



# North Dakota State Board of Dental Examiners

Comments by Rita Sommers, Executive Director, NDSBDE  
 Before the Legislative Management's Interim Health Services Committee  
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Madam Chair and Members of the Committee, the Expanded Function Dental Auxiliary (EFDA) is a model which exists in forty four states, the District of Columbia, the Public Health Service, Indian Health service, and the U.S. military. The use of EFDAs has been shown to improve efficiencies in the delivery of dental care, while maintaining the quality of that care. No study that I am aware of in the United States has shown a direct link to improving access to care. Although it seems reasonable to assume that increased efficiency can lead to increased access and lower costs, the primary concern of the North Dakota State Board of Dental Examiners with regard to the delivery of all dental care is for safety of the public.

The North Dakota State Board of Dental Examiners requirements for the EFDA as approved in the proposed adopted amendments to the Administrative Rules are in line with the minimal standard of competency required by regional clinical boards, national boards, and CODA\* standards. Duties set forth in the proposed amendments were determined by the Board based on the curriculum offered by accredited programs teaching expanded functions courses. Once the new rules listed below are finalized ND licensed dental hygienists and registered dental assistants licensed in the future as well

as those presently employed in North Dakota's dental workforce infrastructure will have the opportunity to be utilized in providing a variety of expanded services safely and in an efficacious manner while also addressing the Board's concern for public safety and various concerns of other entities.

The new proposals adopted by the NDSBDE broaden the scope of practice for the licensed dental hygienist and the registered dental assistant by creating two categories for each profession; the Restorative Function endorsement and the Anesthesia Assistant endorsement. The following adopted Administrative Rule proposals support the positions, and address the requirements for training and examination.

\*[CODA or the Commission on Dental Accreditation is recognized by the U.S. Department of Education]

**AMENDMENTS ADOPTED BY THE NDSBDE WHICH PERTAIN TO  
THE EXPANDED FUNCTION DENTAL HYGIENIST AND DENTAL ASSISTANT**

**ARTICLE 20-01**

**CHAPTER 20-01-02 GENERAL ADMINISTRATION**

**20-01-02-01. Definitions.**

13. "Contiguous supervision" means that the supervising oral and maxillofacial surgeon whose patient is being treated has personally authorized the procedures to be performed. The supervising oral surgeon is continuously on-site and physically present in the treatment facility while the procedures are performed by the dental anesthesia auxiliary and capable of

responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.

18. "Direct visual supervision" means supervision by an oral and maxillofacial surgeon by verbal command and under direct line of sight.

26. " Oral assessment" means the evaluation of data pertaining to the patient's condition in terms which help identify dental problems so as to lead to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist.

~~2326. "Oral hygiene treatment planning" is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework to address the preventative, educational and clinical treatment needs of the patient means the process of assessing and determining, by the dentist and the hygienist, the services the dental hygienist will perform, including preventative, educational, and instrumentation. This treatment plan is an organized sequence of events that is a part of the dentist's total treatment plan. The total treatment plan and diagnosis are to be determined by the dentist.~~

20-03-01-01. Duties. A dental assistant may perform the duties listed in subsections 1 through 6 under direct supervision of a dentist. A qualified dental assistant may perform duties set forth in subsections 1 through 7 under direct supervision of a dentist. A registered dental assistant may perform the duties set forth in subsections 1 through 24 under indirect supervision of a dentist. A registered dental assistant may perform duties set forth in subsections 25 through 31 under direct supervision of a dentist. A registered dental assistant may perform

duties set forth in subsections 32 and ~~33~~ 34 under general supervision of a dentist. A registered dental assistant authorized by permit may provide anesthesia duties set forth in subsections 35 under the contiguous or direct visual supervision. A registered dental assistant authorized by permit may provide restorative duties set forth in subsection 36 under the direct supervision of a dentist.

1. Take and record pulse, blood pressure, and temperature.
2. Take and record preliminary dental and medical history for the interpretation by the dentist.
3. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.
4. Receive removable dental prosthesis for cleaning or repair.
5. Take impressions for study casts.
6. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
- 7., 8., .....32.
33. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
34. Repack dry socket medication and packing for palliative treatment.
35. A registered dental assistant authorized by the board under contiguous supervision of an oral and maxillofacial surgeon may:
  - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and
  - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

36. A registered dental assistant authorized by the board under direct visual supervision of an oral and maxillofacial surgeon may:

a. Draw up and prepare medications;

b. Follow instructions to deliver medication into an intravenous line upon verbal command;

c. Adjust the rate of intravenous fluids infusion beyond a keep open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump;

e. Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency.

37. A registered dental assistant under the direct supervision of a dentist may:

a. place and carve and adjust amalgam or glass ionomer restorations; and

b. adapt and cement stainless steel crowns

c. place, contour, and adjust class I, and class V supragingival composite restorations

where the margins are entirely within the enamel.

#### **20-03-01-05. Registration of registered and qualified dental assistants.**

An individual seeking registration as a registered or qualified dental assistant shall apply on forms prescribed by the board. The application must be notarized and include the application fee.

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:
2. The Board may...

3. The board may issue or renew a permit authorize a registered dental assistant to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:

a. The applicant submits evidence on forms prescribed by the board that:

(1) The applicant has completed a board approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons.

(2) The applicant has completed a board approved dental anesthesia assistant education and training course and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.

b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support.

d. The applicant provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the registered dental assistant will be performing anesthesia assistant services.

4. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completes a board approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam, or

(2) Successfully passed the western regional examining board's restorative examination or other board approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.

b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

20-04-01-01. Duties. A dental hygienist may perform the following services under the general, direct, or indirect supervision of a dentist:

1. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist may also do root planing and soft tissue curettage upon direct order of the dentist.
2. Polish and smooth existing restorations.
3. Apply topical applications of drugs to the surface tissues of the mouth and to exposed surfaces of the teeth, including anticariogenic agents and desensitizing solutions.
4. Take impressions for study casts.
5. Take and record preliminary medical and dental histories for the interpretation by the dentist.
6. Take and record pulse, blood pressure, and temperature.
7. Provide oral hygiene treatment planning after an oral assessment or dentist's diagnosis.
8. Take dental radiographs.
9. Apply therapeutic agents subgingivally for the treatment of periodontal disease.
10. Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids, rubber base, etc.).
11. Receive removable dental prosthesis for cleaning and repair.
12. Dry root canal with paper points.

13. Place and remove rubber dams.
14. Place and remove matrix bands or wedges.
15. Take occlusal bite registration for study casts.
16. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
17. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, onlay, or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
18. Adjust permanent crowns outside of the mouth.
19. Perform nonsurgical clinical and laboratory oral diagnostic tests for interpretation by the dentist.
20. Apply pit and fissure sealants. Adjust sealants with slow speed handpiece.
21. Place and remove periodontal dressings, dry socket medications, and packing.
22. Remove sutures.
23. Monitor a patient who has been inducted by a dentist into nitrous-oxide relative analgesia.
24. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
25. Preselect and prefit orthodontic bands.
26. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
27. Place and remove arch wires or appliances that have been activated by a dentist.
28. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
29. Acid-etch enamel surfaces prior to pit and fissure sealants, direct bonding of orthodontic brackets, or composite restorations.

30. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.

31. Take face bow transfers.

32. Orally transmit a prescription that has been authorized by the supervising dentist.

33. Repack dry socket medication and packing for palliative treatment.

34. A dental hygienist authorized by the board under contiguous supervision of an oral and maxillofacial surgeon may:

a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and

b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

35. A dental hygienist authorized by the board under direct visual supervision of an oral and maxillofacial surgeon may:

a. Draw up and prepare medications;

b. Follow instructions to deliver medication into an intravenous line upon verbal command;

c. Adjust the rate of intravenous fluids infusion beyond a keep open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump;

e. Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency.

35. A dental hygienist under the direct supervision of a dentist may:

a. place and carve and adjust amalgam or glass ionomer restorations; and

b. adapt and cement stainless steel crowns

c. place, contour, and adjust class I and class V supragingival composite

restorations where the margins are entirely within the enamel.

**20-04-01-03. Duties of dental hygienists.** A dental hygienist may perform

the following services under the direct supervision of a dentist:

1. A licensed dental hygienist may apply for a permit to administer local anesthesia to a patient who is at least eighteen years old, under the direct supervision of a licensed dentist. To be considered for a permit, a hygienist must have successfully completed a didactic and clinical course in local anesthesia within the last twenty-four months sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia.

2. A licensed dental hygienist applying for a local anesthesia permit who has been...

4. The board may issue or renew a permit to authorize a dental hygienist to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:

a. The dental hygienist submits evidence on forms prescribed by the board that:

(1) The applicant has completed a board approved dental anesthesia assistant education and training course within one year of application and has proof of current

certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons.

(2) The applicant has completed a board approved dental anesthesia assistant education and training course and has proof of current certification status of the dental anesthesia assistant national certification examination provided by the American association of oral and maxillofacial surgeons and completed within two years of application sixteen hours of continuing education in accordance with section 20-04-01-08.

b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support.

d. Provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the dental hygienist will be performing services.

5. The board may issue or renew a permit on forms prescribed by the board to authorize a dental hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completes a board approved curriculum from a program accredited by the commission on dental accreditation of the American dental

association or other board approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam, or

(2) Successfully passed the western regional examining board's restorative examination or other board approved examination over five years from the date of application and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the previous five years from the date of application and completed within two years of application sixteen hours of continuing education in accordance with section 20-04-01-08.

b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

“At a minimum, dental therapy graduates **must** be competent in providing oral health care within the scope of dental therapy under the supervision of a licensed dentist, including” (CODA):

- a. oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
- b. comprehensive charting of the oral cavity
- c. making radiographs
- d. dental prophylaxis
- e. dispensing and administering non-narcotic analgesics, anti-inflammatory, and antibiotic medications
- f. applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants.
- g. pulp vitality testing
- h. applying desensitizing medication or resin
- i. fabricating athletic mouthguards
- j. changing periodontal dressings
- k. administering local anesthetic
- l. extraction of erupted primary teeth
- m. emergency palliative treatment of dental pain limited to (ND: loose orthodontic appliances, repacking dry socket medication and packing) the procedures in this section
- n. preparation and placement of direct restoration in primary and permanent teeth
- o. fabrication and placement of single-tooth temporary crowns (ND: dentitions actively under treatment)
- \*p. preparation and placement of preformed crowns
- q. indirect and direct pulp capping on permanent teeth
- r. indirect pulp capping on primary teeth
- s. suture removal
- t. replacing a fractured tooth on a removable prosthetics
- u. removal of space maintainers

Duties which involve any type of surgical procedure, such as drilling, cutting, excising or extracting of tissue are permitted procedures in a dental therapist’s scope of practice. Dental hygienists may provide many other functions that are not listed here. The same is true for the dental assistant.

### **(ND Dental Hygiene duties – RED TEXT)**

**Information collected from the CODA Proposed Accreditation Standards for Dental Therapy Education  
(Comment Period ended 12/31/2013)**