



September 17, 2020

SUSTAINING MEMBERS

Beaumont Children's Hospital
Children's Hospital of
Michigan/Detroit Medical Center
Henry Ford Health System
Hurley Medical Center
University of Michigan C.S. Mott
Children's Hospital and Von
Voigtlander Women's Hospital

CONTRIBUTING MEMBERS

Michigan Section, American
Congress of Obstetricians and
Gynecologists
Mott Children's Health Center
School-Community Health
Alliance of Michigan

PARTNERING MEMBERS

Calhoun County Public Health
Department
Health Department of Northwest
Michigan
Inter-Tribal Council of Michigan
Michigan Association for Infant
Mental Health
Michigan Breastfeeding Network
Michigan School Health
Coordinators' Association
Michigan State Medical Society
Washtenaw County Public
Health

GENERAL MEMBERS

Maternal-Newborn Nurse
Professionals of Southeastern
Michigan
Michigan Association of School
Nurses
Michigan Chapter, National
Association of Pediatric
Nurse Practitioners

Nurse Administrators Forum

EXECUTIVE DIRECTOR

Amy Zaagman
azaagman@mcmch.org

Attention: Policy Analyst
Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Boards and Committees Section
P.O. Box 30670
Lansing, MI 48909-8170

Email: BPL_BoardSupport@michigan.gov

RE: Rule set 2020-27 LR
Administrative Rules for Dentistry – General Rules

Thank you for the opportunity to present comments to Rule set 2020-27 LR. The Michigan Council for Maternal and Child Health represents a collective advocacy voice working on public policy to improve maternal and child health outcomes.

We partnered with other organizations concerned about access to oral health care for underserved populations to form the MI Dental Access coalition and advocated for Public Act 463 of 2018 to license dental therapists.

MCMCH is in support of the rules as presented, specifically the provisions that apply to the licensing of dental therapists. We believe they are substantially in keeping with the legislative intent of the statute and, if promulgated, will create a regulatory structure that helps ensure only qualified individuals educated at institutions that meet the Commission on Dental Accreditation standards can be licensed as dental therapists in this state. The rules in their current form also do not create any unnecessary burdens for dental therapists to enter the profession or practice within their scope of practice as defined in statute.

We would like to thank the department and staff for the opportunity to engage in a rules workgroup along with other stakeholders. The process allowed for collaborative input and was an important opportunity to share knowledge about how dental therapists can be integrated into oral health care delivery with other professionals licensed under the Board of Dentistry in Michigan.

Sincerely,

A handwritten signature in black ink that reads "Amy U. Zaagman".

Amy U. Zaagman
Executive Director



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

September 18, 2020

LARA Bureau of Professional Licensing and Board of Dentistry members:

The Michigan Department of Health and Human Services, Oral Health Program is pleased to take the opportunity to comment on the proposed dentistry general rules.

Oral Health Program (OHP) staff provide the following comments on the proposed rules:

Rule 1101, (1) page 2, defines Allied dental personnel. The new definition states that "allied dental personnel means the dentist's supporting team who receives appropriate delegation from the dentist or dental therapist to participate in dental treatment." The OHP would like to know the reference and the source for this definition since this appears to be new terminology? We would like to propose the following revision: **"allied dental personnel means the support staff in a dental office or clinic who receive appropriate delegation from a dentist or dental therapist to participate in dental treatment."** Currently, dental offices have multiple dentists and personnel that work together. Personnel may not be assigned to specific team members.

Rule 1101, (1)(h), page 2, defines the term dental therapist based on the PA 463 of 2018 that became law in 2019. Language from the law is incorporated throughout the proposed rules. The rules include language on licensure, education, testing and accreditation. The OHP supports the language as recommended for dental therapists throughout the proposed rules.

Under R338.11263, Rule 1263 Relicensure requirements; dentists, page 23-25. Under 1263, (e), there is no mention of infection control continuing education requirements. COVID-19 has brought many changes to dental practices in infection control practices, this should also be a requirement for dentists to know the current guidelines. The OHP recommends to include the same language for dentists as already identified for continuing education with dental therapists,

dental hygienists and dental assistants in the proposed rules: **Complete at least one hour in infection control training, which must include sterilization of hand pieces, personal protective equipment, and education on the Centers of Disease Control and Prevention's infection control guidelines.**

Under Part 7, Continuing Education, R338.11701, Rule 1701,(12) there is no mention of infection control continuing education requirements. COVID-19 has brought many changes to dental practices in infection control practices, this should also be a requirement for dentists to know the current guidelines and have be part of their continuing education requirements. This provision should be for both active license dentists and retired-volunteer dentists. The OHP recommends to include the same language for dentists as already identified for continuing education with dental therapists, dental hygienists and dental assistants in the proposed rules: **Complete at least one hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers of Disease Control and Prevention's infection control guidelines.**

Also, the OHP recommends including the Organization for Safety, Asepsis and Prevention (OSAP) as an additional organization for infection control guidance could be included in the rules for all dentists, dental hygienists, dental assistants, and dental therapists.

Under the licensure and education requirements for dentists and dental therapists, there is mention of opioid training. In addition, the OHP recommends additional requirements for licensure and education requirements for dentists and dental therapists on antibiotic stewardship. There are many antibiotic prescriptions written by dental providers that may be unnecessary. Including requirements for antibiotic stewardship can promote better understanding and decrease unnecessary prescriptions for antibiotics.

Under Rule 1704a(1) Acceptable Continuing Education activities table, page 73 (m), it mentions providing volunteer patient or supportive dental services in this state at a board-approved program. The first bullet states: **The program is a public or nonprofit entity, program, or event, or a school or a nursing home.** The OHP would like further clarification on this designation.

- 1) Does school mean K-12 only.
- 2) Does this include public, private and charter schools.
- 3) Can Head Start programs, preschools or daycare programs qualify as a school.
- 4) If they are a non-profit, do they qualify.

- 5) If a daycare or preschool is not a non-profit, can they qualify as a school.
- 6) What is the definition of nursing home.
- 7) Does it have to be a skilled facility.
- 8) Can it be a senior housing complex.
- 9) Assisted living facility. There is now a continuum of care for seniors based on health care needs.
- 10) What about agencies that serve older adults like Area Agencies on Aging. They can provide events and other activities that require oral health professionals.

The OHP recommends further definition and explanation of the programs that can be state board approved.

The OHP would like to thank the LARA and the Board of Dentistry for granting the opportunity to comment on the proposed rules. If there are any questions and concerns, please contact Christine Farrell, Oral Health Program director at farrellc@michigan.gov. Thank you.



Christopher A. Roberts, DDS, MS
President



419.721.8768 phone
croberts@aaortho.org

J. Kendall Dillehay, DDS, MS
President-Elect



316.683.6518 phone
kdillehay@aaortho.org

Norman Nagel, DDS, MS
Secretary-Treasurer

805.581.2480 phone
nnagel@aaortho.org

Lynne Thomas Gordon, CAE
CEO

314.292.6512 phone
lthomasgordon@aaortho.org

Michigan Department of Licensing and Regulatory Affairs:
Policy Analyst
Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Boards and Committee Section

VIA E-MAIL: ditschmana@michigan.gov

Dear Michigan Department of Licensing and Regulatory Affairs:

This letter is sent on behalf of the American Association of Orthodontists ("AAO") to provide comments on the proposed rule changes to Rule Set 2020-27 LR, Administrative Rules for Dentistry- General Rules, as published in the September 15th, 2020 issue of the Michigan Register. We appreciate the opportunity to provide further feedback.

The AAO supports regulations that require those who are advertising as "specialists" to have successfully completed a post-doctoral program in a program is accredited by an accreditation agency that is recognized by the U.S. Department of Education (i.e. CODA). CODA is the only nationally recognized accrediting body for dentistry and the related dental fields, receiving its accreditation authority from the acceptance of all stakeholders within the dental community and recognition by the United States Department of Education. The AAO is opposed to dentists with less education and training being able to advertise on the same level or in the same manner or with similar words used to describe those who have graduated from accredited programs that receive accreditation from an agency recognized by the U.S Department of Education (U.S. DOE), as the AAO believes it is not in the best interest of patients' health and safety.

An accreditation standard backed by the U.S. DOE best assures Michigan citizens that an individual who truthfully holds himself or herself out as a specialist has met high standards for education and training. Allowing a dentist to advertise as a "specialist" without completing a multi-year accredited program backed by the U.S. DOE, risks diluting Michigan's "specialty" laws and allowing certain providers, who do not have years of supervised clinical and didactic training and/or who have not satisfied extensive criterion, to advertise on par with those providers who have long

term, comprehensive education and training through U.S. DOE accredited programs. Such dilution threatens the health and safety of Michigan patients by obscuring important distinctions between dental professionals as well as their respective educational and training backgrounds. As such, the AAO supports the proposed rule R 338.11501 Specialties (2) that requires that, “Each branch of a dental specialist that is licensed by the board is defined in the rules, and by the standards set forth by CODA under R 338.11301.”

Additionally, the AAO proposes adding language to Part 4, Delegation and Supervision, R 338.11401 Definitions, (e) “Patient of Record.” The AAO supports language to clarify that performing an in-person examination prior to dental, and especially orthodontic, treatment because it would allow the treating dentist to more fully understand what is going on beneath the gums (impacted teeth, bone loss, etc.), seek to avoid complications, and in the case of orthodontists, determine if patients are suitable candidates for orthodontic treatment. The AAO believes there are certain diagnoses and evaluations that can only be performed in-person or are best performed in-person (x-rays, etc.) during an examination, and the AAO believes that dental treatment, especially the movement of teeth via orthodontic treatment, should not be undertaken without sufficient diagnostic information obtained during such an examination. The AAO’s proposed revisions are in red.

(e) “Patient of record” means a patient who has been examined and diagnosed by a dentist in-person and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist. A patient of record includes a patient getting radiographic images by an RDA or RDH after receiving approval from the assigning dentist.

Thank you again for the opportunity to provide feedback. If you or your staff have any questions, please contact the AAO’s Government Affairs Specialist, Gianna Hartwig, at ghartwig@aaortho.org or 314-292-6527.

Sincerely,

A handwritten signature in dark ink that reads "Robert A. Kent". The signature is written in a cursive style with a horizontal line extending to the right.

Rob Kent
Vice President of Advocacy and General Counsel
American Association of Orthodontists



September 18, 2020

Andria Ditschman
Bureau of Professional Licensing
Dept. of Licensing and Regulatory Affairs
611 W Ottawa St,
Lansing, MI 48933

Dear Ms. Ditschman and members of the Board of Dentistry,

On behalf of the Michigan Dental Association's (MDA) members, I am respectfully recommending the revisions outlined below to the pending rule set 2019-27 LR, the Dentistry General Rules. The recommendations outlined below are based on the MDAs commitment to patient safety and increasing access to dental care.

One way to increase access to care is to expand the scope of practice of registered dental assistants (RDA) to better align with their training. For years, Michigan has faced a shortage of RDAs. This shortage has limited the efficiency of treating patients for both private practice dentists and public health clinics. Instead of focusing their time on comprehensive care, dentists are being forced to spend time on procedures he or she could be delegating to an RDA. By updating the scope of practice of RDAs, the RDA profession will become more intriguing and lucrative for prospective students, in addition to becoming an even more valuable member to the dental team. Therefore, the MDA recommends the revisions in "Table 1 – Delegated and Assigned Dental Procedures for Allied Dental Personnel" under Rule 338.11411. Attached is a copy of this table containing the MDA's recommended revisions.

In addition to expanding the scope of practice of RDAs, it is important to avoid creating barriers for RDAs to obtain a license. Currently, the board of dentistry conducts an examination at a modest cost for individuals seeking licensure as an RDA. The MDA requests maintaining this method of examination, as opposed to the proposed rules which allow for the board to contract the exam to a third party. Based on evidence from other states, third party administered exams may cost more than twice the current cost. This will create a financial barrier for people who are interested in becoming an RDA in Michigan. The MDA recommends the following language for Rule 338.11239(1):

Rule 1239. (1) The board shall conduct a written and clinical examination for individuals seeking licensure as a registered dental assistant.

Patient safety is also a top priority for the MDA. Once dental therapists begin to treat Michigan patients, it will be imperative for dental therapists and the patients they treat to have reasonable access to a dentist. As currently written, the rules allow a dental therapist to treat a patient without the patient being first seen by a dentist. If the patient requires treatment that goes beyond the capabilities of the dental therapist or if there is a dental emergency, for the patient's safety, the patient should have assurance that an appropriate provider is available within a reasonable distance. This is why dental therapists practice agreements, outlined in Rule 338.11417, should include a referral to an appropriate provider within a reasonable distance, similar to requirements in the mobile dentistry law. The MDA requests adding the following subsection to Rule 338.11417:

(7) If the patient requires treatment that exceeds the dental therapist's capabilities or the scope of practice as a dental therapist, a referral to an appropriate provider within a reasonable distance must be given to the patient.

Along the lines of patient safety, it is important to define the procedures dental therapists can delegate to dental assistants, registered dental assistants, and registered dental hygienists. Current law allows dental therapists to treat patients without a dentist present, but the rules do not limit supervision levels and what a dental therapist can delegate to an allied dental personnel. Therefore, the MDA recommends that dental therapists have the same limitations as dentists in regards to delegating duties and supervising allied dental personnel. This can be achieved by adding the following subsection under Rule 338.11417:

(8) Dental therapists have the same level of supervision requirements over allied dental personnel as dentists have as stated in 338.11411.

Regarding supervision requirements and the delegation of duties rules, as you know, the proposed rules contain numerous changes. The MDA carefully reviewed the changes in the proposed chart, "Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel" and is recommending a number of revisions. These recommendations are also outlined in the attached chart. I would like to elaborate on one of the recommendations in the attached chart, line "zz" - digital impressions. The MDA strongly believes it is critical for patient safety that this procedure be referred to as "digital scan" and apply to intraoral appliances. In addition, the MDA is recommending revising the supervision levels as outlined in the attached chart. This recommendation is based on the proliferation of do-it-yourself diagnostic tools such as digital scanning done via retail stores. These types of retail stores are the practice of dentistry and should be considered as such by being included in the "Delegated and Assigned Dental Procedures for Allied Dental Personnel" and designated supervision requirements.

Another change in the proposed rules is the definition of "patient of record." Under Rule 338.11401(e) in the proposed rules, the definition of "patient of record" includes an additional sentence stating, "A patient of record includes a patient getting radiographic images by an RDA or RDH after receiving approval from the assigning dentist." The MDA recommends replacing "RDA or RDH" with "allied dental personnel":

(e) "Patient of record" means a patient who has been examined and diagnosed by a dentist and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist. A patient of record includes a patient getting radiographic images by an ~~RDA or RDH~~ allied dental personnel after receiving approval from the assigning dentist.

The MDA also recommends including the Joint Commission on National Dental Examination's (JCND's) Dental Licensure Objective Structured Clinical Examination (DLOSCE) under Rule 338.11201 as an acceptable dental simulated clinical written examination. Attached to this letter are two documents, "DLOSCE FAQ" and "DLOSCE Quick Facts," containing detailed information about the DLOSCE.

Finally, the MDA recommends two technical changes to the rules:

- As proposed, Rule 338.11601(2)(a)(i), strikes "Joint Commission" and replaces it with "JCND," which is incorrect. JCND does not accredit hospitals, the Joint Commission should remain the reference under this subpart.
- References to the ADA "CERP" should be replaced with the "Commission on Continuing Education Provider Recognition." The Commission on Continuing Education Provider Recognition is now responsible for approving CE providers.

Thank you for taking the time to review these requests. Your service to the state of Michigan and the profession of dentistry is much appreciated. If you have any questions about these requests, please contact Bill Sullivan, MDA vice president of advocacy and professional relations, at 517-346-9405.

Andria Ditschman
September 18, 2020
Page 3

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Meraw". The signature is written in a cursive style with a long horizontal flourish at the end.

Dr. Stephen Meraw
MDA President

MDA Recommendations: Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel

	DA	RDA	RDH	Procedure
a.	G	A	A	Operating of dental radiographic equipment. A DA must have successfully completed a course in dental radiography which is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11302, R 338.11303, or R 338.11307. A dentist may delegate necessary radiographs for a new patient to an RDA or RDH.
b.	G	AG	AG	Holding the matrix for anterior resin restorations.
c.	G	A	A	Instructing in the use and care of dental appliances.
d.	G	A	A	Taking impressions for study and opposing models.
e.	G	A	A	Applying nonprescription topical anesthetic solution.
f.	G	AG	AG	Trial sizing of orthodontic bands.
g.	D	A	A	Placing, removing and replacing orthodontic elastic or wire separators, arch wires, elastics, and ligatures.
<u>g(a).</u>	<u>D</u>	<u>A</u>	<u>A</u>	<u>Placing and removing orthodontic separators.</u>
<u>g(b).</u>	<u>D</u>	<u>A</u>	<u>D</u>	<u>Placing and removing orthodontic elastics, ligatures and arch wires.</u>
h.	D	A	A	Dispensing orthodontic aligners.
i.	D	D	A	Removing orthodontic bands, brackets and adhesives with non-tissue cutting instruments.
j.		A	A	Polishing specific teeth with a slow-speed rotary hand piece immediately before a procedure that would require acid etching before placement of sealants, resin-bonded orthodontic appliances, and direct restorations.
k.		G*	G*	Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners.
l.		D	D	Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners.
m.		A	A	Removing excess cement from supragingival surfaces of a tooth with a non-tissue cutting instrument.
n.		A	A	Providing nutritional counseling for oral health and maintenance.
o.		A	A	Applying commonly accepted medical emergency procedures.
p.	D	A	A	Inspecting and charting the oral cavity using a mouth mirror and radiographs.
q.	D	A	A	Classifying occlusion.
r.		A	A	Placing and removing dental dam.
s.		A	A	Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and

Commented [JK1]: This procedure cannot be done without a dentist present in the office performing the procedure.

Commented [JK2]: "Nonprescription" is rare and should be stricken. This duty should be combined with "tt."

Commented [JK3]: Supervision for this procedure is currently General for RDAs and RDHs and should remain General for both in case problems arise.

Commented [JK4]: This procedure is currently broken down into two procedures: 1. orthodontic separators and 2. orthodontic elastics, ligatures and arch wires. The current supervision for these procedures is Direct for all personnel. The procedure should remain broken down into two procedures and supervision should be as presented in "g(a)" and "g(b)".

Commented [JK5]: If RDHs are allowed to perform this procedure, RDHs should also be required to successfully complete the training under *. Currently, RDHs are not allowed to perform this procedure.

Formatted: Font: 12 pt, Bold

Formatted: Font: Bold

Formatted: Font: 12 pt, Bold

				fluoride applications.
t.		A	A	Polishing & contouring of sealants with a slow-speed rotary hand piece immediately following a procedure for occlusal adjustment.
u.		A	A	Replacing existing temporary restorations and existing temporary crowns and temporary bridges.
v.		A	A	Placing and removing a nonmetallic temporary or sedative restoration with non-tissue cutting instruments.
w.		A	A	Sizing of temporary crowns and bands.
x.		A	A	Temporarily cementing and removing temporary crowns and bands.
y.		G*	A	Performing pulp vitality testing.
z.		G*	A	Applying desensitizing agents.
aa.		G*	A	Taking impressions for intraoral appliances including bite restorations registration.
bb.		G*		Placing and removing matrices and wedges.
cc.		DG*		Applying cavity liners and bases.
dd.		G*		Drying endodontic canals with absorbent points.
ee.		G*		Placing and removing nonepinephrine retraction cords or materials.
ff.		A	A	Placing and removing post extraction and periodontal dressings.
gg.		D	A	Removing sutures.
hh.		D	A	Applying and dispensing in-office bleaching- whitening products.
ii.		G	G	Prior to cementation by the dentist, adjust and polish contacts and occlusion of indirect restorations. After cementation remove excess cement from around restorations.
jj.		D**		Placing, condensing, and carving amalgam, composite, and glass ionomer restorations.
kk.		D**		Placing Class I resin bonded restorations, occlusal adjustment, finishing and polishing with non-tissue cutting slow-speed rotary hand pieces.
ll.		D		Taking final impressions for <u>direct and</u> indirect restorations and prosthesis including bite registration.
mm.		D	D	Assisting and monitoring the administration of nitrous oxide analgesia by a dentist or the RDH. A dentist shall assign these procedures only if the RDA or RDH has successfully completed an approved course that meets the requirements of section 16611(7) of the code, MCL 333.16611, with a minimum of 5 hours of didactic instruction. The levels must be preset by the dentist or RDH and shall not be adjusted by the RDA except in case of an emergency, in which case the RDA may turn off the nitrous oxide and administer 100%

Commented [JK6]: This procedure should be combined with the current procedure that includes, "Taking impressions for study models, orthodontic appliances, mouth guards, bite splints, and whitening trays."

				oxygen. Assisting means setting up equipment and placing the face mask. Assisting does not include titrating and turning the equipment on or off, except in the case of an emergency in which circumstances the RDA may turn off the nitrous oxide and administer 100% oxygen.
nn.			A	Removing accretions and stains from the surfaces of the teeth and applying topical agents essential to complete prophylaxis.
oo.			A	Root planning , debridement, deep scaling, and removal of calcareous deposits.
pp.			A	Polishing and contouring restorations.
qq.			A	Applying anticariogenic and desensitizing agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.
rr.			A	Charting of the oral cavity, including all the following: periodontal charting, intra oral and extra oral examining of the soft tissue, charting of radiolucencies or radiopacities, existing restorations, and missing teeth.
ss.			A	Preliminary examining that includes both of the following: classifying occlusion and testing pulp vitality using an electric pulp tester.
tt.			A	Applying topical anesthetic agents by prescription of the dentist.
uu.		A	A	Placing and removing intra-coronal temporary sedative dressings.
vv.			A	Removing excess cement from tooth surfaces.
ww.			A	Placing subgingival medicaments.
xx.			A	Micro abrasion of tooth surfaces to remove defects, pitting, or deep staining.
yy.			D	Performing soft tissue curettage with or without a dental laser.
zz.	D	DG	DG	Taking digital impressions-scans for final restorations or intraoral appliances.
aaa.			D***	Administer intra oral block and infiltration anesthesia, or no more than 50% nitrous oxide analgesia, or both, to a patient who is 18 years of age or older if the RDH has met all of the following requirements: (i) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of local anesthesia, with a minimum of 15 hours didactic instruction and 14 hours clinical experience. (ii) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months of completion of the approved course in (i). (iii) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of nitrous oxide analgesia, with a minimum of 4 hours didactic instruction and 4 hours clinical experience.

Commented [JK7]: Please clarify why s., qq., and z. are listed as different procedures.

Commented [JK8]: Please clarify why ss., y., and q. are listed as different procedures.

Commented [JK9]: Combine with e.

Formatted: Font: Bold

Formatted: Font: 12 pt, Bold

Formatted: Font: Bold

				<p>(iv) Successfully completed a state or regional board administered written examination in nitrous oxide analgesia, within 18 months of completion of the approved course in (iii).</p> <p>(v) Maintains and provides evidence of current certification in basic or advanced cardiac life support that meets the standards contained in R 338.11705.</p>
--	--	--	--	--

A = Assignment as defined in R 338.11401.

G = General supervision as defined in R 338.11401.

D = Direct supervision as defined in R 338.11401.

DA = Dental assistant as defined in R 338.11101.

RDA = Registered dental assistant as defined in R 338.11101.

*** A dentist shall assign these procedures to an RDA only if the RDA has successfully completed an approved course that meets the requirements in section 16611(12) and 16611(13) of the code, MCL 333.16611, and contains a minimum of 10 hours of didactic and clinical instruction.**

**** A dentist shall assign these procedures to an RDA only if the RDA has successfully completed an approved course that meets the requirements in section 16611(11) of the code, MCL 333.16611, and contains a minimum of 20 hours of didactic instruction followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion based assessment instrument.**

RDH = Registered dental hygienist as defined in R 338.11101.

***** The department fee for certification of completion of the requirements is \$10.**

Dental Licensure Objective Structured Clinical Examination (DLOSCE) FAQ

updated September 2020

Answers to frequently asked questions about the Dental Licensure Objective Structured Clinical Examination (DLOSCE) are provided below. To view the answer, click the question and the answer will appear. For additional information, read the [April 6, 2020](#), [April 24, 2017](#) and [March 10, 2017](#) articles in ADA News.

What is the purpose of the DLOSCE?

The Joint Commission on National Dental Examination's (JCNDE's) Dental Licensure OSCE (DLOSCE) is a high-stakes examination consisting of multiple questions which will require candidates to use their clinical skills to successfully complete one or more dental problem solving tasks. The DLOSCE is designed to provide information to US dental boards, concerning whether a candidate for dental licensure possesses the necessary level of clinical skills to safely practice entry-level dentistry. This will be accomplished through the use of a valid and reliable examination that has been professionally developed.

What is an objective structured clinical examination (OSCE)? Why were OSCEs developed?

The OSCE format often includes stimulus materials, such as radiographs, photographs, models, and prescription writing. Standardized patients (actors) have been used in medical OSCEs. The National Dental Examining Board (NDEB) of Canada's OSCE is presented as a written, multiple-choice examination that presents stimulus materials in multiple stations. Advances in simulated patient and haptic technologies suggest that simulations may be incorporated in a dental OSCE sooner rather than later.

OSCEs were developed to help accurately assess the complex notion of clinical competence in the medical field. More specifically, Harden, Stevenson, Wilson Downie, and Wilson (1975) indicated that they introduced the OSCE format to avoid many of the weaknesses and disadvantages of traditional clinical examinations.

OSCEs are widely used in the health sciences, including: optometry, medicine, physical therapy, radiography, rehabilitation medicine, nursing, pharmacy, podiatry, and veterinary medicine. Since their inception in the 1970s, OSCEs are now part of the US Medical Licensing Examination for all US medical graduates.

The NDEB Canada OSCE is used for dental licensure in Canada.

How do candidates apply to take the DLOSCE?

Candidates may register for this examination on the [DLOSCE website](#).

The examination is offered during testing windows; the next testing window is November 9 – 27, 2020. Applications are now open for candidates to register for an appointment during this testing window.

Which states currently accept the DLOSCE?

The following states have adopted regulations which permit the acceptance of the DLOSCE:

- [Alaska](#)
- [Colorado](#)
- [Indiana](#)
- [Iowa](#)
- [Oregon](#)

- [Washington](#)

Please refer to each state board's website for specific details, clarifications, and updated policies. Other states are currently considering the DLOSCE for initial licensure and information will be provided as dental boards approve the examination for use in each state.

Why did the JCNDE develop a DLOSCE?

There are many reasons why the JCNDE developed a DLOSCE and why the JCNDE feels it is uniquely positioned to build a high quality clinical licensure examination:

- The JCNDE has a long and successful track record of delivering high quality, high stakes examinations for licensure purposes that help protect the public.
- As the governing body that oversees both the NBDE and DLOSCE Programs, the JCNDE is positioned to provide a comprehensive evaluation of the skills necessary to safely practice dentistry.
- The JCNDE is a Commission with mechanisms in place to reduce conflicts of interest and help ensure that no single community of interest has an undue influence on governance decisions related to the DLOSCE.
- The JCNDE possesses the in-house expertise to develop an OSCE through the Department of Testing Services (DTS), which is staffed by testing professionals with advanced degrees in psychological measurement and related fields.
- Lastly and most importantly, the JCNDE feels that a DLOSCE can protect the public health more effectively than existing clinical licensure solutions.

Will the DLOSCE be a regional clinical examination?

The DLOSCE is available nationally, to all state dental boards. Examination content will remain the same regardless of the region of the country where it is administered, and regardless of the curriculum implemented at different dental schools.

How is the DLOSCE content determined?

Consistent with the Standards for Educational and Psychological Testing established by the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education (2014), the content of the DLOSCE is based on a practice analysis involving entry level general dentists. The DLOSCE practice analysis involves collecting information on the tasks performed by entry-level practicing dentists, with regard to their frequency and criticality for patient care. This information will be used to identify the clinical areas to be tested, and the numbers of items and OSCE stations devoted to these areas.

How was the decision made to pursue DLOSCE development and who supported this decision?

The ADA's Council on Dental Education and Licensure (CDEL) requested that the ADA Department of Testing Services (DTS) create a business plan to develop an OSCE. CDEL believed that developing an OSCE for dental licensure would help achieve goals stated within several long-standing ADA policies on licensure, including the elimination of patients from the clinical examination process, and dental license portability. Subsequent to business plan development, both CDEL and the Joint Licensure Task Force (co-sponsored by the ADA and the American Dental Education Association) reviewed and strongly endorsed the business plan. In February 2017, the ADA Board of Trustees' Finance Committee recommended approval of the requested funds so exam development could begin in 2017. After a thorough review and discussion, the Board of Trustees voted to fund the startup costs for exam development.

Dental Licensure Objective Structured Clinical Examination (DLOSCE) Quick Facts

Name of Examination	Dental Licensure Objective Structured Clinical Examination (DLOSCE)
Purpose	The DLOSCE assesses clinical judgment, and is intended for use in fulfilling dental board's clinical examination requirement. The DLOSCE provides dental boards with information concerning whether a candidate for licensure possesses the level of clinical skills that is necessary to safely practice.
Content Domain and Test Specifications	<p>The DLOSCE is comprehensive in its evaluation of clinical judgment, measuring content in the following areas:</p> <ul style="list-style-type: none"> • Restorative 24% • Prosthodontics 19% • Oral Pathology, Pain Management, and Temporomandibular Dysfunction 13% • Periodontics 10% • Oral Surgery 9% • Endodontics 8% • Orthodontics 6% • Medical Emergencies and Prescriptions 11% <p>Additionally, the following applies:</p> <ul style="list-style-type: none"> • Diagnosis and Treatment Planning—as well as Occlusion—are covered across the topics listed above. • The DLOSCE includes questions involving patients of various types and backgrounds, including pediatric, geriatric, special needs, and medically complex.
Question Format	DLOSCE questions can be accompanied by 3-D models, clinical photographs, and radiographs. While all DLOSCE questions involve a patient, it is not a “patient-based” examination (administration occurs without the need for live patients).
Practice Questions	DLOSCE practice questions can be obtained via the following link: https://www.ada.org/~media/JCNDE/pdfs/practice_questions.pdf?la=en
First Date of Availability	<p>On April 2, 2020, the JCNDE announced that the DLOSCE will be released on June 15, 2020. The DLOSCE will be administered in testing windows, with availability for 2020 currently as follows:</p> <ul style="list-style-type: none"> • June 15 – July 17, 2020 • November 9 - 27, 2020
Eligibility	DLOSCE eligibility rules for students of US dental programs accredited by the Commission on Dental Accreditation (CODA) are determined by each program. Each program at its discretion may institute its own specific requirements pertaining to the examination.

<p>Administration</p>	<p>The DLOSCE will contain 150 questions and require 1 day to administer. Administrations will occur at select Prometric testing centers located throughout the US. The DLOSCE Candidate Guide can be downloaded via the following link: https://www.ada.org/~media/JCNDE/pdfs/dlosce_guide.pdf?la=en</p>
<p>Cost of Administration</p>	<p>The fee for 2020 administrations of the DLOSCE will be \$800. A lower fee is being charged in 2020, due to COVID-19 and the unique challenges faced by students. Beginning in 2021, the fee charged for DLOSCE administrations will be \$1,650.</p>
<p>General Policies and Procedures</p>	<p>Unless stated otherwise, DLOSCE policies and procedures are anticipated to be fully consistent with the policies and procedures of the JCNDE. This includes, for example, policies concerning examination rules of conduct and appeals.</p>
<p>Results Reporting</p>	<p>Candidate Results. The DLOSCE is a criterion-referenced examination, with the minimum passing score (i.e., 75) determined by subject matter experts through rigorous standard-setting activities. DLOSCE results will be reported as Pass/Fail. Candidates who Pass will simply receive notification of their status as having passed the examination. Candidates who Fail will be provided general information that permits them to understand areas where remediation would be beneficial.</p> <p>DLOSCE results will typically be made available approximately four to five weeks after the close of each administration window. Results can be viewed online by logging into the My Account Summary</p> <p>School Results. Candidates' Pass/Fail status will be reported through the DTS Hub. Schools will receive periodic reports that describe how their students perform on the examination, relative to students from other schools.</p> <p>Dental Board Results. Candidates' Pass/Fail status will be reported through the DTS Hub.</p>

<p>Retesting Policy</p>	<p>The DLOSCE Retest Policy is as follows:</p> <ul style="list-style-type: none"> • Candidates who have not passed may apply for re-examination. • Candidates will be permitted to test once per testing window. • Candidates who have not passed the examination within five attempts or five years from their first attempt are limited to one examination attempt per 12-month period. • Candidates who have passed may not retake the examination unless required by a state board or relevant regulatory agency.
<p>Dental Boards</p>	<p>Candidates should contact the dental boards of each state to understand state requirements and the acceptability of the DLOSCE. With respect to administration timing, the JCNDE has received informal feedback suggesting a general preference for candidates to complete the examination in close proximity to when they are applying for licensure.</p>
<p>Governance</p>	<p>The governing body of the DLOSCE Program is the Joint Commission on National Dental Examinations (JCNDE).</p> <p>In 2017, the ADA Board of Trustees authorized the formation of a DLOSCE Steering Committee charged with developing and validating the DLOSCE. Consistent with its charge, the DLOSCE Steering Committee identified the JCNDE as the ideal governing body, due to the JCNDE’s long and distinguished track record of providing valid and reliable high-stakes examinations for licensure purposes, to protect the public health. In January 2020, the Board of Trustees approved the transfer of final development and future administration oversight of the DLOSCE to the Joint Commission on National Dental Examinations (JCNDE). The DLOSCE Steering Committee now serves as an ad hoc committee of the JCNDE.</p> <p>A specific timeline of activity can be found at https://www.ada.org/en/jcnde/dental-licensure-objective-structured-clinical-examination/dlosce-historical-timeline.</p>
<p>Validity and Technical Information</p>	<p>The DLOSCE is supported by content validity arguments, the same type of validity evidence that is used to support the JCNDE’s other examination programs—the National Board Dental Examinations Parts I and II, the National Board Dental Hygiene Examination, and the Integrated National Board Dental Examination. DLOSCE content has been developed by teams of highly qualified subject matter experts, working together to build examination questions that are capable of accurately and reliably identifying those who possess the clinical skills necessary to safely practice dentistry. A summary of DLOSCE validity evidence is provided at the following link:</p> <p>https://www.ada.org/en/jcnde/dental-licensure-objective-structured-clinical-examination/news-and-resources</p> <p>The DLOSCE Technical Report will be made available subsequent to results reporting for the first test administration window.</p>
<p>Additional Information</p>	<p>Please see the DLOSCE website: www.ada.org/jcnde/dlosce. The JCNDE can also be reached via dlosce@ada.org.</p>

Dentistry General Rules - ORR 2020-027 LR
Public Comment Summary
Rules Committee's Recommendations and Board's Response to September 18, 2020 Public Comments

Testimony/Comments Received:

Ona Erdt, Michigan Dental Assistants Association (MDAA)
Chris Farrell, Michigan Department of Health and Human Services (MDHHS)
Winie Furnari, American Academy of Dental Hygiene (AADH)
Rob Kent, American Association of Orthodontists (AAO)
Stephen Meraw, Michigan Dental Association (MDA)
Sandy Sutton, Greater Detroit Dental Hygienists
Amy Zaagman, Michigan Council for Maternal and Child Health (MCMCH) - Comments in Support

Rule 338.11101 Definitions.

Rule Numbers	Commenter	Comment
Section (1)(a)	Sutton	Remove the words “dentists” and “the” prior to dentists, and replace with “a”, to read: “Allied dental personnel” means the supporting team who receives appropriate delegation from a dentist or dental therapist to participate in dental treatment.” The provision as written shows unnecessary possessive ownership over the allied dental personnel and many practices have more than one dentist.
Section (1)(a)	Farrell/DHHS	Modify to: “Allied dental personnel means the support staff in a dental office or clinic who receive appropriate delegation from a dentist or dental therapist to participate in dental treatment.” Offices have multiple dentists and personal that work together.
Section (1)(h)	Farrell/DHHS	Supports the definition of dental therapist throughout the rules.
Rules Committee Response	(1)(a): The Rules Committee agrees with the following suggested language, “Allied dental personnel” means the supporting team who receives appropriate delegation from a dentist or dental therapist to participate in dental treatment.”	

Rule 1101. (1) As used in these rules:

(a) **“Allied dental personnel” means the supporting team who receives appropriate delegation from a dentist or dental therapist to participate in dental treatment.**

(h) **“Dental therapist” means a person licensed under part 166 of the code, MCL 333.16601 to 333.16659, to provide the care and services and perform any of the duties described in section 16656 of the code, MCL 333.16656.**

(s) **“Second pair of hands,” as used in R 338.11109, means acts, tasks, functions, and procedures performed by a dental assistant, registered dental assistant, or registered dental hygienist at the direction of a dentist, dental therapist, or registered dental hygienist who is in the process of rendering dental services and treatment to a patient. The acts, tasks, functions, and procedures performed by a dental assistant, registered dental assistant, or registered dental hygienist are ancillary to the procedures performed by the dentist, dental therapist, or registered dental hygienist and intended to provide help and assistance at the time the procedures are performed. This definition shall does not be deemed to expand the duties of the dental assistant, registered dental assistant, or registered dental hygienist as provided by the code and rules promulgated by the board.**

Board Response	(1)(a): The Board agrees with the following suggested language, “Allied dental personnel” means the supporting team who receives appropriate delegation from a dentist or dental therapist to participate in dental treatment.” (1)(s): The definition of “second pair of hands” is not consistent with the Public Health Code and needs to be modified to include the registered dental hygienist as shown above in (1)(s).
-----------------------	---

Rule 338.11201 Licensure by examination to practice dentistry; graduated of programs in compliance with board standards.

Rule Numbers	Commenter	Comment
Section (c)	Meraw/MDA	The MDA also recommends including the Joint Commission on National Dental Examination’s (JCNDE's) Dental Licensure Objective Structured Clinical Examination (DLOSCE) under Rule 338.11201 as an acceptable dental simulated clinical written examination. Attached to this letter are two documents, “DLOSCE FAQ” and “DLOSCE Quick Facts,” containing detailed information about the DLOSCE.
Rules Committee Response	(c): The commenter did not realize that (c) is being replaced with (d) and therefore, pursuant to the commenter, the Rules Committee does not need to address the comment.	

Rule 1201. **In addition to meeting the requirements of section 16174 of the code, MCL 333.16174, An** an applicant for dentist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee. ~~In addition to meeting the requirements of the code and administrative rules promulgated under the code, an applicant for dentist licensure by examination~~ **and shall meet all of the following requirements:**

(a) Graduate from a dental ~~school~~ **educational program that is in compliance complies** with the standards in R 338.11301, **in which he or she has obtained a doctor of dental surgery (DDS) degree or doctor of dental medicine (DMD) degree.**

(b) Pass all parts of the national board examination that is conducted and scored by the ~~joint commission on national dental examinations~~ **Joint Commission on National Dental Examinations (JCNDE)**, in order to qualify for the licensing examination provided in subdivision (c) **or (d)** of this rule. ~~The requirement does not apply to applicants who have graduated before 1950.~~

(c) **Subject to subdivision (d) of this rule, Pass pass** a dental simulated clinical written examination that is conducted ~~by and scored by the northeast regional board of dental examiners,~~ **the Commission on Dental Competency Assessments (CDCA), previously known as North East Regional Board (NERB),** or a successor organization, and 1 of the following:

(i) Pass all parts of a clinical examination that is conducted and scored by the ~~CDCA, north-east regional board of dental examiners, incorporated,~~ or a successor organization, or pass all parts of a clinical examination that is conducted by a regional testing agency **if the examination is substantially equivalent, as provided in R 338.11255(5) and (6), to the dental simulated clinical written examination conducted by the CDCA, or a successor organization that is approved by the board.**

(ii) Pass all parts of a clinical examination developed and scored by a state or other entity ~~and that is substantially equivalent, as provided in R 338.11203(5)~~ **338.11255(5) and (6), to the clinical examination of the north-east regional board of dental examiners, incorporated, CDCA, or a successor organization.**

(d) **Pass all parts, written and clinical, of the American Board of Dental Examiners, Inc (ADEX) clinical examination that is conducted by the CDCA, a successor organization, or by another regional testing agency. Beginning 1 year after the effective date of this subdivision, an applicant shall meet the requirements of this subdivision instead of the requirements under subdivision (c) of this rule.**

(e) **Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.**

(f) **Complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.**

Board Response	(c): The commenter withdrew the comment, so the Board did not address the comment.
-----------------------	--

Rule 338.11239 Registered dental assistant examination; content; time; place; passing score.

Rule Numbers	Commenter	Comment
--------------	-----------	---------

Section (1)	Meraw/MDA	<p>In addition to expanding the scope of practice of Registered Dental Assistants (RDA), it is important to avoid creating barriers for RDAs to obtain a license. Currently, the board of dentistry conducts an examination at a modest cost for individuals seeking licensure as an RDA. The MDA requests maintaining this method of examination, as opposed to the proposed rules which allow for the board to contract the exam to a third party. Based on evidence from other states, third party administered exams may cost more than twice the current cost. This will create a financial barrier for people who are interested in becoming an RDA in Michigan. The MDA recommends the following language for Rule 338.11239(1):</p> <p>Rule 1239. (1) The board shall conduct a written and clinical examination for individuals seeking licensure as a registered dental assistant.</p>
Rules Committee Response	(1): The Rules Committee does not agree with the comment to maintain the state RDA examination as the RDA examination should be written by examination writers and should be a national examination, similar to the other dental professionals.	

R 338.11239 Registered dental assistant examination; content; time; place; passing score.

Rule 1239. (1) **Upon a written request, the board shall review** a written and clinical examination for individuals seeking licensure as a registered dental assistant **examination for compliance with the criteria in subrule (2) of this rule.**

(2) **An Examination examination** for licensure as a registered dental assistant **shall must** be both written and clinical and **shall** include, ~~but not be limited to,~~ all of the following:

- (a) Oral anatomy.
- (b) Law and rules governing **allied dental personnel auxiliaries**.
- (c) Instrumentation and use of dental materials.
- (d) Mouth mirror inspection.
- (e) ~~Rubber~~**Dental** dam application.
- (f) Application of anticariogenics, **which includes sealants, fluoride varnish, and fluoride applications.**
- (g) Placement and removal of temporary crowns and bands.
- (h) Radiography.
- (i) ~~Periodontal dressings,; application, and removal.~~ **Application and removal of post extraction and periodontal dressings.**
- (j) Removal of sutures.
- (k) ~~Construction~~ **Fabrication** of temporary crowns.
- (l) Placing, condensing, and carving amalgam restorations.

- (m) ~~Making~~ **Taking** final impressions for indirect restorations.
- (n) Assisting and monitoring ~~in~~ the administration of nitrous oxide analgesia.
- (o) Placing, condensing, and carving intracoronal temporaries.
- (p) Infection control, safety, and occupational safety and health administration.**
- (q) Orthodontic procedures.**
- (r) Placing resin bonded restorations, occlusal adjustment, and finishing and polishing with a non-tissue cutting slow-speed handpiece.**
- (s) Selective coronal polishing before orthodontic or restorative procedures only.**
- (t) Charting the oral cavity.**
- (u) Classifying occlusion.**
- (v) Nutritional counseling.**
- (w) Medical emergency procedures.**
- (x) Pulp vitality testing.**
- (y) Placement and removal of gingival retraction materials or agents.**
- (z) Drying endodontic canals.**
- (aa) Taking impressions for study and opposing models.**
- (bb) Instructing in the use and care of dental appliances.**
- (cc) Applying topical anesthetic solution.**
- (dd) Etching, placing, contouring, and polishing of sealants with a slow-speed rotary handpiece for occlusal adjustment.**
- (ee) Placing and removing matrices and wedges.**
- (ff) Applying cavity liners and bases.**
- (gg) Applying and dispensing in-office bleaching products.**
- (hh) Adjusting and polishing contacts and occlusion of indirect restorations.**
- (3) ~~The examination shall be given at least once a year.~~ The passing score for ~~the an~~ examination ~~shall is be~~ a converted score of 75 on each section.
- ~~(4) A candidate who fails to achieve a passing score on all parts within an 18-month period shall reapply to take the entire clinical and written examination.~~

Board Response	(1): The Board does not agree with the comment to maintain the state RDA examination as the RDA examination should be written by examination writers and should be a national examination, similar to the other dental professionals.
-----------------------	---

Rule 338.11263 Relicensure requirements; dentists.

Rule Numbers	Commenter	Comment
Section (e)	Farrell/MDHHS	Add infection control CE for dentists. Should require at least one hour, “which must include sterilization of hand pieces, personal protective equipment, and education on the Centers of Disease Control and Prevention’s infection control guidelines.”
Rules Committee Response	<p>(e): The Rules Committee agrees with the comment to add infection control to the CE requirements for dentists similar to the infection control CE requirements for other dental professionals. As CE requirements are also listed in the renewal rules infection control for dentists will also be added to the CE renewal rule.</p> <p>As the “inclusion of delegation of duties to allied dental personnel” is being added to the dentists’ renewal requirements, and the same requirements are listed in the relicensure rule, it should also be added to the relicensure requirements for dentists (see page 21-26).</p>	

Rule 1263. An applicant whose dentist license in this state has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201, as applicable, may be relicensed by complying with the following requirements:

For a dentist who has let his or her license in this state lapse:	Lapsed 0-3 years	Lapsed more than 3 years, but less than 5 years	Lapsed 5 or more years
(a) Submits a completed application, on a form provided by the department, together with the requisite fee.	√	√	√
(b) Establishes that he or she is of good moral character as defined under sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Submits fingerprints as required under section 16174(3) of the code, MCL 333.16174.		√	√

<p>(d) Submits proof of current certification in basic or advanced cardiac life support for health care providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the American Heart Association (AHA), earned within the 2-year period before receiving the license.</p>	√	√	√
<p>(e) Submits proof of having completed 60 hours of continuing education in courses and programs approved by the board as required under R 338.11701, all of which were earned within the 3-year period immediately preceding the application for licensure. If the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The department shall hold the application and shall not issue the license until the applicant has completed the continuing education requirements. The 60 hours of continuing education must include all of the following:</p> <ul style="list-style-type: none"> (i) At least 3 hours in pain and symptom management. (ii) One hour in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel. (iii) One hour in infection control, which must 		√	√

include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention's infection control guidelines.			
(f) Completed a 1-time training in identifying victims of human trafficking that meets the standards in R 338.11271.	√	√	√
(g) Completed a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.	√	√	√
(h) A dentist who is subject to part 8 of these rules, R 338.11801 to R 338.11821, shall verify with his or her application for relicensure, that he or she complies with part 8 of these rules, R 338.11801 to R 338.11821, and specify the make of the amalgam separator in his or her office and the year that each separator was installed.	√	√	√
(i) An applicant's license must be verified by the licensing agency of all other states of the United States in which he or she ever held a license as a dentist. Verification must include the record of any disciplinary action taken or pending against the applicant.	√	√	√
(j) If an applicant's license is lapsed for more than 3 years but less than 5 years, he or she shall meet either of the following: (i) Within the 2-year period immediately preceding the application for relicensure, retakes and passes the ADEX simulated clinical written examination for dentists developed and scored by the CDCA or another testing agency		√	

<p>with a passing score of not less than 75. (ii) Provides the department documentation that he or she holds or held a valid and unrestricted dentist's license in another state in the United States within 3 years immediately preceding the application for relicensure.</p>			
<p>(k) If an applicant's license is lapsed 5 or more years, he or she shall provide the department with documentation that proves he or she holds or held a valid and unrestricted dentist license in another state in the United States within 3 years immediately preceding the application for relicensure and meets all of the requirements in subrules (a) to (i) of this rule or complies with all of the following:</p> <p>(i) Meets the requirements of section 16174 of the code, MCL 333.16174, and the administrative rules.</p> <p>(ii) Provides proof of graduation from a dental educational program that meets the standards in R 338.11301 in which he or she obtained a DDS or DMD degree.</p> <p>(iii) Provides proof of having passed all parts of the national board examination conducted and scored by the JCNDE to qualify for the dental simulated clinical written examination.</p> <p>(iv) Provides proof of having passed the ADEX dental simulated clinical written examination conducted and scored by the CDCA or another regional agency within the 2-year period immediately preceding the application for</p>			<p>√</p>

<p>relicensure. (v) Provides proof of having passed the ADEX dental clinical examination conducted and scored by the CDCA or another regional testing agency.</p>			
--	--	--	--

Board Response	<p>(e): The Board agrees with the comment to add infection control to the CE requirements for dentists similar to the infection control CE requirements for other dental professionals.</p> <p>As the CE requirements are also listed in the renewal rules, infection control for dentists will be added to the CE renewal rule, R 338.11701 below.</p> <p>As the “inclusion of delegation of duties to allied dental personnel” is being added to the dentist’s renewal CE requirements pursuant to a comment to R 338.11701, it should also be added to this rule which repeats the renewal requirements for dentists.</p>
-----------------------	--

Rule 338.11401 Definitions.

Rule Numbers	Commenter	Comment
Section (e)	Kent/AAO	<p>The AAO proposes adding language to “Patient of Record.” The AAO supports language to clarify that performing an in-person examination prior to dental, and especially orthodontic, treatment because it would allow the treating dentist to more fully understand what is going on beneath the gums (impacted teeth, bone loss, etc.), seek to avoid complications, and in the case of orthodontists, determine if patients are suitable candidates for orthodontic treatment. The AAO believes there are certain diagnoses and evaluations that can only be performed in-person or are best performed in-person (x-rays, etc.) during an examination, and the AAO believes that dental treatment, especially the movement of teeth via orthodontic treatment, should not be undertaken without sufficient diagnostic information obtained during such an examination.</p> <p>(e) “Patient of record” means a patient who has been examined and diagnosed by a dentist in-person and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist. A patient of record includes a patient getting</p>

		radiographic images by an RDA or Registered Dental Hygienist (RDH) after receiving approval from the assigning dentist.
Section (e)	Meraw/MDA	Under Rule 338.11401(e) in the proposed rules, the definition of “patient of record” includes an additional sentence stating, “A patient of record includes a patient getting radiographic images by an RDA or RDH after receiving approval from the assigning dentist.” The MDA recommends replacing “RDA or RDH” with “allied dental personnel”: (e) “Patient of record” means a patient who has been examined and diagnosed by a dentist and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist. A patient of record includes a patient getting radiographic images by an RDA or RDH allied dental personnel after receiving approval from the assigning dentist.
Rules Committee Response	(e): The Rules Committee does not agree with the comment to add “in person” to the definition of “patient of record” as this requirement is inconsistent with the concept of telemedicine and the dentist or dental therapist should be the professional to make the determination of whether they must examine and diagnose the patient “in person.” The Rules Committee agrees with the comment to replace “RDA or RDH” with “allied dental personnel.” However, to differentiate which allied dental personnel are included in the second sentence of the definition the following language is recommended: “A patient of record includes a patient getting radiographic images by allied dental personnel with training pursuant to R 338.11411(a) after receiving approval from the assigning dentist or dental therapist.”	

Rule 1401. As used in this part:

- (a) “Assignment” means ~~that~~ a dentist designates a patient of record upon whom services are to be performed and describes the procedures to be performed. Unless assignment is designated in these rules under general or direct supervision, the dentist need not be physically present in the office at the time the procedures are being performed.
- (b) “Delegation” means an authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession.
- (c) “Direct supervision” means that a dentist complies with all of the following:
 - (i) Designates a patient of record upon whom the procedures are to be performed and describes the procedures to be performed.
 - (ii) Examines the patient before prescribing the procedures to be performed and upon completion of the procedures.
 - (iii) Is physically present in the office at the time the procedures are being performed.

(d) “General supervision” means that a dentist complies with both of the following:

- (i) Designates a patient of record upon whom services are to be performed.
- (ii) Is physically present in the office at the time the procedures are being performed.

(e) “Patient of record” means a patient who has been examined and diagnosed by a dentist and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist. A patient of record includes a patient getting radiographic images by allied dental personnel with training pursuant to R 338.11411(a), after receiving approval from the assigning dentist or dental therapist.

Board Response	<p>(e): The Board does not agree with the comment to add “in person” to the definition of “patient of record” as this requirement is inconsistent with the concept of telemedicine and the dentist or dental therapist should be the professional to make the determination of whether they must examine and diagnose the patient “in person.”</p> <p>The Board agrees with the comment to replace “RDA or RDH” with “allied dental personnel.” However, to differentiate which allied dental personnel are included in the second sentence of the definition the following language is recommended: “A patient of record includes a patient getting radiographic images by allied dental personnel with training pursuant to R 338.11411(a) after receiving approval from the assigning dentist or dental therapist.”</p>
-----------------------	--

Rule 338.11411 Delegated and assigned dental procedures for allied dental personnel.

Rule Numbers	Commenter	Comment
Table	Meraw/MDA	<p>Various modifications to the Table. See comments attached to this document.</p> <p>I would like to elaborate on one of the recommendations in the attached chart, line “zz” - digital impressions. The MDA strongly believes it is critical for patient safety that this procedure be referred to as “digital scan” and apply to intraoral appliances.</p> <p>In addition, the MDA is recommending revising the supervision levels as outlined in the attached chart. This recommendation is based on the proliferation of do-it-yourself diagnostic tools such as digital scanning done via retail stores. These types of retail stores are the practice of dentistry and should be considered as such by being included in the “Delegated and Assigned Dental Procedures</p>

		for Allied Dental Personnel” and designated supervision requirements.
Section (b)	Erdt/MDAA	Remove. This is a duty for dental assistants, RDAs, RDSs and it would be compared to a second pair of hands as opposed to a duty. It is not in the Public Health Code, so it can be removed.
Section (b)	Meraw/MDA	This procedure cannot be done without a dentist present in the office performing the procedure. All personnel should be modified to G in the chart
Section (e)	Meraw/MDA	Nonprescription topical anesthetic solution is rare, so combine (e) with (tt) applying topical anesthetic agents by prescription.
Section (f)	Meraw/MDA	Supervision for trial sizing of orthodontic bands should be general for all personnel in case problems arise.
Section (g)	Meraw/MDA	Make two categories, placing and removing orthodontic separators and placing and removing orthodontic elastics, ligatures, and arch wires, and place the RDHs under direct for the second category as the current supervision for these procedures is direct or all personnel.
Section (i)	Erdt/MDAA	Remove D for DA. This should be under assignment to the DAs. This is not an appropriate duty to assign to a non-licensed dental assistant. No further duties should be assigned to a non-licensed assistants until they have been named in the Public Health Code and are required to have CPR inclusive education like all other dental providers. It is not in the best interest of the public to allow more duties. A dental assistant is defined as a non-licensed person who may perform basics before each procedure. Removing brackets and cement are pretty involved and non-basic and require formal education. Orthodontic brackets, bands, and adhesive materials often are located sub gingivally and the RDA and RDH have training in that anatomy and soft tissue intraoral attachments. Dental assistants that are not licensed do not have that training.
Section (k)	Meraw/MDA	RDHs should required to complete the training similar to RDAs.
Section (o)	Erdt/MDAA	Add assignment as an option to the dental assistants of applying commonly accepted medical emergency procedures, including CPR. Medical emergencies are unpredictable, and they can happen at any time, and many offices at times merely have office personnel who are non-licensed on the premises. All team members should be knowledgeable and ready to provide medical care if needed. The ADA states that through academic and continuing education should be familiar with the prevention, diagnosis, and management of common emergency. They should provide appropriate training to their staff so each person knows what to do and can act promptly.

Section (p) and (q)	Meraw/MDA	Add - allow DA under direct.
Section (u)	Erdt/MDAA	Remove for registered dental hygienists. RDAs and RDHs can cement and glue temporaries and RDAs can place them. The RDA is formally trained to make temporaries, and it is in their clinical exam as well. The duty of replacing should not be provided to the RDH as their education does not provide the training nor does their exam have a temporary clinical component like the RDA.
Section (aa)	Erdt/MDAA Meraw/MDA	Modify to taking impressions for intraoral appliances including bite registrations as opposed to restorations.
Section (cc)	Meraw/MDA	Modify RDAs from general with training to direct.
Section (hh)	Mewaw/MDA	Modify “bleaching” to whitening” products.
Section (jj)	Meraw/MDA	Add “composite, and glass ionomer.”
Section (kk)	Meraw/MDA	Delete “class I resin bonded restorations.”
Section (ll)	Meraw/MDA	Add “direct.”
Section (oo)	Meraw/MDA	Modify planning and delete “deep scaling, and removal of calcareous deposits.”
Section (qq)	Erdt/MDAA Meraw/MDA	This category combines (s) and (z). Subsection (qq) is repetitive.
Section (ss)	Erdt/MDAA Meraw/MDA	This category is repetitive. What is the different between (ss) and (q) and (y). What is the implication of “preliminary examining” that has been added to the beginning of (ss).
Section (tt)	Meraw/MDA	
Section (uu)	Erdt/MDAA Meraw/MDA	(uu) and (v) – sedative restoration and sedative dressing make this confusing. Allow RDAs by assignment.
Section (zz)	Meraw/MDA	Add DAs by direct and modify RDAs and RDHs to general. Also modify “impressions” to scans” and add “or intraoral appliances.”
Rules Committee Response	<p>The Rules Committee:</p> <p>(b) Agrees with the comment to delete (b) as is a “second pair of hands duty”.</p> <p>(e) Does not agree with combining (e) with (tt) as both situations may arise.</p> <p>(f) Does not agree as this action was not previously addressed for all personnel and it is a common practice for the RDA and RDH to be under assignment for this activity.</p> <p>(g) Does not agree with modifying RDHs to direct as both RDAs and RDHs can be taught to handle this activity without direct supervision.</p> <p>(i) Does not come to a consensus on this comment so it requires more discussion.</p>	

	<p>(k) Agrees with comment that RDHs should have training.</p> <p>(o) Agrees with the comment to allow dental assistants (DA) to apply commonly accepted medical emergency procedures.</p> <p>(p) and (q) Does not agree with allowing DAs to handle these activities as they are not trained.</p> <p>(u) Does not agree with the comment to delete (u) as this is a long-standing function of RDAs and RDHs and there is no harm to leave as written.</p> <p>(aa) Agrees as this is a clerical error.</p> <p>(cc) Does not agree as this is per the Code and is not subject to change.</p> <p>(hh) Agrees to use the term “whitening” as this is the accepted term used in the profession.</p> <p>(jj) Does not agree with adding “composite, and glass ionomer” as is not comfortable with extending to this activity.</p> <p>(kk) Does not agree with deleting “class I resin bonded restorations.”</p> <p>(ll) Agrees to add “direct” as RDAs do have training in this activity.</p> <p>(oo) Agrees to fix typo in planing but does not agree with deleting the rest of the provision as it is in the Code.</p> <p>(qq) Agrees that (qq) is repetitive and should be deleted.</p> <p>(ss) Delete (ss) as it is repetitive and add “preliminary examination including” to both (q) and (y).</p> <p>(uu) Agrees with the comment that the provision is confusing, therefore, clarify by replacing ” intra-coronal” with “surgical” in (uu) to reduce the confusion between (uu) and (v) and do not change (v). The Board also agrees to allow RDAs to do the activity by assignment.</p> <p>(zz) Agrees with the comment to add DAs by direct and modify RDAs and RDHs to general. Also modify “impressions” to scans” and add “or intraoral appliances.”</p>
--	---

R 338.11411 Delegated and assigned dental procedures for allied dental personnel.

Rule. 1411. A dentist may assign or delegate procedures to an unlicensed dental assistant, registered dental assistant, or registered dental hygienist under the provisions of section 16611 of the code, MCL 333.16611, as provided in Table 1:

Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel

	DA	RDA	RDH	Procedure
				Operating of dental radiographic equipment. A DA shall have successfully completed a

(a)	G	A	A	course in dental radiography that is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11302, R 338.11303, or R 338.11307. A dentist may delegate necessary radiographs for a new patient to an RDA or RDH.
(c)	G	A	A	Instructing in the use and care of dental appliances.
(d)	G	A	A	Taking impressions for study and opposing models.
(e)	G	A	A	Applying nonprescription topical anesthetic solution.
(f)	G	A	A	Trial sizing of orthodontic bands.
(g)	D	A	A	Placing, removing, and replacing orthodontic elastic or wire separators, arch wires, elastics, and ligatures.
(h)	D	A	A	Dispensing orthodontic aligners.
(i)		D	A	Removing orthodontic bands, brackets, and adhesives with non-tissue cutting instruments.
(j)		A	A	Polishing specific teeth with a slow-speed rotary hand piece immediately before a procedure that requires acid etching before placement of sealants, resin-bonded orthodontic appliances, and direct restorations.
(k)		G*	G*	Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners.
(l)		D	D	Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners.
(m)		A	A	Removing excess cement from supragingival surfaces of a tooth with a non-tissue cutting instrument.
(n)		A	A	Providing nutritional counseling for oral health and maintenance.
(o)	A	A	A	Applying commonly accepted medical emergency procedures.
(p)		A	A	Inspecting and charting the oral cavity using a mouth mirror and radiographs.
(q)		A	A	Preliminary examination including classifying occlusion.
(r)		A	A	Placing and removing dental dam.
(s)		A	A	Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.
(t)		A	A	Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following a procedure for occlusal adjustment.
(u)		A		Fabricating temporary restorations and temporary crowns and temporary bridges.

(v)		A	A	Placing and removing a nonmetallic temporary or sedative restoration with non-tissue cutting instruments.
(w)		A	A	Sizing of temporary crowns and bands.
(x)		A	A	Temporarily cementing and removing temporary crowns and bands.
(y)		G*	A	Preliminary examination including performing pulp vitality testing.
(z)		G*	A	Applying desensitizing agents.
(aa)		G*	A	Taking impressions for intraoral appliances including bite registrations.
(bb)		G*		Placing and removing matrices and wedges.
(cc)		G*		Applying cavity liners and bases.
(dd)		G*		Drying endodontic canals with absorbent points.
(ee)		G*		Placing and removing nonpinephrine retraction cords or materials.
(ff)		A	A	Placing and removing post extraction and periodontal dressings.
(gg)		D	A	Removing sutures.
(hh)		D	A	Applying and dispensing in-office bleaching products.
(ii)		G	G	Prior to cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations. After cementation, removing excess cement from around restorations.
(jj)		D**		Placing, condensing, and carving amalgam restorations.
(kk)		D**		Placing Class I resin bonded restorations, occlusal adjustment, finishing and polishing with non-tissue cutting slow-speed rotary hand pieces.
(ll)		D**		Taking final impressions for direct and indirect restorations and prosthesis including bite registration.
(mm)		D	D	Assisting and monitoring the administration of nitrous oxide analgesia by a dentist or the RDH. A dentist shall assign these procedures only if the RDA or RDH has successfully completed an approved course that meets the requirements of section 16611(7) of the code, MCL 333.16611, with a minimum of 5 hours of didactic instruction. The levels must be preset by the dentist or RDH and must not be adjusted by the RDA except in case of an emergency, in which case the RDA may turn off the nitrous oxide and administer 100% oxygen. As used in this subdivision, "assisting" means setting up equipment and placing the face mask. Assisting does not include titrating and turning the equipment on or off, except in the case of an emergency in which circumstances the RDA may turn off the nitrous oxide

				and administer 100% oxygen.
(nn)			A	Removing accretions and stains from the surfaces of the teeth and applying topical agents essential to complete prophylaxis.
(oo)			A	Root planing, debridement, deep scaling, and removal of calcareous deposits.
(pp)			A	Polishing and contouring restorations.
(rr)			A	Charting of the oral cavity, including all the following: periodontal charting, intra oral and extra oral examining of the soft tissue, charting of radiolucencies or radiopacities, existing restorations, and missing teeth.
(tt)			A	Applying topical anesthetic agents by prescription of the dentist.
(uu)		A	A	Agrees with the comment that the provision is confusing, therefore, clarify by replacing ” intra-coronal” with “surgical” in (uu) to reduce the confusion between (uu) and (v) and do not change (v). The Board also agrees to allow RDAs to do the activity by assignment.
(vv)			A	Removing excess cement from tooth surfaces.
(ww)			A	Placing subgingival medicaments.
(xx)			A	Micro abrasion of tooth surfaces to remove defects, pitting, or deep staining.
(yy)			D	Performing soft tissue curettage with or without a dental laser.
(zz)	D	G	G	Taking digital scans for final restorations or intra-oral appliances.
(aaa)			D***	Administering intra oral block and infiltration anesthesia, or no more than 50% nitrous oxide analgesia, or both, to a patient who is 18 years of age or older if the RDH has met all of the following requirements: (i) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of local anesthesia, with a minimum of 15 hours didactic instruction and 14 hours clinical experience. (ii) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months of completion of the approved course in paragraph (i) of this subdivision. (iii) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of nitrous oxide analgesia, with a minimum of 4 hours didactic instruction and 4 hours clinical experience. (iv) Successfully completed a state or regional board administered written examination in

				<p>nitrous oxide analgesia, within 18 months of completion of the approved course in paragraph (iii) of this subdivision.</p> <p>(v) Maintains and provides evidence of current certification in basic or advanced cardiac life support that meets the standards contained in R 338.11705.</p>
--	--	--	--	--

A = Assignment as defined in R 338.11401.

G = General supervision as defined in R 338.11401.

D = Direct supervision as defined in R 338.11401.

DA = Dental assistant.

RDA = Registered dental assistant as defined in R 338.11101.

*** A dentist shall assign these procedures to an RDA and RDH only if the RDA has successfully completed an approved course that meets the requirements in section 16611(12) and (13) of the code, MCL 333.16611, and contains a minimum of 10 hours of didactic and clinical instruction.**

**** A dentist shall assign these procedures to an RDA only if the RDA has successfully completed an approved course that meets the requirements in section 16611(11) of the code, MCL 333.16611, and contains a minimum of 20 hours of didactic instruction followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion based assessment instrument.**

RDH = Registered dental hygienist as defined in R 338.11101.

***** The department fee for certification of completion of the requirements is \$10.**

Board Response	<p>The Board:</p> <p>(b) Agrees with the comment to delete (b) as is a “second pair of hands duty”.</p> <p>(e) Does not agree with combining (e) with (tt) as both situations may arise.</p> <p>(f) Does not agree as this action was not previously addressed for all personnel and it is a common practice for the RDA and RDH to be under assignment for this activity.</p> <p>(g) Does not agree with modifying RDHs to direct as both RDAs and RDHs can be taught to handle this activity without direct supervision.</p> <p>(i) Agrees with the comment to delete the D for DA’s in this category.</p> <p>(k) Agrees with comment that RDHs should have training so an asterisk will be added to the RDHs for training and “RDH” will be added to the explanation of * at the bottom of the table.</p> <p>(o) Agrees with the comment to allow dental assistants (DA) to apply commonly accepted medical emergency</p>
-----------------------	--

	<p>procedures.</p> <p>(p) and (q) Does not agree with allowing DAs to handle these activities as they are not trained.</p> <p>(u) Agrees with the comment to delete this activity for the RDHs as they are not trained in this activity. Also, the term “replacing” is not the correct term, it should be “fabricate” and the word “existing” should be deleted in order to make this provision reflect the actual activity in the profession.</p> <p>(aa) Agrees as this is a clerical error.</p> <p>(cc) Does not agree as this is per the Code and is not subject to change.</p> <p>(hh) Does not agree to use the term “whitening” as “bleaching” is used in the Code.</p> <p>(jj) Does not agree with adding “composite, and glass ionomer” as is not comfortable with extending to this activity.</p> <p>(kk) Does not agree with deleting “class I resin bonded restorations.”</p> <p>(ll) Agrees to add “direct” as RDAs do have training in this activity.</p> <p>(oo) Agrees to fix typo in planing but does not agree with deleting the rest of the provision as it is in the Code.</p> <p>(qq) Agrees that (qq) is repetitive and should be deleted.</p> <p>(ss) Agrees to delete (ss) as it is repetitive and add “preliminary examination including” to both (q) and (y).</p> <p>(uu) Agrees to replace” intra-coronal” with “surgical” in (uu) to reduce the confusion between (uu) and (v) and no changes to (v). Also allow RDAs to do activity by assignment.</p> <p>(zz) Agrees to add DAs by direct and modify RDAs and RDHs to general. Also modify “impressions” to scans” and add “or intraoral appliances.”</p>
--	---

Rule 338.11417 Practice agreement; care or services.

Rule Numbers	Commenter	Comment
Add Section (7)	Meraw/MDA	<p>The MDA requests adding the following subsection to Rule 338.11417:</p> <p>(7) If the patient requires treatment that exceeds the dental therapist’s capabilities or the scope of practice as a dental therapist, a referral to an appropriate provider within a reasonable distance must be given to the patient.</p> <p>Patient safety is also a top priority for the MDA. Once dental therapists begin to treat Michigan patients, it will be imperative for dental therapists and the patients they treat to have reasonable access to a dentist. As currently written, the rules allow a dental therapist to treat a patient without the patient being first seen by a dentist. If the patient requires treatment that goes beyond the capabilities of the dental therapist or if there is a dental emergency, for the patient’s safety, the</p>

		patient should have assurance that an appropriate provider is available within a reasonable distance. This is why dental therapists practice agreements, outlined in Rule 338.11417, should include a referral to an appropriate provider within a reasonable distance, similar to requirements in the mobile dentistry law.
Add Section (8)	Meraw/MDA	Along the lines of patient safety, it is important to define the procedures dental therapists can delegate to dental assistants, registered dental assistants, and registered dental hygienists. Current law allows dental therapists to treat patients without a dentist present, but the rules do not limit supervision levels and what a dental therapist can delegate to allied dental personnel. Therefore, the MDA recommends that dental therapists have the same limitations as dentists in regard to delegating duties and supervising allied dental personnel. This can be achieved by adding the following subsection under Rule 338.11417: (8) Dental therapists have the same level of supervision requirements over allied dental personnel as dentists have as stated in 338.11411.
Rules Committee Response	(7): The Rules Committee agrees with the comment to require a refer to be to a health professional within a reasonable distance subject to the Code provisions and the written practice agreement. (8): The Rules Committee agrees with the comment that a dental therapist’s supervision over allied dental personnel should be the same or less than a dentist’s supervision over allied dental personnel subject to the Code and the dental therapist’s written practice agreement.	

Rule 1417. (1) A dental therapist may practice only under the supervision of a dentist licensed and practicing in this state through a written practice agreement that is signed by the dental therapist and dentist licensed and practicing in this state and that meets all the requirements in section 16655 of the code, MCL 333.16655.

(2) A dentist may supervise no more than 4 dental therapists pursuant to section 16655(5) of the code, MCL 333.16655.

(3) A dental therapist may supervise no more than 3 dental assistants or registered dental assistants and 2 registered dental hygienists in any 1 health setting as allowed in a written practice agreement. The practice agreement must define the type of supervision required by the dental therapist.

(4) A dentist may not authorize a dental therapist to do either of the following:

(a) Prescribe controlled substances.

(b) Administer phentolamine mesylate.

(5) A dentist may authorize a dental therapist to provide care or services described in sections 16656(1)(a) to (w) of the code, MCL 333.16656.

(6) A dental therapist may perform other services and functions agreed to by the supervising dentist for which the dental therapist is trained that are ancillary to those care and services described in sections 16656(1)(a) to (w) of the code, MCL 333.16656.

(7) Subject to section 16657 of the code, MCL 333.16657, and the dental therapist’s written practice agreement, if the patient requires treatment that exceeds the dental therapist’s capabilities or the scope of practice as a dental therapist, the dentist or dental therapist shall refer the patient to an appropriate provider within a reasonable distance.

(8) Subject to section 16655 and 16656(2) of the code, MCL 333.16655 and 333.16656, and the dental therapists’s written practice agreement, a dental therapist’s authority to delegate to allied dental personnel may not exceed a dentist’s authority to delegate to allied dental personnel under R 338.11411.

Board Response	<p>(7): The Board agrees with the comment to require a referral to be to a health professional within a reasonable distance subject to the Code provisions and the written practice agreement.</p> <p>(8): The Board agrees with the comment that a dental therapist’s authority to delegate to allied dental personnel should not exceed a dentist’s authority to delegate to allied dental personnel subject to the Code and the dental therapist’s written practice agreement.</p>
-----------------------	---

Rule 338.11601 General anesthesia; conditions; violation.

Rule Numbers	Commenter	Comment
Section (2)(a)(i)	Meraw/MDA	As proposed, Rule 338.11601(2)(a)(i), strikes “Joint Commission” and replaces it with “JCNDE,” which is incorrect. JCNDE does not accredit hospitals, the Joint Commission should remain the reference under this subpart.
Rules Committee Response	(2)(a)(i): The Rules Committee agrees with the comment to change JCNDE to the Joint Commission.	

R 338.11601 General anesthesia; conditions; violation.

Rule 1601. (1) A dentist shall not administer general anesthesia to a dental patient or delegate and supervise the performance of any act, task, or function involved in the administration of general anesthesia to a dental patient, unless all of the following conditions are satisfied:

(a) The dentist has completed a minimum of 1 year of advanced training in general anesthesia and pain control in a program ~~which~~ **that meets the standards adopted in R 338.11603(1). A program that is accredited by CODA as meeting the accreditation standards for advanced dental education programs in anesthesiology meets the requirements of this subdivision. This subdivision takes effect 1 year after the effective date of this amendatory rule.**

(b) The dentist and the delegatee, if any, maintain current certification in basic and advanced cardiac life support **for health care providers with a hands-on component** from an agency or organization that grants ~~such~~ certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2). **A certification in basic and advanced cardiac life for health care providers with a hands-on component from AHA meets the requirements of this subdivision.**

(c) The facility in which the anesthesia is administered meets the equipment standards adopted in R 338.11603(3).

(d) The dentist shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises until ~~such~~ **the** patient is capable of being discharged.

(2) A dentist who does not meet the requirements of subrule (1) of this rule shall not offer general anesthesia services for dental patients unless all of the following conditions are met:

(a) General anesthesia services are directly provided through association with, and by, either of the following individuals:

(i) A physician who is licensed under the provisions of part 170 or 175 of the ~~aet~~ **code, MCL 333.17001 to 333.17097, and 333.17501 to 333.17556**, and who is a member in good standing on the anesthesiology staff of a hospital accredited by the Joint Commission.

(ii) A dentist who meets the requirements of subrule (1)(a) and (b) of this rule.

(b) A person who administers anesthesia, ~~as authorized by~~ **under** the provisions of subdivision (a) of this subrule, shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the ~~actual~~ premises where the general anesthesia is administered until the patient anesthetized is capable of being discharged.

(c) The provisions of subrule (1)(b) and (c) of this rule ~~shall~~ **must** be complied with.

(3) A dentist is in violation of section 16221(1)(h) of the code, ~~MCL 333.16221(1)(h)~~ **333.16221**, if he or she **fails to comply with subrules (1) and (2) of this rule.** ~~administers general anesthesia to a dental patient or delegates and supervises the performance of any act, task, or function involved in the administration of general anesthesia to a dental patient or offers general anesthesia services for dental patients without being in compliance with subrules (1) and (2) of this rule.~~

Board Response	(2)(a)(i): The Board agrees with the comment to change JCNDE to the Joint Commission.
-----------------------	---

Rule 338.11701 License renewal for a dentist, dental specialist, and special-retired volunteer dentist; requirements; applicability.

Rule Numbers	Commenter	Comment
Section (12)(b)	Erdt/MDAA	Change to “ethics and jurisprudence with inclusion of delegation of duties to dental auxiliaries.” Leave the hours earned through volunteer patient supportive dental services. MDAA has a concern over the amount of duties assigned by dentists to dental auxiliaries that are not within their scope of practice. All dentists should understand the scope of practice for dental assistants, RDAs, and RDHs, and dental therapists.
Section (12)	Erdt/MDAA Sutton Farrell/MDHHS	Add 3 hours in infection control in the dental setting. Training in infection control is imperative for the dentist as well as the rest of the team. The dentist is ultimately in charge of making sure the office complies. It is difficult to secure formally trained assistants, so with less than 2,000 in the state with formal training, it is the responsibility of the dentist to ensure that the unlicensed assistants have the proper training in infection control. Add requirements for both active and retired dentists with retired-volunteer license. Also, include Organization for Safety, Asepsis and Prevention (OSAP) as an additional organization for infection control guidance for all dental professionals. Also, recommending training on antibiotic stewardship. Many antibiotic prescriptions are written that may be unnecessary.
Section (12)(e)	Sutton	All of the forms of meeting the CE requirements, such as online, electronic media, video, internet, web-based seminar ... are not defined. According to the AGD the only official delivery method is lecture, self-instruction, and hands on class participation. The location can be online, a live webinar, or a live online lecture.
Rules Committee Response		(12)(b): The Rules Committee agrees to require dental professionals to have CE in the “delegation of duties to allied dental personnel” in addition to ethics and jurisprudence. This change will also be added to the dental therapist renewal rule R 338.11703 as a dental professional. As the relicensure rule requires the same CE the new language will also be added to the relicensure rules, R 338.11263 (dentists) and R 338.11265 (dental therapists). (12)(b): The Rules Committee does not agree with the comment to allow volunteer hours to be used for the CE in ethics and jurisprudence and delegation of duties to allied dental personnel. (12)(d): The Rules Committee agrees with the comment to add 1 hour, not 3, of infection control to the CE requirements

for dentists similar to the infection control CE requirements for other dental professionals. The Rules Committee did not agree with including Organization for Safety, Asepsis and Prevention (OSAP) as an additional organization for infection control guidance or including training on antibiotic stewardship.

(12)(e): The Rules Committee agrees that clarification is needed to differentiate between the online and live acceptable CE wherever these terms are used in the rules. However, as the Rules Committee desires to be consistent in the rules, clarifying language is necessary to sections that limit or require online and live CE. Therefore, in section 12(e) and similar rules “synchronous, live” is recommended and in section 12(f) and similar rules, “asynchronously, noninteractive” is recommended.

Rule 1701. (1) This rule applies to **an application applications** for the renewal of a dentist license, **dental specialist license, and special retired volunteer dentist license** under sections 16201 (1) and (2) and 16184(2) and (3) of the code, **MCL 333.16201 and 333.16184.**

(2) **Subject to subrule (8) of this rule, An** an applicant for a **dentist** license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with both of the following **during the 3-year period before the end of the license cycle:**

(a) Possess current certification in basic or advanced cardiac life support from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R ~~338.11705(3)~~ **338.11705(4).**

(b) Complete at least 3 continuing education credits in pain and symptom management ~~in each renewal period.~~ Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

(3) **Subject to subrule (8) of this rule, In** in addition to the requirements of subrule (2) of this rule, an applicant for a dentist license **renewal, who has been licensed for the 3-year period immediately preceding the expiration date of the license,** shall comply with all of the following **during the 3-year period before the end of the license cycle:**

(a) Complete not less than 60 hours of continuing education approved by the board ~~under R 338.11704a. during the 3-year period immediately preceding the application for renewal.~~

(b) Complete a minimum of 20 hours of the ~~required 60 hours required of approved~~ continuing education **hours** in programs directly related to clinical issues ~~such as~~ **including** delivery of care, materials used in delivery of care, and pharmacology.

(c) Complete a minimum of 20 hours of the ~~required 60 hours of approved~~ continuing education **hours** by attending **synchronous, live** courses or programs that provide for direct interaction between faculty and participants, including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer ~~clinical~~ **patient or supportive dental** services provided for

in ~~R 338.11703(e)~~ **R 338.11704a(1)(m)**. These courses, with the exception of the volunteer clinical services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(4) **Subject to subrule (8) of this rule,** ~~in~~ in addition to the requirements of subrules (2) and (3) of this rule, a dental specialist shall complete 20 hours of the ~~60~~ required ~~board-approved~~ continuing education hours in the dental specialty field in which he or she is certified ~~within~~ **during** the 3-year period ~~immediately preceding the renewal application~~ **before the end of the license cycle.**

(5) **Subject to subrule (8) of this rule,** ~~in~~ in addition to the requirements of subrule (2) of this rule, an applicant for a special retired dentist license shall comply with the following **during the 3-year period before the end of the license cycle:**

(a) Complete not less than 40 hours of continuing education acceptable to the board in **R 338.11704a.** ~~during the 3-year period immediately preceding the date of the application.~~

(b) Complete a minimum of 14 hours of the required ~~40~~ hours of ~~approved~~ continuing education in programs directly related to clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(c) Complete a minimum of 14 hours of the required ~~40~~ hours of ~~approved~~ continuing education by attending **synchronous,** live courses or programs that provide for direct interaction between faculty and participants, including but not limited to, lectures, symposia, live teleconferences, workshops, and providing volunteer clinical services provided for in ~~R 338.11703(e)~~ **R 338.11704a(1)(m)**. These courses, with the exception of the volunteer clinical services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(d) Comply with the conditions for renewal in section 16184(2) of the code, MCL 333.16184(2).

(6) The submission of the **application for online-renewal** ~~shall constitute~~ **constitutes** the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of ~~4~~ **5** years from the date of the submission for renewal. **Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.**

(7) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department before the expiration date of the license.

(8) Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, an applicant shall meet the requirements of this subrule and subrules (1), (7), and (9) to (14) of this rule. An applicant for a dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 60 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.

(9) An applicant for a dental specialist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete 60 hours of continuing education approved by the board under R 338.11704a with

not less than 20 hours of the required 60 hours in board-approved continuing education in the dental specialty field in which he or she is licensed within the 3-year period before the end of the license cycle.

(10) In addition to meeting the requirements of section 16184 of the code, MCL 333.16184, an applicant for a special retired volunteer dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 60 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.

(11) An applicant shall possess current certification in basic or advanced cardiac life support for health care providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).

(12) In complying with the requirements of subrules (8) to (10) of this rule, an applicant for a dentist license, dental specialist license, and special retired volunteer dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with all of the following before the end of the license cycle:

(a) Complete at least 3 hours of the required continuing education hours in pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(b) Complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(c) Complete a minimum of 20 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(d) Complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention's infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(e) Complete a minimum of 20 hours of the required continuing education hours by attending synchronous, live courses or programs that provide for direct interaction between faculty and participants including, but not limited to, lectures, symposia,

live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(f) Complete no more than 30 hours of the required continuing education hours asynchronously, noninteractive.

(13) Except for the 1-time training in human trafficking and 1-time training in opioid and controlled substances awareness, which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an applicant may not earn credit for a continuing education program or activity that is identical to a program or activity an applicant has already earned credit for during that renewal period.

(14) The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. An applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years from the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

<p>Board Response</p>	<p>(12)(b): The Board agrees to require dental professionals to have CE in the “delegation of duties to allied dental personnel” in addition to ethics and jurisprudence. As the relicensure rule requires the same CE the new language will also be added to the relicensure rules, R 338.11263 (dentists).</p> <p>(12)(b): The Board does not agree with the comment to allow volunteer hours to be used for the CE in ethics and jurisprudence and delegation of duties to allied dental personnel.</p> <p>(12)(d): The Board agrees with the comment to add 1 hour, but not 3, of infection control to the CE requirements for dentists similar to the infection control CE requirements for other dental professionals. The Rules Committee did not agree with including Organization for Safety, Asepsis and Prevention (OSAP) as an additional organization for infection control guidance or including training on antibiotic stewardship.</p> <p>(12)(e): The Board agrees that clarification is needed to differentiate between the online and live acceptable CE wherever these terms are used in the rules. However, as the Board desires to be consistent in the rules, clarifying language is necessary to sections that limit or require online and live CE. Therefore, in section 12(e) and similar rules “synchronous, live” is recommended and in section 12(f) and similar rules, “asynchronously, noninteractive” is recommended.</p>
------------------------------	---

Rule 338.11704 License renewal for a registered dental hygienist, registered dental hygienist special volunteer, registered dental assistant, and registered dental assistant special volunteer; requirements; applicability.

Rule Numbers	Commenter	Comment
Section (7)(e)	Erdt/MDAA	Add 1 hour in the inclusion of delegation of duties to dental auxiliary. Duties are performed illegally in the state, and knowledge may help with this issue.
Rules Committee Response	(7)(e): The Rules Committee agrees to add language that includes the delegation of duties to allied dental personnel. As the CE is referenced in the relicensure rule, R 338.11267, the language “with inclusion of delegation of duties to allied dental personnel” should be added to the relicensure rules for RDHs and RDAs.	

Rule 1704. (1) This rule applies to ~~applications~~ **an application** for the renewal of a registered dental hygienist license, ~~or and~~ a registered dental assistant license under section 16201(1) and (2) of the code, MCL 333.16201(1) and (2), **and a registered dental hygienist special-retired volunteer license and a registered dental assistant special-retired volunteer license under section 16184 of the code, MCL 333.16184.**

(2) An applicant for a **registered dental hygienist license renewal or a registered dental assistant license renewal** who has been licensed for the 3-year period immediately preceding the expiration date of the license, shall ~~possess current certification in basic or advanced cardiac life support for an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(3) and shall comply with the following requirements, as applicable:~~ **complete not less than 36 hours of continuing education approved by the board under R 338.11704a during the 3 years before the end of the license cycle.**

~~(a) For a registered dental hygienist license or a registered dental assistant license, the applicant shall have completed not less than 36 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application. Each licensee shall complete a minimum of 12 hours of the required 36 hours of approved continuing education in programs directly related to clinical issues such as delivery of care, materials used in the delivery of care, and pharmacology.~~

~~(b) For a registered dental hygienist license or a registered dental assistant license, the applicant shall complete a minimum of 12 hours of the required 36 hours of approved continuing education by attending live courses or programs that provide for direct interaction between faculty and participants, including, but not limited to, lectures, symposia, live teleconferences, workshops and provision of volunteer clinical services provided for in R 338.11704a. These courses, with the exception of the volunteer clinical~~

~~services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.~~

~~(e) (3) Applicants~~ **An applicant** holding both a registered dental hygienist license and a registered dental assistants license shall ~~have completed~~ **complete** not less than a total of 36 hours of continuing education acceptable to the board **under R 338.11704a** during the ~~3-year period immediately~~ **3 years preceding the date of application before the end of the license cycle**. The 36 hours shall ~~must~~ include not less than 12 hours devoted to registered dental hygienist functions, and not less than 12 hours devoted to registered dental assistant functions.

~~(d) If an organized continuation course or program is offered in segments of 50 to 60 minutes each, 1 hour of credit shall be given for each segment.~~

~~(e) Each licensee shall complete at least 2 continuing education credits in pain and symptom management in each renewal period. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.~~

(4) In addition to meeting the requirements of section 16184 of the code, MCL 333.16184, an applicant for a special-retired volunteer registered dental assistant license renewal or a special-retired volunteer registered dental hygienist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 36 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.

(5) An applicant shall possess current certification in basic or advanced cardiac life support for health care providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).

(6) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department before the expiration date of the license.

(7) In complying with the requirements of subrules (2) to (4) of this rule, an applicant for a registered dental assistant license, registered dental hygienist license, special-retired volunteer registered dental assistant license, or special-retired volunteer registered dental hygienist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall also comply with all of the following before the end of the license cycle:

(a) Complete a minimum of 12 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in the delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(b) Complete a minimum of 12 hours of the required continuing education hours by attending live courses or programs that provide for direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and provision of volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues including delivery of care, materials used in delivery of care, and pharmacology.

(c) Complete at least 2 hours of the required continuing education hours in pain and symptom management. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(d) Earn no more than 18 of the 36 hours of the required continuing education hours online or through electronic media, including videos, internet web-based seminars, video conferences, online continuing education programs, and online journal articles.

(e) Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(f) Effective for applications for renewal that are filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention's infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(8) Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, an applicant may not earn credit for a continuing education program or activity that is identical to a program or activity the applicant has already earned credit for during that renewal period, except for the 1-time training in human trafficking and 1-time training in opioid and controlled substances awareness, which may be used to comply with the requirement for the 1-time training and a continuing education requirement.

(3) (9) The submission of the online application for renewal shall constitute the applicant's certification of compliance required by this rule. The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule. The

applicant or licensee **shall** maintain evidence of complying with the requirements of this rule for a period of ~~4~~ **5** years from the date of the submission for renewal. **Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.**

Board Response	<p>(7)(e): The Board agrees to add language that includes the delegation of duties to allied dental personnel.</p> <p>As the CE is referenced in the relicensure rule, R 338.11267, the language “with inclusion of delegation of duties to allied dental personnel” should be added to the relicensure rules for RDHs and RDAs.</p>
-----------------------	--

R 338.11704a Acceptable continuing education for licensees, limitations.

Rule Numbers	Commenter	Comment
Section (1)(a)	Furnari/AADH	<p>Our request is that you include the AADH in this list. Many other states have included our name specifically in their statute or rules. Many have given us written confirmation that they will accept our course approvals to satisfy the mandated continuing education. They acknowledge dental hygienists appreciate taking courses approved by a body solely dedicated to their needs and requirements. Your rules state you would accept courses approved by other state boards and we believe that this would in fact include the AADH, yet we are not named.</p> <p>For dentists, you state the Academy of General Dentistry and it may be fitting to include the American Academy of Dental Hygiene.</p> <p>Much information about us may be found on our web site at aadh.org or I may be contacted for any further information.</p> <p>The American Academy of Dental Hygiene is an organization that approves continuing education courses for dental hygienists. We are not a sponsor nor offer courses, we approve course content using standards of quality education. (Attached to the comments).</p> <p>You specifically state the American Dental Hygienists’ Association there. We are the approval body for that organization. We approve their courses. We also approve courses for international groups.</p> <p>Modify spelling of Hygienist to Hygienists’ in American Dental Hygienists’ Association.</p>
Section (1)(a)	Meraw/MDA	<p>References to the ADA “CERP” should be replaced with the “Commission on Continuing Education Provider Recognition.” The Commission on Continuing Education Provider Recognition is now responsible for approving CE providers.</p>

Section (1)(m)	Farrell/MDHHS	<p>Further clarification is needed on what qualifies as a “public or nonprofit entity, program, or event, or a school, or nursing home.</p> <ol style="list-style-type: none"> 1) Does school mean K-12 only. 2) Does this include public, private and charter schools. 3) Can Head Start programs, preschools or daycare programs qualify as a school. 4) If they are a non-profit, do they qualify. 5) If a daycare or preschool is not a non-profit, can they qualify as a school. 6) What is the definition of nursing home. 7) Does it have to be a skilled facility. 8) Can it be a senior housing complex. 9) Assisted living facility. There is now a continuum of care for seniors based on health care needs. 10) What about agencies that serve older adults like Area Agencies on Aging. They can provide events and other activities that require oral health professionals.
Rules Committee Response	<p>(1)(a): The Rules Committee agrees to make the suggested changes to section 1(a).</p> <p>(1)(m): The Rules Committee declines to make the suggested changes to section (1)(m) as it is happy with the current Board approval process that is in place for vetting volunteer hours spent providing volunteer patient or supportive dental services. The Committee suggested that the Board approve these applications for volunteer hours on an individual basis and desires to keep the broader language so as not to limit volunteer opportunities.</p>	

ACCEPTABLE CONTINUING EDUCATION ACTIVITIES		
(a)	<p>Completion of an approved continuing education program or activity related to the practice of dentistry. A continuing education program or activity is approved, regardless of the format in which it is offered, if it is approved or offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • A dental, dental therapy, dental 	<p>The number of hours earned are the number of hours approved by the sponsor or the approving organization.</p> <p>If the activity was not approved for a set number of hours, then 1 credit hour for each 50 minutes</p>

	<p>hygiene, dental assistant, or a hospital-based dental specialty educational program approved by CODA.</p> <ul style="list-style-type: none"> • A continuing education sponsoring organization, institution, or individual approved by the Academy of General Dentistry (AGD). • A continuing education national sponsoring organization, institution, or individual approved by the American Academy of Dental Hygiene (AADH), American Dental Hygienists' Association (ADHA), the American Dental Assistants Association (ADAA), and the Commission on Continuing Education Provider Recognition American Dental Association Continuing Education Recognition Program (ADA CERP). • A continuing education sponsoring organization, institution, or individual approved by the Michigan Dental Association (MDA), Michigan Dental Hygienists Association (MDHA), and Michigan Dental Assistants Association (MDAA). • Another state board of dentistry. 	<p>of participation may be earned.</p> <p>No limitation on the number of hours earned.</p>
--	---	--

<p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
---	--

<p>(m)</p>	<p>Providing volunteer patient or supportive dental services in this state at a board-approved program pursuant to subrule (4) of this rule that is not a part of the licensee's regular job description nor required under a board order or agreement and that complies with the following:</p> <ul style="list-style-type: none"> • The program is a public or nonprofit entity, program, or event, or a school or nursing home. • The program provides patient or supportive dental services to the indigent or dentally underserved populations. • The licensee does not receive direct or indirect remuneration of any kind including, but not limited to, remuneration for materials purchased or used. • The licensee shall sign in and sign out daily upon commencement and 	<p>One hour for each 120 minutes of providing patient or supportive dental services.</p> <p>A dentist or special-retired volunteer dentist may earn a maximum of 20 hours per renewal period.</p> <p>A dental therapist, registered dental hygienist, registered dental assistant, special-retired volunteer dental therapist, special-retired volunteer registered dental hygienist, and special-retired volunteer registered dental assistant may earn a maximum of 12 hours per renewal period.</p>
-------------------	--	---

	<p>termination of the provision of services.</p> <ul style="list-style-type: none"> • A dentist with a specialty license issued from this state shall limit volunteer clinical dental services to the specialty area in which the dentist is licensed. <p>If audited, an applicant shall submit proof from the sponsor of the assignments and the hours of service provided.</p>	
--	--	--

<p>Board Response</p>	<p>(1)(a): The Board agrees to make all the suggested changes to section 1(a), however, the reference to the CERP organization shall be Commission on Continuing Education Provider Recognition American Dental Association Continuing Education Recognition Program (ADA CERP).</p> <p>(1)(m): The Board declines to make the suggested changes to section (1)(m) as the current Board approval process is working to vet volunteer hours spent providing volunteer patient or supportive dental services. The Rules Committee suggested, and the Board agrees that the Board should approve these applications for volunteer hours on an individual basis and keep the broader language so as not to limit volunteer opportunities.</p>
------------------------------	---