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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

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DIRECTOR

**MICHIGAN BOARD OF DENTISTRY
RULES COMMITTEE WORK GROUP
MEETING**

**MINUTES
OCTOBER 7, 2020**

The Michigan Board of Dentistry Rules Committee Work Group, met on October 7, 2020. The meeting was held via Zoom.

CALL TO ORDER

Mark Johnston, DDS, Chairperson, called the meeting to order at 8:00 am.

ATTENDANCE

Members Present: Mark Johnston, DDS, Chairperson
Grace Curcuru, DDS
Cheryl Bentley, RDH
Joshua Goodrich, Public Member
Kathleen Inman, RDA, RDH, BS
Martha Morgan, RDH
Kathleen Weber, CDA, RDA, BAS
Hassan Yehia, DDS

Members Absent: None

Staff Present: Andria Ditschman, Analyst, Boards and Committees Section
Kimberly Catlin, Board Support, Boards and Committees Section
Kerry Przybylo, Manager, Boards and Committees Section

WELCOME

Johnston explained how the meeting would be run.

RULES DISCUSSION – A copy of the Public Comment Summary, pursuant to today’s discussion, is attached.

R 338.1147 Practice agreement; care or services.

Ditschman stated the recommendation was to add the following language: “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.”

Ditschman inquired whether the language was necessary if it was already in statute.

The Rules Committee agreed that it was not necessary.

Zaagman stated the language would conflict with the statute.

Ditschman stated that the statute could be limited and did not allow the limitation on distance.

Ditschman stated the next recommendation was to add the following language: “dental therapists have the same level of supervision requirements over allied dental personnel as dentists have as stated in 338.11411.”

Johnston suggested adding “same or lesser level”.

Zaagman stated that it was covered in the statute already.

R 338.11701

Ditschman stated the next recommendation was to change the phrase: “ethics and jurisprudence with inclusion of delegation of duties to dental auxiliaries.”

Discussion was held.

The Rules Committee agreed with the recommendation.

Ditschman read the recommendation for section 12 which read as follows:

“Add 3 hours in infection control in the dental setting. 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”.

Discussion was held.

Johnston stated that the rules could not require training for unlicensed individuals.

Goodrich recommended to leave as one hour in a three-year renewal.

The Rules Committee agreed.

R 338.11704

Ditschman stated the next comment recommended adding definitions for the forms of meeting continuing education requirements.

Discussion was held about what constituted “live” continuing education.

Przybylo recommended adding synchronous language.

Discussion was held.

The Rules Committee agreed.

R 338.11704a

The American Academy of Dental Hygiene recommended adding them to the list.

Discussion was held.

The Rules Committee agreed.

The next recommendation is to replace “CERP” with “Commission on Continuing Education Provider Recognition.”

Johnston recommended adding “or its successor” to address future name changes.

The Rules Committee agreed.

The next recommendation was to clarify section 1(m) as to what qualifies as public or nonprofit entity, program, or event, or a school, or nursing home.

Discussion was held.

The Rules Committee agreed to leave the language as is.

ADJOURNMENT

Johnston adjourned the meeting at 10:07 a.m.

Prepared by:
Kimberly Catlin, Board Support
Bureau of Professional Licensing

October 19, 2020

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 **dentist’s** supporting team who receives appropriate delegation from **the 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.

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.

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 the board shall conduct~~ **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.~~

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	(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 is required for relicensure the infection control requirements has also been added to this rule.	

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	Lapsed 5 or more years
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		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.		√	√
(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.	√	√	√
(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		√	√

<p>continuing education must include all of the following:</p> <p>(i) At least 3 hours in pain and symptom management.</p> <p>(ii) One hour in dental ethics and jurisprudence.</p> <p>(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.</p>			
<p>(f) Completed a 1-time training in identifying victims of human trafficking that meets the standards in R 338.11271.</p>	√	√	√
<p>(g) Completed a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.</p>	√	√	√
<p>(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.</p>	√	√	√
<p>(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.</p>	√	√	√
<p>(j) If an applicant's license is lapsed for more</p>			

<p>than 3 years but less than 5 years, he or she shall meet either of the following:</p> <p>(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 with a passing score of not less than 75.</p> <p>(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</p>			√

<p>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 relicensure.</p> <p>(v) Provides proof of having passed the ADEX dental clinical examination conducted and scored by the CDCA or another regional testing agency.</p>			
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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. The AAO’s proposed revisions are in red.</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 radiographic images by an RDA or Registered Dental Hygienist (RDH) after receiving</p>

		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 338.114119(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 ~~an RDA or RDH~~ allied dental personnel with training pursuant to R 338.114119(a), after receiving approval from the assigning dentist or dental therapist.

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 for Allied Dental Personnel” and designated supervision requirements.</p>
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 id direct or all personnel.
Section (i)	Erdt/MDAA	Remove. This should be under assignment to the dental assistants. 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 assignments of 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 now 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's 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)	Mewaw/MDA	Add RDs 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 RDs 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 RDA’s 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) 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 RDs 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
(a)	G	A	A	Operating of dental radiographic equipment. A DA shall have successfully completed 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.
(b)	G	A	A	 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	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	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	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	Preliminary examination including performing pulp vitality testing.
(z)		G*	A	Applying desensitizing agents.
(aa)		G*	A	Taking impressions for intraoral appliances including bite restorations 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 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, 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 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 surgical 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	D-G	Taking digital impressions- 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 nitrous oxide analgesia, within 18 months of completion of the approved course in paragraph (iii) of this subdivision. (v) Maintains and provides evidence of current certification in basic or advanced cardiac life support that meets the standards contained in R 338.11705.

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 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.**

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 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.</p>
Add Section (8)	Meraw/MDA	<p>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</p>

		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.
Rules Committee Response	The Rules Committee	

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.

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	(a): The Rules Committee

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 ~~act~~ **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~~ **JCNDE**.

(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.~~

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	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 is in compliance. 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.
	Sutton	
	Farrell/MDHHS	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 hand on class participation. The location can be online, a live webinar, or a live online lecture.
Rules Committee Response	(12): The Rules Committee agrees with the comments to add infection control to the CE requirements for dentists similar to the infection control CE requirements for other dental professionals.	

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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 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 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. 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.

(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 a minimum of 20 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 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.

(e) Complete no more than 30 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.

(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.

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	The Rules Committee	

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. 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.

(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~~ **constitutes** 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.**

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 is 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> <p>1) Does school mean K-12 only.</p>

		<p>2) Does this include public, private and charter schools.</p> <p>3) Can Head Start programs, preschools or daycare programs qualify as a school.</p> <p>4) If they are a non-profit, do they qualify.</p> <p>5) If a daycare or preschool is not a non-profit, can they qualify as a school.</p> <p>6) What is the definition of nursing home.</p> <p>7) Does it have to be a skilled facility.</p> <p>8) Can it be a senior housing complex.</p> <p>9) Assisted living facility. There is now a continuum of care for seniors based on health care needs.</p> <p>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.</p>
Rules Committee Response	The Rules Committee	

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 hygiene, dental assistant, or a hospital-based dental specialty educational program approved by CODA. • A continuing education sponsoring organization, institution, or individual approved by the Academy of General 	<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 of participation may be earned.</p> <p>No limitation on the number of hours earned.</p>

	<p>Dentistry (AGD).</p> <ul style="list-style-type: none"> • A continuing education national sponsoring organization, institution, or individual approved by the American Dental Association Continuing Education Recognition Program (ADA CERP), the American Dental Hygienist Association (ADHA), and the American Dental Assistants Association (ADAA). • 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>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>	
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(m)	Providing volunteer patient or supportive dental services in this state at a board-	One hour for each 120 minutes of providing patient or
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<p>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 termination of the provision of services. • 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>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>
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