, a temporary permit will be issued pending verification of completion of the externship.

Conditions of Certification

(a) Certification in administration of local anesthesia is valid only when the dental hygienist has a current license to practice dental hygiene. If the license expires or is retired, the
(Rule 0460-03-.12, continued)
certification is also considered expired or retired and the dental hygienist may not perform administration of local anesthesia until the license is reinstated or reactivated.

(b) A licensed dental hygienist with certification to administer local anesthesia shall prominently display, at the place of employment, the current renewal certificate, which is received upon licensure and renewal.

(c) A licensed dental hygienist with certification to administer local anesthesia shall administer local anesthesia only under the direct supervision of a licensed dentist who
1. examines the patient before prescribing the procedures to be performed; and
2. is physically present at the same office location when the local anesthesia is administered; and
3. designates a patient of record upon whom the procedures are to be performed and describes the procedures to be performed; and
4. examines the patient upon completion of the procedures.

(d) Following the administration of local anesthesia by a licensed dental hygienist the following information shall be documented in the patient record:
1. date and time of administration;
2. identity of individual administering;
3. type of anesthesia administered;
4. dosage/amount administered;
5. location/site of administration; and
6. any adverse reaction.