

OFFICIAL RULEMAKING RECORD
MINNESOTA BOARD OF DENTISTRY

ADOPTED PERMANENT RULES RELATING TO LICENSING AND ADMINISTRATION OF SEDATION AND ANESTHESIA, MINNESOTA RULES 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

REVISOR'S ID # 4813

AUGUST 2023 TO JUNE 2024

NOTICE OF ADOPTION PUBLISHED: JUNE 3, 2024
EFFECTIVE DATE: JUNE 10, 2024

Under Minnesota Statutes, section 14.365, the Official Rulemaking Record contains:
[Documents are located within and Bookmarked.]

- (1) Copies of all publications in the State Register pertaining to the rules. State Register publications include:
 - a. Request for Comments dated August 28, 2023 (48 SR 238).
 - b. Dual Notice of Intent to Adopt Rules dated February 20, 2024 (48 SR 773).
 - c. Notice of Adoption dated June 3, 2024 (48 SR 1089).
- (2) All written petitions, requests, submissions, or comments received by the Board or the Administrative Law Judge after publication of the Notice of Intent to Adopt Rules in the State Register pertaining to the rules.

The Board's letter dated March 25, 2024, to the ALJ that summarizes the comments received by the Board and the Board's responses. The Board did not receive any requests for a hearing for these rules.
- (3) The Statement of Need and Reasonableness (SONAR) dated August 16, 2023.
- (4) The official transcript of the hearing if one was held, or the tape recording of the hearing if a transcript was not prepared.

There is no transcript or tape because no hearing was held.
- (5) The report of the Administrative Law Judge.

There is no report because no hearing was held.

- (6) The rules in the form submitted to the Administrative Law Judge under Minnesota Statutes, sections 14.22 to 14.28.

The proposed rules dated November 9, 2023, and the rules as adopted dated February 20, 2024, were submitted to the Administrative Law Judge under Minnesota Statutes, sections 14.22 to 14.28.

- (7) The Administrative Law Judge's written statement of required modifications and of approval or disapproval by the Chief Administrative Law Judge.

The Administrative Law Judge's written Order approving the Board's rules dated April 29, 2024.

- (8) Any documents required by applicable rules of the Office of Administrative Hearings.

On April 15, 2024, the Board submitted the necessary documents as exhibits for review by the Administrative Law Judge as required by OAH Rules part 1400.2310 for rules adopted without a hearing.

- (9) The Board's Order Adopting Rules.

The Board's Executive Director signed the Order Adopting Rules on April 29, 2024.

- (10) Copy of the adopted rules as filed with the Secretary of State.

The adopted rules dated February 20, 2024, were filed with the Secretary of State on May 7, 2024.

In addition to documents required under Minnesota Statutes, section 14.365, the Official Rulemaking Record also contains documents to show compliance with rulemaking requirements and other important documents:

- (11) Governor's Office Review of Rules.
- a. Preliminary Proposal Form;
 - b. Proposed Rule and SONAR Form; and
 - c. Final Rule Form.
- (12) Governor's Veto of Adopted Rules.

On May 7, 2024, the Board's adopted rules were filed with the Secretary of State and the Board waited the 14-day Veto period until May 21, 2024, for the Governor's response to not veto the Board's adopted rules. No response was received from the Governor on or prior to May 21, 2024, so the Board proceeded with the rulemaking process after this date.

Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

Minnesota Department of Agriculture (MDA) Notice of Comment Period for the Proposed Emerald Ash Borer Quarantine McLeod County

The Minnesota Department of Agriculture (MDA) is accepting comments on the current state emergency quarantine for emerald ash borer, *Agrilus planipennis* (Fairemaire), in McLeod County and the proposed formal quarantine to be implemented October 6, 2023.

Oral and written comments regarding the proposed regulations will be accepted via email or phone through October 2, 2023. Submit comments to Kimberly Thielen Cremers, Minnesota Department of Agriculture, 625 Robert Street North, St Paul, MN 55155, **email:** kimberly.tcremers@state.mn.us, **phone:** (651)201-6329.

For more information on emerald ash borer, including a copy of the emergency quarantine, visit the Minnesota Department of Agriculture website at www.mda.state.mn.us/eab.

Minnesota Board of Dentistry REQUEST FOR COMMENTS for Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813

Subject of Rules. The Minnesota Board of Dentistry requests comments on its proposed rules amendments regarding the CPR course allowing other vendors, a dentist must obtain a pediatric endorsement when sedating young children, a dentist who has a GA/MS certificate must complete additional professional development credits, an unlicensed dental assistant can take digital impressions and photographs, and a licensed dental assistant can administer local anesthesia after completing the required training.

Persons Affected. The amendments to the rules would affect dentists, dental therapists, dental hygienists, licensed dental assistants, and assistants without a license.

Statutory Authority. *Minnesota Statutes*, section 150A.04, subdivision 5, authorizes the Board to adopt rules to carry out and make effective the provisions and purposes of sections 150A.01 to 150A.12, in accordance with Chapter 14.

Public Comment. Interested persons or groups may submit comments or information to the Board's contact person listed below on these possible rules in writing until 4:30p.m. on October 27, 2023. The contact person shall direct all comments to the Board's Executive Committee for review. Any open meetings held by the Board's Executive Committee will be properly announced to the public prior to the meeting.

Rules Draft. The Minnesota Board of Dentistry posted a draft of the rule changes on the Board's website:

<https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. Persons interested in a paper copy of the draft rule changes should contact the Board's contact person directly.

Board Contact Person. Written comments, questions, and requests for more information on these possible rules should be directed to: Kathy Johnson at Minnesota Board of Dentistry, 335 Randolph Avenue, Suite 250, St. Paul, Minnesota 55102, **phone:** (612) 548-2134 or (888) 240-4762 (outside metro), **FAX:** (651) 797-1373, or by **e-mail:** kathy.t.johnson@state.mn.us. Minnesota Relay Service for hearing impaired: (800) 627-3529.

Alternative Format. Upon request, this information can be made available in an alternative format, such as large print, Braille, or audio. To make such a request, please contact the Board contact person at the address or telephone number listed above.

NOTE: Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the Administrative Law Judge if and when a proceeding to adopt rules is started. The Board is required to submit to the Judge only those written comments received in response to the rules after they are proposed. If you submit comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Dated: August 28, 2023

Bridgett Anderson, Executive Director
Minnesota Board of Dentistry

Department of Employment and Economic Development (DEED) Notice of Public Hearing by the Minnesota Department of Employment and Economic Development with Respect to a Proposed Project and the Provision of Funds from the Minnesota Job Creation Fund Program under Minnesota Statutes 116J.8748

NOTICE IS HEREBY GIVEN that the Minnesota Department of Employment and Economic Development ("DEED") will conduct a public hearing on Wednesday, September 13, 2023, at 1:00 p.m., or as soon thereafter as reasonably possible at 180 East Fifth Street, 12th Floor, St. Paul, Minnesota 55101 on one (1) proposal to provide funding through the Minnesota Job Creation Fund Program ("JCF") pursuant to authority granted under *Minnesota Statutes* 116J.8748 and *Minnesota Rules* Chapter 4301. This hearing is conducted in accordance with *Minnesota Statutes* 116J.994, Subd. 5.

Description of Project and Proposed JCF Funding:

Solugen Inc. (NAICS 325199) is looking to expand in Marshall (Lyon County), Minnesota. Solugen Inc. will be a first-of-its-kind project that will use the key processes and intellectual property that underpins the Bioforge Technology, which is set out to develop a sustainable, high-yield process of producing bio-based chemicals. The proposed project consists of possibly constructing three (3) modular separate "trains", each capable of manufacturing three (3) gluconic acid products. The total project cost for the first train, which is under consideration, is \$90,000,000 with \$39,658,000 being eligible for the capital investment rebate for new construction, which would be rebated up to 7.5%. Costs ineligible for rebate include machinery and equipment and other. The company expects to create 38 jobs within the first year at an average cash wage of \$34.35 per hour. The project may be eligible for a job creation award of up to \$260,000 and a capital investment rebate of up to \$500,000 depending on final project specifications for a total of \$760,000 from the Minnesota Job Creation Fund.

All interested persons may appear and be heard at the time and place set forth above. Persons interested in participating via teleconference should contact Tom Washa, Minnesota Job Creation Fund Program Manager at (651) 259-7483 or Tom.Washa@state.mn.us prior to the date of the hearing for instructions on how to participate in the call.

Interested persons may mail written comments to Tom Washa at 1st National Bank Building, 332 Minnesota Street, Suite E200 St. Paul MN 55101 or e-mail Tom.Washa@state.mn.us prior to the date of the hearing set forth above. All persons who appear at the meeting or participate via teleconference will be given an opportunity to express their views with respect to the proposal to award funds from the Minnesota Job Creation Fund.

Proposed Rules

Comments on Planned Rules or Rule Amendments. An agency must first solicit Comments on Planned Rules or Comments on Planned Rule Amendments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

Rules to be Adopted After a Hearing. After receiving comments and deciding to hold a public hearing on the rule, an agency drafts its rule. It then publishes its rules with a notice of hearing. All persons wishing to make a statement must register at the hearing. Anyone who wishes to submit written comments may do so at the hearing, or within five working days of the close of the hearing. Administrative law judges may, during the hearing, extend the period for receiving comments up to 20 calendar days. For five business days after the submission period the agency and interested persons may respond to any new information submitted during the written submission period and the record then is closed. The administrative law judge prepares a report within 30 days, stating findings of fact, conclusions and recommendations. After receiving the report, the agency decides whether to adopt, withdraw or modify the proposed rule based on consideration of the comments made during the rule hearing procedure and the report of the administrative law judge. The agency must wait five days after receiving the report before taking any action.

Rules to be Adopted Without a Hearing. Pursuant to *Minnesota Statutes* § 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing. An agency must first solicit **Comments on Planned Rules or Comments on Planned Rule Amendments** from the public. The agency then publishes a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.1414.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikethroughs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikethroughs~~ indicate deletions from proposed rule language.

Board of Dentistry

Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia; DUAL NOTICE: Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, And Notice of Hearing If 25 or More Requests For Hearing Are Received; Revisor's ID Number 4813; OAH Docket No. 22-9033-39759

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, Minnesota Rules 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600.

Introduction. The Minnesota Board of Dentistry intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rules by 4:30 p.m. on Thursday, March 21, 2024, the Board will hold a public hearing on Friday April 12, 2024, starting at 9:30 am. No in-person public attendees will be allowed at the public hearing.

Proposed Rules

Instead, the public hearing will be held using Webex and the public can join from the event link: <https://minnesota.webex.com/minnesota/j.php?MTID=mc27629e64e3b8654ce6b157b38525ba3> and enter the event number/access code: 2492 902 6277 and password: adMY35D2WPG. If joining by phone, call 1-415-655-0003 and mute your phone. An Administrative Law Judge will conduct the public hearing. To find out whether the Board will adopt the rules without a hearing or if the hearing will be held, you should contact the agency contact person after March 21, 2024, and before April 12, 2024.

Agency Contact Person. Submit any comments or questions on the rules or written requests for a public hearing to the agency contact person. The agency contact person is: Kathy Johnson at Minnesota Board of Dentistry, 335 Randolph Avenue, Suite 250, Saint Paul, Minnesota 55102, kathy.t.johnson@state.mn.us, phone: 612-548-2134 or 1-888-240-4762 (outside metro), fax: 651-797-1373. TTY users may call the Board of Dentistry at 1-800-627-3529.

You may also review the proposed rules and submit written comments via the Office of Administrative Hearings Rulemaking eComments website at <https://minnesotaoah.granicusideas.com/discussions>.

Subject of Rules. The Board proposes to amend its rules regarding the following: the required CPR course is open to other vendors; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training and examination through a subsequent board-approved course.

Statutory Authority. The statutory authority to adopt the rules is *Minnesota Statutes*, section 150A.04, subdivision 5. A copy of the proposed rules is published in the *State Register*. A copy of the entire proposed rules is available on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/> or a free copy of the entire proposed rules is available upon request from the agency contact person listed above.

Comments. You have until 4:30 p.m. on Thursday, March 21, 2024, to submit written comments in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change that you desire. Any comments that you have about the legality of the proposed rules must also be made during this comment period.

Request for a Hearing. In addition to submitting comments, you may also request that the Board hold a hearing on the rules. You must make your request for a public hearing in writing, which the agency contact person must receive by 4:30 p.m. on Thursday, March 21, 2024. You must include your name and address in your written request. In addition, you must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the Board cannot count it when determining whether the Board must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

Withdrawal of Requests. If 25 or more persons submit a valid written request for a hearing, the Board will hold a public hearing unless a sufficient number of persons withdraw their requests in writing. If enough requests for hearing are withdrawn to reduce the number below 25, the Board must give written notice of this to all persons who requested a hearing, explain the actions the Board took to affect the withdrawal, and ask for written comments on this action. If a public hearing is required, the Board will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

Alternative Format/Accommodation. Upon request, the Board can make this Notice available in an alternative format, such as large print, braille, or audio. To make such a request or if you need an accommodation to make this hearing accessible, please contact the agency contact person at the address or telephone number listed above.

Modifications. The Board might modify the proposed rules, either as a result of public comment or as a result of the rule hearing process. It must support modifications by data and views submitted to the Board or presented at the hearing.

Proposed Rules

The adopted rules may not be substantially different than these proposed rules unless the Board follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Board encourages you to participate in the rulemaking process.

Cancellation of Hearing. The Board will cancel the hearing scheduled for Friday, April 12, 2024, if the Board does not receive requests for a hearing from 25 or more persons. If you requested a public hearing, the Board will notify you before the scheduled hearing whether the hearing will be held. You may also call the agency contact person at 612-548-2134 after March 21, 2024, to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit valid written requests for a public hearing on the rules, the Board will hold a hearing following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The Board will hold the hearing on the date and at the time and through the Webex access information listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge Christa Moseng is assigned to conduct the hearing. Judge Moseng's legal assistant, William Moore can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, telephone 651-361-7900, fax 651-539-0310 or william.t.moore@state.mn.us.

Hearing Procedure. If the Board holds a hearing, you and all interested or affected persons, including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the hearing record closes. All evidence presented should relate to the proposed rules. You may also submit written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. At the hearing, the Administrative Law Judge may order that this five-day comment period is extended for a longer period but not more than 20 calendar days. Following the comment period, there is a five-working-day rebuttal period when the Board and any interested person may respond in writing to any new information submitted. No one may submit new evidence during the five-day rebuttal period.

All post-hearing comments and responses must be submitted to the Administrative Law Judge no later than 4:30 p.m. on the due date. The Office of Administrative Hearings strongly encourages all persons submitting comments and responses to do so using the Administrative Hearings Rulemaking eComments website: <https://minnesotaoah.granicusideas.com/discussions>. If using the eComments website is not possible, you may submit post-hearing comments in person, by United States mail, or by facsimile addressed to Judge Moseng at the address or facsimile number listed in the Notice of Hearing section above.

All comments or responses received will be available for review at the Board or on the Board's website at www.mn.gov/boards/dentistry. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.2000 to 1400.2240, and *Minnesota Statutes*, sections 14.131 to 14.20. You may direct questions about the procedure to the Administrative Law Judge.

Statement of Need and Reasonableness. The statement of need and reasonableness summarizes the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. A free copy of the statement is now available from the agency contact person, if requested, or available on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>.

A copy of the Dual Notice and proposed rules shall be mailed by sending an electronic mailing to everyone who has registered to be on the Board of Dentistry's rulemaking mailing list under *Minnesota Statutes*, section 14.14, subdivision 1a; and

A copy of the Dual Notice, proposed rules, and the Statement of Need and Reasonableness shall be mailed to the Legislature according to *Minnesota Statutes*, section 14.116.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. Ask any questions about this requirement of the Campaign Finance and Public

Proposed Rules

Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, Saint Paul, Minnesota 55155, telephone 651-539-1180 or 1-800-657-3889.

Adoption Procedure if No Hearing. If no hearing is required, the Board may adopt the rules after the end of the comment period. The Board will submit the rules and supporting documents to the Office of Administrative Hearings for a legal review. You may ask to be notified of the date the rules are submitted to the office. If you want to receive notice of this, to receive a copy of the adopted rules, or to register with the Board to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

Adoption Procedure After a Hearing. If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may ask to be notified of the date that the Administrative Law Judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date that the Board adopts the rules and the rules are filed with the Secretary of State by requesting this at the hearing or by writing to the agency contact person stated above.

Order. I order that the rulemaking hearing be held at the date, time, and location listed above.

Date: February 5, 2024

Bridgett Anderson, L.D.A., M.B.A.
Executive Director
Minnesota Board of Dentistry

3100.0100 DEFINITIONS.

[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support" or "ACLS" refers to an advanced educational course and certification for a health care provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care in settings ranging from the prehospital environment to the hospital setting. The course must include advanced airway management skills, cardiac drug usage, defibrillation, and arrhythmia interpretation. ~~An ACLS certificate must be obtained through the American Heart Association.~~

[For text of subparts 2b to 9, see Minnesota Rules]

Subp. 9a. **CPR.** "CPR" refers to a ~~comprehensive, hands-on~~ course and certification for a health care provider that ~~includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. The CPR course and certificate must be for health care professionals through the American Heart Association or the American Red Cross teaches basic life support for adults, children, and infants. The course must include both hands-on practice and written examination and must address the following topics:~~

- A. rapid assessment of the patient and provision of emergency care based upon the patient's condition;
- B. relief of foreign-body airway obstruction or choking;
- C. basic life support giving chest compressions and delivering appropriate ventilations;
- D. early use of an automated external defibrillator (AED); and
- E. effective coordination of multiple rescuers performing basic life support.

[For text of subparts 9b to 15b, see Minnesota Rules]

Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life support" or "PALS" refers to an advanced life support educational course and certification for the pediatric health care provider that teaches the current certification standards of the American Academy of Pediatrics or the American Heart Association. ~~A PALS certificate must~~

be obtained through the American Heart Association.

Subp. 15d. Pediatric patient. During the administration of general anesthesia, deep sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years old or younger.

[For text of subparts 16 to 22, see Minnesota Rules]

3100.1100 GENERAL DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice general dentistry in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- ~~B.C.~~ the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;
- ~~C.D.~~ evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation;
- ~~D.E.~~ evidence of passing all parts of a national board examination for the practice of dentistry within the past five years;
- ~~E.F.~~ evidence of passing a board-approved clinical examination within the past five years;
- ~~F.G.~~ evidence of passing the board's jurisprudence examination within the past five years;
- ~~G.H.~~ documentation of current CPR certification; and
- ~~H.I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.
[For text of subparts 1a to 6, see Minnesota Rules]

3100.1120 SPECIALTY DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a specialty dentist in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- ~~B.C.~~ the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;
- ~~C.D.~~ evidence of having graduated from a school of dentistry;
- ~~D.E.~~ evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;
- ~~E.F.~~ evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;
- ~~F.G.~~ evidence of passing all parts of a national board examination for the practice of dentistry;
- ~~G.H.~~ evidence of completing a postdoctoral specialty program or evidence of completing at least 2,000 hours

Proposed Rules

within the past 36 months of active practice in another United States jurisdiction, Canadian province, or United States government service;

~~H. I.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~I. J.~~ documentation of current CPR certification; and

~~J. K.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 6, see Minnesota Rules]

3100.1130 LIMITED GENERAL DENTIST.

Subpart 1. **Credential review to determine educational equivalency and eligibility to take a board-approved clinical examination for limited licensure.**

A. A person who is a graduate of a nonaccredited dental program seeking a limited license to practice general dentistry in Minnesota must submit to a onetime credential review by the board to determine educational equivalency and eligibility to take a board-approved clinical examination. For the credential review, the applicant must provide the board:

[For text of subitem (1), see Minnesota Rules]

(2) a completed board-approved evaluation of ~~all~~ any international education in the applicant's graduating dental degree training program;

[For text of subitems (3) to (7), see Minnesota Rules]

~~(8)~~ proof of clinical practice in dentistry;

~~(9)~~ (8) an original or notarized copy of other credentials in dentistry and, if necessary, professional translation;

~~(10)~~ (9) completed board-approved infection control training; and

~~(11)~~ (10) evidence of passing all parts of a national board examination for the practice of dentistry.

[For text of items B to E, see Minnesota Rules]

[For text of subpart 1a, see Minnesota Rules]

Subp. 1b. **Limited general license application and examination requirements.** After passing a board-approved clinical examination, an applicant may apply for a limited general license. The applicant must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision 9b, clause (1);

~~C. D.~~ evidence of passing a board-approved clinical examination within the past five years;

~~D. E.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~E. F.~~ a written agreement between the applicant and a board-approved Minnesota licensed supervising dentist. The written agreement must include:

(1) all information requested by the board relating to the applicant's written agreement;

(2) any practice limitations; and

(3) an acknowledgment that the applicant agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years after beginning clinical practice in Minnesota;

F. G. documentation of current CPR certification; and

G. H. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. Terms of limited licensure.

A. Throughout the three consecutive years while practicing general dentistry in Minnesota under the general supervision of a Minnesota licensed dentist, the limited license dentist must maintain and comply with the requirements in this subpart:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) maintain a professional development portfolio containing:

(a) documentation of required hours in professional development activities; ~~and,~~

(b) ~~at least two different fundamental courses as part of the fundamental activities.~~

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

(2)(3) the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

(3)(4) documentation of current CPR certification;

(4)(5) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

(5)(6) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

3100.1150 FACULTY DENTIST; FULL OR LIMITED.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a faculty dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

A. a completed application;

Proposed Rules

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees fee~~ in Minnesota Statutes, section 150A.091, ~~subdivisions subdivision 2 and 3;~~

~~C. D.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~D. E.~~ documentation of current CPR certification;

~~E. F.~~ a criminal background check as required by Minnesota Statutes, section 214.075; and

~~F. G.~~ a letter from the dean or program director of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency training program accredited by the Commission on Dental Accreditation certifying that the person seeking licensure is a faculty member of the school's faculty school or residency program and practices dentistry. The original letter must include:

(1) the applicant's full name;

(2) a statement that the applicant is a faculty member of the faculty school or residency program and practices dentistry within the school or residency program, or its within affiliated teaching facilities of the school or residency program, but only for purposes of instruction or research; and

(3) the dates of the applicant's employment by the school of dentistry, dental therapy, dental hygiene, or dental assisting or by the residency program.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a faculty member of the faculty of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency program.

[For text of subparts 3 to 7, see Minnesota Rules]

3100.1160 RESIDENT DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a resident dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section 150A.091, subdivision 2;

~~C. D.~~ evidence of having graduated from a dental school ~~accredited by the Commission on Dental Accreditation;~~

~~D. E.~~ evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation;

~~E. F.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~F. G.~~ documentation of current CPR certification; and

~~G. H.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation as a part of their residency program without further general an-

esthesia or sedation certification required from the board. The resident dentist remains subject to the requirements of part 3100.3600, subparts 1a and 22.

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice either as a resident dental therapist or resident dental hygienist must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section 150A.091, subdivision 2;

~~C. D.~~ evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

~~D. E.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~E. F.~~ documentation of current CPR certification; and

~~F. G.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.

Subpart 1. **Dental therapist; licensure application and examination requirements.** A person seeking licensure to practice dental therapy in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~C. D.~~ evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

~~D. E.~~ evidence of passing a board-approved clinical examination in dental therapy within the past five years;

~~E. F.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~F. G.~~ documentation of current CPR certification; and

~~G. H.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 9, see Minnesota Rules]

3100.1200 DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental hygiene in Minnesota must provide the board:

Proposed Rules

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees fee~~ in Minnesota Statutes, section 150A.091, ~~subdivisions subdivision~~ 2 and 3;

~~C. D.~~ evidence of passing a national board examination for the practice of dental hygiene within the past five years;

~~D. E.~~ evidence of passing a board-approved clinical examination within the past five years;

~~E. F.~~ evidence of having graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation;

~~F. G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G. H.~~ documentation of current CPR certification; and

~~H. I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1300 LICENSED DENTAL ASSISTANT.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental assisting in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees fee~~ in Minnesota Statutes, section 150A.091, ~~subdivisions subdivision~~ 2 and 3;

~~C. D.~~ evidence of having graduated from a school of dental assisting accredited by the Commission on Dental Accreditation. ~~If the curriculum of the school does not include training in the expanded procedures specified in part 3100.8500, the applicant must successfully complete a board-approved course in these procedures;~~

~~D. E.~~ evidence of passing the board's state licensing examination within the past five years;

~~E. F.~~ evidence of passing a national board examination for the practice of dental assisting within the past five years;

~~F. G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G. H.~~ documentation of current CPR certification; and

~~H. I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1320 LIMITED RADIOLOGY REGISTRATION.

Subpart 1. **Registration application and examination requirements.** A person seeking registration in Minnesota to take dental radiographs under general supervision of a dentist must provide the board:

A. a completed application;

Proposed Rules

B. a form of current government-issued identification;

B. C. the fees fee in Minnesota Statutes, section 150A.091, subdivisions subdivision 2 and 3;

C. D. evidence of having completed a board-approved course on dental radiology offered through a school accredited by the Commission on Dental Accreditation;

D. E. evidence of passing a board-approved nationally recognized radiation examination within the past five years;

E. F. evidence of passing the board's jurisprudence examination within the past five years;

F. G. documentation of current CPR certification; and

G. H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 and 3, see Minnesota Rules]

Subp. 4. Reinstatement requirements.

[For text of item A, see Minnesota Rules]

B. If the license was terminated six months ago or less, the person must provide the board:

~~(1) evidence of completing the professional development requirements in subpart 6 within 24 months prior to the board's receipt of the application; and~~

~~(2) documentation of current CPR certification.~~

C. If the license was terminated more than six months but less than 24 months ago, the person must provide the board:

~~(1) evidence of completing the professional development requirements in subpart 6 within 24 months prior to the board's receipt of the application;~~

~~(2)(1) documentation of current CPR certification;~~

~~(3)(2) evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application; and~~

~~(4)(3) a criminal background check if terminated more than one year ago as required by Minnesota Statutes, section 214.075.~~

D. If the license was terminated 24 months or more ago, the person must provide the board:

~~(1) evidence of completing the professional development requirement in subpart 6 within 24 months prior to the board's receipt of the application;~~

~~(2)(1) documentation of current CPR certification;~~

~~(3)(2) evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;~~

~~(4)(3) a criminal background check if terminated more than one year ago as required by Minnesota Statutes, section 214.075; and~~

Proposed Rules

~~(5) evidence of successfully completing the dental radiology course described in subpart 1, item C, within 24 months prior to the board's receipt of the application; and~~

~~(6)~~ (4) evidence of passing the radiation examination described in subpart 1, item D, within 24 months prior to the board's receipt of the application.

[For text of subpart 5, see Minnesota Rules]

Subp. 6. **Professional development Compliance with infection control.** A person with a limited radiology registration must ~~complete two hours of infection control education and~~ maintain compliance with the most current infection control practices for a dental setting.

3100.1340 EMERITUS INACTIVE.

Subpart 1. Licensure application requirements.

A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting in Minnesota who retires from active practice may apply for an emeritus inactive license by providing the board:

(1) a completed application; and

~~(2) a form of current government-issued identification; and~~

~~(2)~~ (3) the onetime application fee in Minnesota Statutes, section 150A.091, subdivision 19.

[For text of item B, see Minnesota Rules]

[For text of subpart 2, see Minnesota Rules]

3100.1350 EMERITUS ACTIVE.

Subpart 1. Licensure application requirements.

A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting in Minnesota who retires from active practice may apply for an emeritus active license by providing the board:

(1) a completed application; and

~~(2) a form of current government-issued identification; and~~

~~(2)~~ (3) the application fee in Minnesota Statutes, section 150A.091, subdivision 20.

[For text of item B, see Minnesota Rules]

[For text of subpart 2, see Minnesota Rules]

Subp. 3. Renewal and prohibition on reinstatement.

A. An emeritus active license is renewed biennially and continues on with the licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision 11. If the licensee fails to renew an emeritus active license by the deadline, the license expires and the board shall terminate the licensee's right to practice board shall send a notice to the licensee. The notice must state the amount of the renewal and late fees. The licensee must renew the emeritus active license within 30 days of the expiration date of the license or the board shall administratively terminate the license and the right to practice. The board must not consider an administrative termination of a license as a disciplinary action against the licensee.

[For text of item B, see Minnesota Rules]

Subp. 4. **Professional development.** For each biennial professional development cycle, the licensee must comply

Proposed Rules

with the professional development requirements including a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

[For text of item A, see Minnesota Rules]

B. Fundamental activities for each biennial cycle must include:

- (1) ~~at least two different fundamental courses; and~~
- (2) an infection control course.

Subp. 5. Anesthesia, sedation, and nitrous oxide.

A. If an emeritus active licensee was licensed immediately prior to obtaining emeritus active licensure to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue to administer such treatment in compliance with the applicable requirements of part 3100.3600. If the emeritus active licensee was not licensed to administer such treatment immediately prior to obtaining emeritus active licensure, an emeritus active licensee must not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section ~~150A.06, subdivision 2c~~ 150A.091, subdivision 2;

~~C. D.~~ evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

~~D. E.~~ evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting;

~~E. F.~~ documentation of current CPR certification; and

~~F. G.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed their guest license. The notice must state the amount of the guest license renewal fee. The licensee must renew their guest license within 30 days of the expiration date of the license or the board shall administratively terminate the guest license and the right to practice. The board must not consider an administrative termination of a guest license as a disciplinary action against the licensee.

[For text of subparts 3 and 4, see Minnesota Rules]

Proposed Rules

3100.1380 GUEST VOLUNTEER LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing in another United States jurisdiction may apply for a guest volunteer license without compensation by providing the board:

A. a completed application;

B. a form of current government-issued identification;

~~B.~~ C. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

~~C.~~ D. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting; and

~~D.~~ E. documentation of current CPR certification.

Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license must not practice more than ten days in a calendar year. ~~The license expires December 31.~~ A guest volunteer license may be renewed annually after the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed. The board shall send a notice to a licensee who has not renewed their guest volunteer license. The licensee must renew their guest volunteer license within 30 days of the expiration date of the license or the board shall administratively terminate the guest volunteer license and the right to practice. The board must not consider an administrative termination of a guest volunteer license as a disciplinary action against the licensee.

[For text of subparts 3 to 5, see Minnesota Rules]

3100.1400 LICENSURE BY CREDENTIALS.

Subpart 1. **Licensure application requirements for a dentist, dental therapist, or dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental hygienist in another United States jurisdiction or Canadian province seeking to be licensed to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B.~~ C. the fee in Minnesota Statutes, section 150A.091, subdivision 9;

~~C.~~ D. evidence of having graduated ~~from~~ either:

(1) from a school of dentistry or dental hygiene accredited by the Commission on Dental Accreditation; or

~~D.~~ (2) ~~evidence of having graduated~~ with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

~~E.~~ ~~evidence of having graduated from a master's advanced dental therapy education program;~~

~~F.~~ E. proof of completing at least 2,000 hours within the past 36 months in active practice in another United States jurisdiction, Canadian province, or United States government service;

~~G.~~ F. evidence of passing a clinical examination for licensure in another United States jurisdiction or Canadian province;

~~H. G.~~ evidence of passing all parts of a national board examination for the practice of dentistry, dental therapy, or dental hygiene;

~~I. H.~~ evidence of passing the board's jurisprudence examination within the past five years; ~~and~~

~~J. I.~~ documentation of current CPR certification; ~~and~~

~~J.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subpart 2, see Minnesota Rules]

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.

[For text of subparts 1 to 11, see Minnesota Rules]

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist, a limited general dentist, or an emeritus active licensee.** A dentist licensed by the board, a limited general dentist under the general supervision of a supervising dentist, or an emeritus active licensee is allowed to administer nitrous oxide inhalation analgesia.

Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.**

[For text of items A and B, see Minnesota Rules]

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 14. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.**

[For text of items A and B, see Minnesota Rules]

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 15. **Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed**

Proposed Rules

dental assistant.

[For text of items A and B, see Minnesota Rules]

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 16. Initial certification for general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation only after providing the board:

[For text of subitems (1) to (4), see Minnesota Rules]

- (5) documentation of current CPR certification; and
- (6) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (7) ~~attestation of compliance with an on-site inspection described in subpart 23.~~

[For text of items B and C, see Minnesota Rules]

Subp. 16a. Initial and renewal endorsement for pediatric general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation to a pediatric patient who is eight years old or younger only after providing the board:

- (1) a completed initial application;
- (2) evidence of holding a current general anesthesia or deep sedation certificate under subpart 16; and
- (3) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering general anesthesia or deep sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during the administration.

C. Once a dentist possesses a valid endorsement for pediatric general anesthesia, the dentist is not required to possess an additional endorsement for pediatric deep or pediatric moderate sedation.

D. To renew an endorsement for pediatric general anesthesia, the dentist must provide the board:

- (1) a completed renewal application; and
- (2) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the renewal application. The dentist must maintain

Proposed Rules

proof of these cases upon request by the board for up to two renewal periods.

E. A dentist who administers general anesthesia or deep sedation on patients who are eight years old or younger without a pediatric general anesthesia endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 17. Initial certification for moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation only after providing the board:

[For text of subitems (1) to (4), see Minnesota Rules]

(5) documentation of current CPR certification; and

(6) attestation of compliance with the practice and equipment requirements in subpart 22; and,

~~(7) attestation of compliance with an on-site inspection described in subpart 23;~~

[For text of item B, see Minnesota Rules]

Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate under subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program that requires clinical competency in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration.

C. To renew an endorsement for pediatric moderate sedation, a dentist must provide the board:

(1) a completed application; and

(2) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application. A dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

D. A dentist who administers moderate sedation on patients who are eight years old or younger without a pediatric moderate sedation endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 18. Board-issued certificates for general anesthesia and moderate sedation.

[For text of items A to C, see Minnesota Rules]

Proposed Rules

D. To renew a general anesthesia or moderate sedation certificate, the dentist must provide the board:

[For text of subitems (1) to (4), see Minnesota Rules]

(5) attestation of compliance with the practice and equipment requirements in subpart 22; and

(6) attestation of compliance with an on-site inspection described in subpart 23; and

(7) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

E. A dentist's general anesthesia or moderate sedation certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon expiration, the dentist is prohibited from administering general anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board issues a current general anesthesia or moderate sedation certificate to the dentist described in subpart 19. After 30 days If a dentist does not obtain a current general anesthesia or moderate sedation certificate within 30 days of the dentist's certificate expiring, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) ~~A dentist whose anesthesia or moderate sedation certificate that, within 30 calendar days, expired or was terminated by the board~~ If a dentist applies less than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (e), see Minnesota Rules]

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with an on-site inspection described in subpart 23; and

(h) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

(2) ~~A dentist whose anesthesia or moderate sedation certificate that, for more than 30 calendar days prior, expired or was terminated by the board~~ If a dentist applies more than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (d), see Minnesota Rules]

(e) documentation of current CPR certification; and

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

[For text of items B and C, see Minnesota Rules]

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital or ambulatory surgery center, unless the dentist possesses the applica-

Proposed Rules

ble contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

[For text of item C, see Minnesota Rules]

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) documentation of the dentist's current CPR certification; and

(7) attestation of compliance with the practice and equipment requirements in subpart 22; and

(8) attestation of compliance with an on-site inspection described in subpart 23.

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

Subp. 22. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the practice requirements in this item are followed.

(1) A dentist must be prepared and competent to diagnose, resolve, and prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia, deep sedation, or moderate sedation. A dentist must apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function requires the monitoring of tissue oxygenation or ventilation by using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

[For text of subitems (2) to (4), see Minnesota Rules]

[For text of item B, see Minnesota Rules]

Subp. 23. On-site inspection; requirements and procedures. All offices in which general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this part must be in compliance with this subpart.

[For text of items A to D, see Minnesota Rules]

E. A dentist must make available all office equipment and emergency medications and the record of at least one patient who received general anesthesia or moderate sedation care within the past 12 months for evaluation by the sedation inspector.

E. F. The board must notify the dentist if an on-site inspection is required. The board shall provide the dentist with the name of a sedation inspector or organization to arrange and perform the on-site inspection. The dentist may have an on-site inspection performed by another board-approved individual or board-approved organization. The dentist must ensure that the inspection is completed within 30 calendar days of the board's notice.

F. G. Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

G. H. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

Proposed Rules

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

- (1) moderate sedation or general anesthesia and deep sedation;
- (2) medications and physical evaluation;
- (3) anesthesia emergencies and complications;
- (4) monitoring equipment and monitoring during anesthesia;
- (5) pharmacology of anesthetic drugs;
- (6) infection control related to anesthesia procedures; and
- (7) simulation courses involving anesthesia emergencies.

~~C.~~ D. Professional development is credited on an hour-for-hour basis.

~~D.~~ E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

(2) ~~other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs. Each licensee must complete at least two courses out of the following list for each initial or biennial cycle:~~

- (a) ~~record-keeping;~~
- (b) ~~ethics;~~
- (c) ~~patient communications;~~
- (d) ~~management of medical emergencies;~~

(e) treatment and diagnosis; and

(f) Health Insurance Portability and Accountability Act (HIPAA);

(3)(2) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(4)(3) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity contents are directly related to dental care and treatment to patients or public safety and professionalism.

[For text of item B, see Minnesota Rules]

[For text of subparts 4 and 5, see Minnesota Rules]

3100.5300 AUDIT PROCESS OF PORTFOLIO.

[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 3. Failure of an audit.

A. Deficiencies causing audit failure include the following:

- (1) lack of proof of documentation or participation;
- (2) credit hours earned outside of renewal period being audited;
- (3) excess of earned hours in a category having a maximum if a deficiency exists;
- (4) lack of earned hours in a category having a minimum if a deficiency exists;
- (5) failure to submit the portfolio;
- (6) unacceptable professional development sources; or
- (7) fraudulently earned or reported hours.

~~A. B.~~ Upon failure of an audit, the appropriate board committee must impose one or both of the following options: board must

(1) grant the licensee up to six three months to comply with written requirements to resolve deficiencies in professional development compliance; or

(2) If the licensee fails to comply with the professional development requirements by the end of the three months, the board must initiate disciplinary proceedings against the licensee on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1. Deficiencies causing audit failure may include, but are not limited to, the following:

- (a) lack of proof of documentation or participation;
- (b) credit hours earned outside of renewal period being audited;
- (c) excess of earned hours in a category having a maximum if a deficiency exists;
- (d) lack of earned hours in a category having a minimum if a deficiency exists;

Proposed Rules

- ~~(e) failure to submit the portfolio;~~
- ~~(f) unacceptable professional development sources; or~~
- ~~(g) fraudulently earned or reported hours.~~

B. Failing to comply with the board committee's requirements by the end of the grace period shall result in the expiration of the person's license and termination of the right to practice. A license that has expired according to this part may be reinstated according to part 3100.1850.

[For text of subparts 4 to 6, see Minnesota Rules]

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

[For text of subparts 1 to 10, see Minnesota Rules]

Subp. 11. **Infection control.** Dental health care personnel shall comply with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified by the United States Department of Health and Human Services, Public Health Service, and the Centers for Disease Control and Prevention. Infection control standards are subject to frequent change.

[For text of subparts 12 to 15, see Minnesota Rules]

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **~~Permissible Procedures under personal supervision.~~** ~~Assistants~~ An assistant without a license may perform the following supportive procedures if the dentist or dental therapist is personally treating a patient and concurrently authorizes the assistant without a license to aid in treatment:

[For text of items A and B, see Minnesota Rules]

C. remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices; and

D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity during dental treatment under the personal supervision of a dentist or dental therapist;

E. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700; and

F. apply fluoride varnish in a community setting under the authorization and direction of a licensed practitioner with prescribing authority such as a dentist or physician, as long as the licensed practitioner authorizing the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment.

Subp. 1a. **~~Compliance with minimal requirements~~** **Procedures under general supervision.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1: An assistant without a license may apply fluoride varnish without the dentist or physician being present in the dental office or facility or on the premises if the licensed practitioner with prescribing authority has prior knowledge of and has consented to the procedure being performed and maintains appropriate patient records of the treatment.

A. ~~completes a CPR certification course and maintains current CPR certification thereafter; and~~

B. ~~complies with the most current infection control practices for a dental setting.~~

Subp. 1b. **Procedures under direct supervision.** An assistant without a license may perform the following services if a dentist or dental therapist is in the dental office, personally authorizes the procedure, and evaluates the performance of the assistant before dismissing the patient:

A. take digital impressions;

B. take photographs extraorally or intraorally; and

C. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700.

Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision pursuant to subparts 1 to 1b:

A. completes a CPR certification course and maintains current CPR certification thereafter; and

B. complies with the most current infection control practices for a dental setting.

[For text of subparts 2 and 3, see Minnesota Rules]

3100.8500 LICENSED DENTAL ASSISTANTS.

[For text of subparts 1 and 1a, see Minnesota Rules]

Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

A. remove excess bond material from orthodontic appliances;

B. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. ~~Before utilizing rotary instruments for the removal of bond material, a licensed dental assistant must have successfully completed a course in the use of rotary instruments for the express purpose of the removal of bond material from teeth through a school accredited by the Commission on Dental Accreditation;~~

[For text of items C to I, see Minnesota Rules]

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. ~~Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board; and~~

K. place nonsurgical retraction material for gingival displacement. ~~Before placing nonsurgical retraction material, a licensed dental assistant must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation; and~~

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. ~~Before administering local anesthesia, a licensed dental assistant must provide the board:~~

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

Proposed Rules

3100.8700 DENTAL HYGIENISTS.

Subpart 1. **Principal procedures under general supervision.** A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

Z. place nonsurgical retraction material for gingival displacement. ~~Before placing nonsurgical retraction material, a dental hygienist must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation.~~

[For text of subparts 2 to 3, see Minnesota Rules]

3100.9600 RECORD KEEPING.

[For text of subparts 1 to 5, see Minnesota Rules]

Subp. 6. **Clinical examinations.** When a limited examination is performed, items A to C pertain only to the area treated. When a comprehensive examination is performed, dental records must include:

A. recording of existing oral health care status;

B. any radiographs and photographs used with the date the image is taken and the patient's name; and

C. the results of any other diagnostic aids used.

[For text of subparts 7 to 14, see Minnesota Rules]

Expedited Rules

Provisions exist for the Commissioners of some state agencies to adopt expedited rules when conditions exist that do not allow the Commissioner to comply with the requirements for normal rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the conditions. Expedited rules are effective upon publication in the State Register, and may be effective up to seven days before publication under certain conditions.

Expedited rules are effective for the period stated or up to 18 months. Specific *Minnesota Statute* citations accompanying these expedited rules detail the agency's rulemaking authority.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

Adopted Rules - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Department of Natural Resources

Adopted Expedited Permanent Rules Relating to Invasive Species

The rules proposed and published at State Register, Volume 47, Number 18, pages 405-409, October 31, 2022 (47 SR 405), are adopted with the following modifications:

EFFECTIVE DATE. The designation of jumping worms in Minnesota Rules, part 6216.0250, subpart 4, item D, is effective July 1, 2024.

Adopted Rules

A rule becomes effective after the requirements of *Minnesota Statutes* §§ 14.05-14.28 have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule. If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed. If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

Adopted Rules - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Board of Dentistry

Adopted Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia

The rules proposed and published at State Register, Volume 48, Number 34, pages 773-796, February 20, 2024 (48 SR 773), are adopted as proposed.

Expedited Emergency Rules

Provisions exist for the Commissioners of some state agencies to adopt expedited emergency rules when conditions exist that do not allow the Commissioner to comply with the requirements for emergency rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the emergency conditions. Expedited emergency rules are effective upon publication in the *State Register*, and may be effective up to seven days before publication under certain emergency conditions.

Expedited emergency rules are effective for the period stated or up to 18 months. Specific *Minnesota Statute* citations accompanying these expedited emergency rules detail the agency's rulemaking authority.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

Adopted Rules - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Department of Natural Resources

Adopted Expedited Emergency Game and Fish Rules: 2024 Bear Season

Notice is hereby given that the above entitled rules have been adopted through the process prescribed by *Minnesota Statutes*, section 84.027, subdivision 13(b). The statutory authority for the content of the rules is *Minnesota Statutes*, sections 97B.405, 97B.411, 97B.425, and 97B.431.

The following conditions do not allow compliance with *Minnesota Statutes*, sections 97A.0451 to 97A.0459. Annual population and harvest data are used to set bag limits and allow timely adjustment of permit area boundaries to better reflect bear habitat conditions, hunting opportunities and the State's bear management coordination efforts with Tribal governments.

Changes to rules about bait station registration and signage are intended to provide more accurate annual information

March 25, 2024

The Honorable Judge Christa Moseng

Administrative Law Judge

Office of Administrative Hearings

600 North Robert Street

P.O. Box 64620

Saint Paul, Minnesota 55164-0620

Re: In The Matter of the Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; OAH Docket No. 22-9033-39759; Revisor's ID Number RD4813.

Dear Judge Moseng:

This letter contains the Minnesota Board of Dentistry's responses to comments it received during the hearing and comment period. The Board did not receive any requests for a hearing. We have summarized these comments and issues in the order of the subpart or item that they relate to. The Board's response follows each comment or issue.

Minnesota Rules part 3100.1320, subpart 6. **Compliance with infection control.**

[Comment] DANB is concerned about eliminating the two-hour educational requirement for infection control for a limited radiology registration.

[Board's Response] The Board only eliminated the two-hour specification. A limited radiology registration must still "maintain compliance with the most current infection control practices for a dental setting" which is the same requirement for all other dental professionals.

Minnesota Rules part 3100.3600, subpart 17a(B). **Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.**

[Comment] EF asked for clarification on whether the two additional licensed personnel required during moderate sedation must be dental assistants or whether these licensed personnel can have qualifications that exceed CPR and allied sedation monitoring certification, such as a resident dentist.

[Board Response] A resident dentist would be considered a licensed professional who could be present to satisfy this requirement. When drafting rules, the Board attempts to provide a solution that effects a majority of the audience and not individual circumstances. If needed, the Board can consider changes to this subpart in a future rulemaking.

Minnesota Rules part 3100.3600, subpart 22(A)(1). **Practice and equipment requirements.**

[Comment] EF stated that it is challenging to measure blood pressure continuously, the recommendation is typically to monitor blood pressure at certain levels (e.g. every 5-10 minutes) instead of continuously.

[Board Response] The word “continuously” is not a change that is being made in these proposed rules but can be considered in a future rulemaking.

Minnesota Rules part 3100.5100, subpart 2(C). **Professional development requirements.**

[Comment] EF asked for clarification on whether dentists with a certificate to administer sedation and anesthesia are required to complete 65 hours of CE, 15 hours of which involve topics in sedation/anesthesia, or whether 15 of the 50 hours detailed in item B must pertain to the topics 1-7 involving sedation/anesthesia.

[Board Response] It would be a total of 65 hours of professional development. As for the appropriate wording for this subpart, the Board follows the recommendations from the Revisor of Statutes regarding applying certain drafting standards when writing rules.

The Board has addressed any concerns raised during the hearing and comment period. The Board has shown that the rules are needed and reasonable. We respectfully submit that the Administrative Law Judge should recommend adoption of these rules.

Sincerely,



Bridgett Anderson, L.D.A., M.B.A.

Executive Director

Minnesota Board of Dentistry

STATEMENT OF NEED AND REASONABLENESS

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

INTRODUCTION

The Minnesota Board of Dentistry ("Board") is the state agency authorized to establish permanent rules for regulating all licensed dental professionals and assistants without a license (or unlicensed dental assistants) in the State of Minnesota.

The Board's proposed rules amendments will primarily address the following areas: the CPR course may be completed through other vendors who follow the stated requirements; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training.

After completing a massive reorganization in the previous rulemaking, the Board found certain areas that still need minor housekeeping and clarification to coincide with statute changes, affirm scope of practice relative to nitrous oxide and sedation, allow renewal of a late emeritus active license, and eliminate the fundamental list (record keeping, ethics, patient communications, management of medical emergencies, treatment and diagnosis, and HIPAA) and the requirement of completing two courses from this list for professional development.

All pertinent Committees of the Board have held several public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rule changes. Thereafter, all proposed rules were heard before the Board and given approval to proceed with the rulemaking process.

For this rulemaking, the Board has provided a detailed explanation and justification for the amendments to its proposed rules in the Rule-By-Rule Analysis section of this statement.

ALTERNATIVE FORMAT

Upon request, this Statement of Need and Reasonableness can be made available in an alternative format, such as large print, Braille, or audio. To make a request, contact Kathy Johnson at the Minnesota Board of Dentistry, 335 Randolph Avenue, Suite 250, Saint Paul, Minnesota 55102, kathy.t.johnson@state.mn.us, phone: (612) 548-2134 or (888) 240-4762 (outside metro). TTY users may call (800) 627-3529.

STATUTORY AUTHORITY

The Board's statutory authority to adopt the rules set forth is found in Minnesota Statutes, section 150A.04, subdivision 5, which provides:

"150A.04 RULES OF THE BOARD.

Subdivision 5. **Rules.** The Board may promulgate rules as are necessary to carry out and make effective the provisions and purposes of sections 150A.01 to 150A.12, in accordance with Chapter 14.”

Under this statute, the Board has the necessary statutory authority to adopt the proposed rules. All sources of statutory authority were adopted and effective prior to January 1, 1996, and so Minnesota Statutes, section 14.125 does not apply. See Minnesota Laws 1995, chapter 233, article 2, section 58.

REGULATORY ANALYSIS

Minnesota Statutes, section 14.131, sets out eight factors for a regulatory analysis that must be included in the SONAR. Paragraphs (1) through (8) below quote these factors and provide the Board’s responses.

“(1) a description of the classes of persons who probably will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule”

- Classes of persons affected by proposed rules: All regulated dental professionals and unlicensed dental assistants.
- Costs of proposed rules to all regulated dental professionals and unlicensed dental assistants: Numerous changes throughout these proposed rules are geared toward being less restrictive which will not generate any concerns regarding financial impact.
- Classes benefiting from proposed rules: All regulated dental professionals and unlicensed dental assistants will benefit from the proposed rules because making the proposed rules overall less restrictive is a beneficial situation for the entire dental community.

“(2) the probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues”

- The Board will not incur any increased costs, and neither will any other agency in the implementation and enforcement of the proposed rules.
- The Board’s proposed rules will not affect state revenues.

“(3) a determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule”

- The Board has addressed the issue of less costly or less intrusive methods by proposing rules that are less restrictive throughout allowing for more flexibility.

“(4) a description of any alternative methods for achieving the purpose of the proposed rules that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule”

- The Board did not consider alternative methods because all proposed rules were deemed acceptable to regulated dental professionals. The Board is required to promulgate rules in order to achieve and implement the changes.

“(5) the probable costs of complying with the proposed rules, including the portion of the total costs that will be borne by identifiable categories of affected parties, such as separate classes of governmental units, businesses, or individuals”

- The Board found that these proposed rules changes are geared toward being less restrictive which will not generate any concerns regarding costs.
- The Board found that no other classes of government units, businesses, or individuals are expected to incur costs associated with the proposed rules.

“(6) the probable costs or consequences of not adopting the proposed rules, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals”

- The Board has not considered the costs/consequences of not adopting its proposed rules because the Board believes that it has a regulatory duty to pursue proposed rules that are less restrictive for all regulated dental professionals.
- The Board found that no other classes of government units, businesses, or individuals are affected by its proposed rules.

“(7) an assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference”

- The Board found that its proposed rules regulate Minnesota dental professionals and do not conflict with any federal regulations. The regulation of dental professionals is primarily a function of state government.

“(8) an assessment of the cumulative effect of the rule with other federal and state regulations related to the specific purpose of the rule. . . . ‘[C]umulative effect’ means the impact that results from incremental impact of the proposed rule in addition to other rules, regardless of what state or federal agency has adopted the other rules. Cumulative effects can result from individually minor but collectively significant rules adopted over a period of time.”

- The Board found no cumulative effect with its proposed rules because the regulating of dental professionals is not addressed by federal law or other Minnesota state laws.

PERFORMANCE-BASED RULES

Minnesota Statutes, sections 14.002 and 14.131, require that the SONAR describe how the agency, in developing the rules, considered and implemented performance-based standards that emphasize superior achievement in meeting the agency’s regulatory objectives and maximum flexibility for the regulated party and the agency in meeting those goals.

For these proposed rules, the Board decided to perform the above analysis on a rule-by-rule basis and included the required information regarding the Board’s objectives and flexibility into the section entitled “Rule-By-Rule Analysis” of this statement.

NOTICE PLAN and ADDITIONAL NOTICE PLAN

Notice Plan

The Board’s Notice Plan includes the following mandated statutory actions:

1. **Rulemaking Mailing List.** A copy of the Dual Notice and proposed rules shall be mailed to all persons who have registered to be on the Board's rulemaking mailing list under Minnesota Statutes, section 14.14, subdivision 1a. This mailing shall be accomplished by sending an electronic copy via e-mail to all persons on the list.
2. **Legislature.** A copy of the Dual Notice, proposed rules, and this Statement of Need and Reasonableness shall be mailed to the Legislative Coordinating Commission and the applicable House and Senate Committee members of the Legislature with jurisdiction over the subject matter of the proposed rules under Minnesota Statutes, section 14.116.

Additional Notice Plan

Minnesota Statutes, sections 14.131 and 14.23, require that this SONAR contain a description of the Board's efforts to provide additional notice to persons who might be affected by the proposed rules or explain why these efforts were not made. Additional notice has been provided by the Board, as follows:

1. Throughout 2022 and 2023, several of the Board's Committees, including the Sedation Committee, Policy Committee, Professional Development Committee, and Allied Dental Education Committee, held numerous public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rules changes. Official notices of these public meetings were electronically sent by the Board to all regulated dental professionals, association representatives, and the general public, as well as posting a notice of the meetings on the Board's website. During all public meetings, copies of the proposed rules changes were distributed and reviewed by all individuals in attendance and input encouraged from all attendees.
2. By August 23, 2023, the Board posted a draft copy of the proposed rules amendments on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and general public. This draft copy identified the Board rules that will be affected by the Board's proposed rules amendments.
3. By August 23, 2023, the Board posted a copy of the Request for Comments for publication in the State Register on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
4. By August 23, 2023, the Board posted its Statement of Need and Reasonableness ("SONAR") dated August 16, 2023, on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
5. On August 25, 2023, the Board mailed the Request for Comments to all persons on the Board's rulemaking mailing list by sending an electronic copy via e-mail to all persons on the list.

6. On August 25, 2023, the Board contacted representatives of the Minnesota Dental Association (Dentists), the Minnesota Dental Therapy Association (Dental Therapists), the Minnesota Dental Hygienists Association (Dental Hygienists), and the Minnesota Dental Assistants Association (Dental Assistants) about the Board's Request for Comments period and the proposed rules.
7. On August 25, 2023, the Board sent an electronic mass mailing using GovDelivery service to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Request for Comments period and the proposed rules.
8. On August 28, 2023, the Board's Request for Comments was published in the State Register, requesting that all comments be submitted to the Board by October 27, 2023. All comments received by the Board regarding the proposed rules shall be reviewed and any suggested changes shall be considered by the Board.
9. Prior to publication of the Dual Notice in the State Register, the Board will send this link <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/> for a copy of the Dual Notice of Intent to Adopt Rules, proposed rules, and SONAR to:
 - a. the representatives of the Minnesota Dental Association, Minnesota Dental Therapy Association, Minnesota Dental Hygienists Association, and Minnesota Dental Assistants Association, with a request to disseminate this information to their member lists via newsletters, publications, or mailings; and
 - b. all persons on the Board's rulemaking mailing list.
10. Prior to publication of the Dual Notice in the State Register, the Board will send an electronic mass mailing using GovDelivery service to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Dual Notice period, proposed rules, and SONAR.

The Board believes that this Additional Notice Plan complies with the statutes because the notification pathways described above will provide the principal representatives of the affected parties and the affected parties through electronic mailings with ample notice and opportunity to provide suggestions, proposals, and comments regarding the proposed rules amendments.

The listed persons and organizations receiving the Additional Notice represents a major portion of the persons interested in these proposed rules. They represent several classes and a number of different positions in the spectrum of the dental workforce, which is the central purpose of the rulemaking process.

CONSULTATION WITH MMB ON LOCAL GOVERNMENT IMPACT

As required by Minnesota Statutes, section 14.131, the Board will consult with Minnesota Management and Budget ("MMB"). We will do this by sending MMB copies of the documents that we send to the Governor's Office for review and approval on or about the same day we send them to the Governor's Office. We will do this before the Board publishes its Dual Notice of Intent to Adopt in the State Register. The documents will include: the Governor's Office Proposed Rule and SONAR Form; the proposed rules; and the SONAR. The Board will submit a copy of

the cover correspondence and any response received from MMB to OAH at the hearing or with the documents it submits for ALJ review.

Specifically, the Board will send copies of the required documents to Hannah Millang, the Board's Executive Budget Officer (EBO), at MMB and will later provide Hannah Millang's response to the OAH/ALJ.

DETERMINATION ABOUT RULES REQUIRING LOCAL IMPLEMENTATION

As required by Minnesota Statutes, section 14.128, subdivision 1, the Board has considered whether these proposed rules will require a local government to adopt or amend any ordinance or other regulation in order to comply with these rules. The Board has determined that the local units of government would not be required to adopt or amend an ordinance or regulation because the proposed rules do not require local implementation. All of the Board's proposed rules are intended to provide guidelines and requirements limited to the regulated dental professionals who must comply with these rules.

COST OF COMPLYING FOR SMALL BUSINESS OR CITY

As required by Minnesota Statutes, section 14.127, the Board has considered whether the cost of complying with the proposed rules in the first year after the rules take effect will exceed \$25,000 for any small business or small city. The Board has determined that the cost of complying with the proposed rules in the first year after the rules take effect will not exceed \$25,000 for any small business or small city. The Board has made this determination based on the probable costs of complying with the proposed rules, as previously described in the Regulatory Analysis section of this SONAR on pages 2 and 3.

LIST OF WITNESSES

If these proposed rules go to a public hearing, the Board anticipates having the following witnesses testify in support of the need for and reasonableness of the proposed rules:

1. Angela Rake, D.D.S., Board Member
2. Hassan Ismail, D.D.S., Board Member
3. Bridgett Anderson, L.D.A., M.B.A., Executive Director

RULE-BY-RULE ANALYSIS

PROPOSED RULES AMENDMENTS

All rule parts hereafter shall include supportive information relative to the rule-by-rule analysis as follows:

3100.0100 DEFINITIONS.

The Board has made changes to part 3100.0100 by revising Subpart 9a below. These changes will allow all dental professionals to take CPR courses from other vendors rather than being limited to only the American Heart Association and the American Red Cross. The Board will still require that a hands-on practice component and a written examination be part of the CPR course as well as the other components indicated below. The Board believes that other vendors can offer comparable CPR courses, and therefore, the Board considers these proposed changes to be necessary and reasonable.

Subp. 9a. **CPR.** “CPR” refers to a ~~comprehensive, hands-on~~ course and certification for a health care provider that ~~includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation.~~ The CPR course and certification must be for health care professionals through the American Heart Association or the American Red Cross teaches basic life support for adults, children, and infants. The course must include both hands-on practice and written examination and must address the following topics:

A. rapid assessment of the patient and provision of emergency care based upon the patient’s condition;

B. relief of foreign-body airway obstruction or choking;

C. basic life support giving chest compressions and delivering appropriate ventilations;

D. early use of an automated external defibrillator (AED); and

E. effective coordination of multiple rescuers performing basic life support.

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.

The Board has made changes to part 3100.3600 by adding Subparts 16a and 17a below. These changes address the current trends of an increasing number of dentists electing to complete general anesthesia and sedation care on their pediatric patients in the confines of their dental office. For all levels of sedation, the dentist must have the training, skills, drugs, equipment, and have significant advanced pediatric training in recognizing and managing pediatric emergencies to provide safe sedation and anesthetic care. The dentist is also the primary dental provider who takes on the significant responsibility of creating a dental team of highly qualified dental staff members to deliver care in an optimal and safe fashion. Additionally, the Board supports the current guidelines established by the American Association of Oral and Maxillofacial Surgeons (AAOMS) regarding the definitive age of a pediatric patient. The Board believes that these new anesthesia and sedation rules will provide the safety measures necessary for this younger patient population and the risks associated with these procedures, which makes these rules necessary and reasonable.

Subpart 16a. Initial and renewal endorsement for pediatric general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current general anesthesia or deep sedation certificate under subpart 16; and

(3) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board’s receipt of the application for a pediatric endorsement.

B. A dentist administering general anesthesia or deep sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during the administration.

C. Once a dentist possesses a valid endorsement for pediatric general anesthesia, the dentist is not required to possess an additional endorsement for pediatric deep or pediatric moderate sedation.

D. To renew an endorsement for pediatric general anesthesia, the dentist must provide the board:

(1) a completed renewal application; and

(2) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the renewal application. The dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

E. A dentist who administers general anesthesia or deep sedation on patients who are eight years old or younger without a pediatric general anesthesia endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate under subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program that requires clinical competency in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration.

C. To renew an endorsement for pediatric moderate sedation, the dentist must provide the board:

(1) a completed application; and

(2) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application. The dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

D. A dentist who administers moderate sedation on patients who are eight years old or younger without a pediatric moderate sedation endorsement is subject to disciplinary proceedings

by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

The Board has made changes to part 3100.5100 by adding item C to Subpart 2 below. This increase in professional development credits of 15 hours applies only to dentists who have a certificate to administer general anesthesia, deep sedation, or moderate sedation. In addition to the current requirement of 50 hours of professional development for a licensed dentist, a dentist who has a general anesthesia/moderate sedation certificate will have to obtain 15 more credit hours for a total of 65 credit hours. There are many specific areas listed that qualify as acceptable areas of education but there are no hour requirements for each particular area, only a total of 15. The Board believes that this additional educational requirement is necessary to maintain a high-level of competency when performing general anesthesia or moderate sedation. For this reason, the Board finds these proposed changes are necessary and reasonable.

Subp. 2. Professional development requirements.

A. Each licensee shall establish a portfolio to record, monitor, and retain documentation of fundamental and elective professional development activities.

B. The minimum number of required hours of fundamental and elective activities for each initial or biennial cycle is 50 hours for dentists and dental therapists and 25 hours for dental hygienists and licensed dental assistants. Any professional development hours earned in excess of the required hours for an initial or biennial cycle must not be carried forward to the next biennial cycle.

(1) Of the 50 hours required for a dentist and dental therapist, at least 30 hours must be fundamental activities and no more than 20 hours can be elective activities.

(2) Of the 25 hours required for a dental hygienist and licensed dental assistant, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities.

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

(1) moderate sedation or general anesthesia and deep sedation;

(2) medications and physical evaluation;

(3) anesthesia emergencies and complications;

(4) monitoring equipment and monitoring during anesthesia;

(5) pharmacology of anesthetic drugs;

(6) infection control related to anesthesia procedures; and

(7) simulation courses involving anesthesia emergencies.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

The Board has made changes to part 3100.8400 by revising and adding Subpart 1b below. These changes will enhance the role of the unlicensed dental assistant by allowing this assistant to take digital impressions and to take photographs extraorally (outside of the mouth) and intraorally (inside of the mouth) on patients. The taking of “digital impressions” is a type of dental scan taken with 3D scanning technology in order to produce an image of the patient’s dentition or used for simple treatments like a single crown or for more extensive restorative procedures like a bridge or full dentures. Digital impressions can be performed by the unlicensed dental assistant under direct supervision by the dentist or dental therapist. As for the traditional impression that uses elastic impression materials, this procedure CANNOT be performed by an unlicensed dental assistant.

The unlicensed dental assistant can also take photographs to completely document the current state of the patient’s facial and oral status. Photographs can be taken by the unlicensed dental assistant under direct supervision by the dentist or dental therapist. The digital impression and the photographs are both noninvasive procedures that can be taught with some in-office training in the office. Because of this, the Board finds these proposed changes are necessary and reasonable.

Subpart 1. **Permissible Procedures under personal supervision.** Assistants An assistant without a license may perform the following supportive procedures if the dentist or dental therapist is personally treating a patient and concurrently authorizes the assistant without a license to aid in treatment:

- A. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;
- B. assist with the placement or removal of devices or materials for isolation purposes as directed by the dentist or dental therapist during dental treatment;
- C. remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices; and
- D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity during dental treatment ~~under the personal supervision of a dentist or dental therapist.~~
- E. ~~aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700;~~
- F. ~~apply fluoride varnish in a community setting under the authorization and direction of a licensed practitioner with prescribing authority such as a dentist or physician, as long as the licensed practitioner authorizing the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment.~~

Subp. 1a. **~~Compliance with minimal requirements~~ Procedures under general supervision.** ~~The dentist is responsible for ensuring that any assistant working under the dentist’s or dental therapist’s supervision as defined in subpart 1:~~ An assistant without a license may apply fluoride varnish without the dentist or physician being present in the dental office or facility or on the premises if the licensed practitioner with prescribing authority has prior knowledge of and has consented to the procedure being performed and maintains appropriate patient records of the treatment.

- A. ~~completes a CPR certification course and maintains current CPR certification thereafter;~~
~~and~~

B. complies with the most current infection control practices for a dental setting.

Subp. 1b. Procedures under direct supervision. An assistant without a license may perform the following services if a dentist or dental therapist is in the dental office, personally authorizes the procedure, and evaluates the performance of the assistant before dismissing the patient:

A. take digital impressions;

B. take photographs extraorally or intraorally; and

C. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700.

Subp. 1c. Compliance with minimal requirements. The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision pursuant to subparts 1 to 1b:

A. completes a CPR certification course and maintains current CPR certification thereafter;
and

B. complies with the most current infection control practices for a dental setting.

Subp. 2. [Repealed, 10 SR 1612]

Subp. 3. Other procedures prohibited. An assistant must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

3100.8500 LICENSED DENTAL ASSISTANTS.

The Board has made changes to part 3100.8500 by adding item L to Subpart 1b below. These changes will allow the licensed dental assistant to administer local anesthesia to patients under the direct supervision of the dentist. This procedure, local anesthesia, is limited to supraperiosteal and field block injections as prescribed by the dentist and under direct supervision which means the dentist must authorize that the licensed dental assistant can actually perform this procedure or not on patients. Prior to administering local anesthesia, the licensed dental assistant must comply with the other stated requirements regarding experience, completing accredited courses with competency, passing an examination, and receiving a certificate from the Board. The Board believes that a licensed dental assistant who satisfies all of these requirements can administer local anesthesia to patients safely on a competent level. For this reason, the Board finds these proposed changes are necessary and reasonable.

Subp. 1b. Procedures under direct supervision. A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

L. administer local anesthesia limited to supraperiosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

1) evidence of at least one year of experience in general chairside dental assisting;

2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

4) evidence of application for local anesthesia certification through the board.

3100.0100 to 3100.9600

Throughout these rules stated below, the Board made some housekeeping changes by eliminating non-relevant or outdated language that is present in the Board's existing rules. These changes will not change the meaning or intent of the rules in any way. Instead, these changes will make the Board's rules clearer and concise. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.0100 DEFINITIONS

3100.1100 GENERAL DENTIST

3100.1120 SPECIALTY DENTIST

3100.1130 LIMITED GENERAL DENTIST

3100.1150 FACULTY DENTIST; FULL OR LIMITED

3100.1160 RESIDENT DENTIST

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST

3100.1200 DENTAL HYGIENIST

3100.1300 LICENSED DENTAL ASSISTANT

3100.1320 LIMITED RADIOLOGY REGISTRATION

3100.1340 EMERITUS INACTIVE

3100.1350 EMERITUS ACTIVE

3100.1370 GUEST

3100.1380 GUEST-VOLUNTEER

3100.1400 LICENSURE BY CREDENTIALS

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS

3100.5300 AUDIT PROCESS OF PORTFOLIO

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES

3100.8500 LICENSED DENTAL ASSISTANTS

3100.8700 DENTAL HYGIENISTS

3100.9600 RECORD KEEPING

CONCLUSION

In this SONAR, the Board has established the need for and the reasonableness of each of the proposed amendments to Minnesota Rules, chapter 3100. The Board has provided the necessary notification to all interested parties and documented in this SONAR its compliance with all applicable administrative rulemaking requirements of Minnesota statutes and rules.

Based on the foregoing, the proposed amendments are both needed and reasonable.

Dated: August 16, 2023



Bridgett Anderson, L.D.A., M.B.A.
Executive Director
Minnesota Board of Dentistry

1.1 **Board of Dentistry**

1.2 **Proposed Permanent Rules Relating to Licensing and Administration of Sedation and**
1.3 **Anesthesia**

1.4 **3100.0100 DEFINITIONS.**

1.5 *[For text of subparts 1 and 2, see Minnesota Rules]*

1.6 Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support"
1.7 or "ACLS" refers to an advanced educational course and certification for a health care
1.8 provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care
1.9 in settings ranging from the prehospital environment to the hospital setting. The course must
1.10 include advanced airway management skills, cardiac drug usage, defibrillation, and
1.11 arrhythmia interpretation. ~~An ACLS certificate must be obtained through the American~~
1.12 ~~Heart Association.~~

1.13 *[For text of subparts 2b to 9, see Minnesota Rules]*

1.14 Subp. 9a. **CPR.** "CPR" refers to a ~~comprehensive, hands-on~~ course and certification
1.15 for a health care provider that ~~includes: cardiopulmonary resuscitation on an adult, child,~~
1.16 ~~and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway~~
1.17 ~~obstruction; and automated external defibrillation. The CPR course and certificate must be~~
1.18 ~~for health care professionals through the American Heart Association or the American Red~~
1.19 ~~Cross~~ teaches basic life support for adults, children, and infants. The course must include
1.20 both hands-on practice and written examination and must address the following topics:

1.21 A. rapid assessment of the patient and provision of emergency care based upon
1.22 the patient's condition;

1.23 B. relief of foreign-body airway obstruction or choking;

1.24 C. basic life support giving chest compressions and delivering appropriate
1.25 ventilations;

D. early use of an automated external defibrillator (AED); and

E. effective coordination of multiple rescuers performing basic life support.

[For text of subparts 9b to 15b, see Minnesota Rules]

Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life support" or "PALS" refers to an advanced life support educational course and certification for the pediatric health care provider that teaches the current certification standards of the American Academy of Pediatrics or the American Heart Association. ~~A PALS certificate must be obtained through the American Heart Association.~~

Subp. 15d. **Pediatric patient.** During the administration of general anesthesia, deep sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years old or younger.

[For text of subparts 16 to 22, see Minnesota Rules]

3100.1100 GENERAL DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice general dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
subdivision 2 and 3;

~~C. D.~~ evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation;

~~D. E.~~ evidence of passing all parts of a national board examination for the practice of dentistry within the past five years;

~~E. F.~~ evidence of passing a board-approved clinical examination within the past five years;

~~F. G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G. H.~~ documentation of current CPR certification; and

~~H. I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 1a to 6, see Minnesota Rules]

3100.1120 SPECIALTY DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a specialty dentist in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~C. D.~~ evidence of having graduated from a school of dentistry;

~~D. E.~~ evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;

~~E. F.~~ evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;

~~F. G.~~ evidence of passing all parts of a national board examination for the practice of dentistry;

4.1 ~~G. H.~~ evidence of completing a postdoctoral specialty program or evidence of
4.2 completing at least 2,000 hours within the past 36 months of active practice in another
4.3 United States jurisdiction, Canadian province, or United States government service;

4.4 ~~H. I.~~ evidence of passing the board's jurisprudence examination within the past
4.5 five years;

4.6 ~~I. J.~~ documentation of current CPR certification; and

4.7 ~~J. K.~~ a criminal background check as required by Minnesota Statutes, section
4.8 214.075.

4.9 *[For text of subparts 2 to 6, see Minnesota Rules]*

4.10 **3100.1130 LIMITED GENERAL DENTIST.**

4.11 Subpart 1. **Credential review to determine educational equivalency and eligibility**
4.12 **to take a board-approved clinical examination for limited licensure.**

4.13 A. A person who is a graduate of a nonaccredited dental program seeking a limited
4.14 license to practice general dentistry in Minnesota must submit to a onetime credential review
4.15 by the board to determine educational equivalency and eligibility to take a board-approved
4.16 clinical examination. For the credential review, the applicant must provide the board:

4.17 *[For text of subitem (1), see Minnesota Rules]*

4.18 (2) a completed board-approved evaluation of ~~all~~ any international education
4.19 in the applicant's graduating dental degree training program;

4.20 *[For text of subitems (3) to (7), see Minnesota Rules]*

4.21 ~~(8) proof of clinical practice in dentistry;~~

4.22 ~~(9)~~ (8) an original or notarized copy of other credentials in dentistry and, if
4.23 necessary, professional translation;

5.1 ~~(10)~~ (9) completed board-approved infection control training; and

5.2 ~~(11)~~ (10) evidence of passing all parts of a national board examination for
5.3 the practice of dentistry.

5.4 *[For text of items B to E, see Minnesota Rules]*

5.5 *[For text of subpart 1a, see Minnesota Rules]*

5.6 Subp. 1b. **Limited general license application and examination requirements.** After
5.7 passing a board-approved clinical examination, an applicant may apply for a limited general
5.8 license. The applicant must provide the board:

5.9 A. a completed application;

5.10 B. a form of current government-issued identification;

5.11 ~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision
5.12 9b, clause (1);

5.13 ~~C. D.~~ evidence of passing a board-approved clinical examination within the past
5.14 five years;

5.15 ~~D. E.~~ evidence of passing the board's jurisprudence examination within the past
5.16 five years;

5.17 ~~E. F.~~ a written agreement between the applicant and a board-approved Minnesota
5.18 licensed supervising dentist. The written agreement must include:

5.19 (1) all information requested by the board relating to the applicant's written
5.20 agreement;

5.21 (2) any practice limitations; and

(3) an acknowledgment that the applicant agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years after beginning clinical practice in Minnesota;

~~F. G.~~ documentation of current CPR certification; and

~~G. H.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. Terms of limited licensure.

A. Throughout the three consecutive years while practicing general dentistry in Minnesota under the general supervision of a Minnesota licensed dentist, the limited license dentist must maintain and comply with the requirements in this subpart:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) maintain a professional development portfolio containing:

~~(a)~~ documentation of required hours in professional development activities; ~~and,~~

~~(b)~~ at least two different fundamental courses as part of the fundamental activities.

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. **Requirements for licensure.**

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

~~(2) (3) the fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~(3) (4)~~ documentation of current CPR certification;

~~(4) (5)~~ a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

~~(5) (6)~~ a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

3100.1150 FACULTY DENTIST; FULL OR LIMITED.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a faculty dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

8.1 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
8.2 subdivision 2 and 3;

8.3 ~~C. D.~~ evidence of passing the board's jurisprudence examination within the past
8.4 five years;

8.5 ~~D. E.~~ documentation of current CPR certification;

8.6 ~~E. F.~~ a criminal background check as required by Minnesota Statutes, section
8.7 214.075; and

8.8 ~~F. G.~~ a letter from the dean or program director of a school of dentistry, dental
8.9 therapy, dental hygiene, or dental assisting or of a residency training program accredited
8.10 by the Commission on Dental Accreditation certifying that the person seeking licensure is
8.11 a faculty member of the school's faculty school or residency program and practices dentistry.
8.12 The original letter must include:

8.13 (1) the applicant's full name;

8.14 (2) a statement that the applicant is a faculty member of the faculty school
8.15 or residency program and practices dentistry within the school or residency program, or ~~its~~
8.16 within affiliated teaching facilities of the school or residency program, but only for purposes
8.17 of instruction or research; and

8.18 (3) the dates of the applicant's employment by the school of dentistry, dental
8.19 therapy, dental hygiene, or dental assisting or by the residency program.

8.20 Subp. 2. **Termination of licensure.** The board shall terminate a person's license to
8.21 practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a
8.22 faculty member of the faculty of a school of dentistry, dental therapy, dental hygiene, or
8.23 dental assisting or of a residency program.

8.24 *[For text of subparts 3 to 7, see Minnesota Rules]*

9.1 **3100.1160 RESIDENT DENTIST.**

9.2 Subpart 1. **Licensure application and examination requirements.** A person seeking
9.3 licensure to practice as a resident dentist who is not already licensed to practice dentistry
9.4 in Minnesota must provide the board:

9.5 A. a completed application;

9.6 B. a form of current government-issued identification;

9.7 ~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision 2;

9.8 ~~C. D.~~ evidence of having graduated from a dental school ~~accredited by the~~
9.9 ~~Commission on Dental Accreditation;~~

9.10 ~~D. E.~~ evidence of being an enrolled graduate student or a student of an advanced
9.11 dental education program accredited by the Commission on Dental Accreditation;

9.12 ~~E. F.~~ evidence of passing the board's jurisprudence examination within the past
9.13 five years;

9.14 ~~F. G.~~ documentation of current CPR certification; and

9.15 ~~G. H.~~ a criminal background check as required by Minnesota Statutes, section
9.16 214.075.

9.17 *[For text of subparts 2 to 5, see Minnesota Rules]*

9.18 Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a
9.19 pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate
9.20 sedation as a part of their residency program without further general anesthesia or sedation
9.21 certification required from the board. The resident dentist remains subject to the requirements
9.22 of part 3100.3600, subparts 1a and 22.

10.1 **3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL**
10.2 **HYGIENIST.**

10.3 Subpart 1. **Licensure application and examination requirements.** A person seeking
10.4 licensure to practice either as a resident dental therapist or resident dental hygienist must
10.5 provide the board:

10.6 A. a completed application;

10.7 B. a form of current government-issued identification;

10.8 ~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision 2;

10.9 ~~C. D.~~ evidence of being an enrolled graduate student or a student of an advanced
10.10 dental education program approved by the board or accredited by the Commission on Dental
10.11 Accreditation or another board-approved national accreditation organization;

10.12 ~~D. E.~~ evidence of passing the board's jurisprudence examination within the past
10.13 five years;

10.14 ~~E. F.~~ documentation of current CPR certification; and

10.15 ~~F. G.~~ a criminal background check as required by Minnesota Statutes, section
10.16 214.075.

10.17 *[For text of subparts 2 to 5, see Minnesota Rules]*

10.18 **3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.**

10.19 Subpart 1. **Dental therapist; licensure application and examination requirements.** A
10.20 person seeking licensure to practice dental therapy in Minnesota must provide the board:

10.21 A. a completed application;

10.22 B. a form of current government-issued identification;

11.1 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
11.2 subdivision 2 and 3;

11.3 ~~C. D.~~ evidence of having graduated with a baccalaureate degree or a master's
11.4 degree from a dental therapy education program that has been approved by the board or
11.5 accredited by the Commission on Dental Accreditation or another board-approved national
11.6 accreditation organization;

11.7 ~~D. E.~~ evidence of passing a board-approved clinical examination in dental therapy
11.8 within the past five years;

11.9 ~~E. F.~~ evidence of passing the board's jurisprudence examination within the past
11.10 five years;

11.11 ~~F. G.~~ documentation of current CPR certification; and

11.12 ~~G. H.~~ a criminal background check as required by Minnesota Statutes, section
11.13 214.075.

11.14 *[For text of subparts 2 to 9, see Minnesota Rules]*

11.15 **3100.1200 DENTAL HYGIENIST.**

11.16 Subpart 1. **Licensure application and examination requirements.** A person seeking
11.17 licensure to practice dental hygiene in Minnesota must provide the board:

11.18 A. a completed application;

11.19 B. a form of current government-issued identification;

11.20 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
11.21 subdivision 2 and 3;

11.22 ~~C. D.~~ evidence of passing a national board examination for the practice of dental
11.23 hygiene within the past five years;

12.1 ~~D. E.~~ evidence of passing a board-approved clinical examination within the past
12.2 five years;

12.3 ~~E. F.~~ evidence of having graduated from a school of dental hygiene accredited by
12.4 the Commission on Dental Accreditation;

12.5 ~~F. G.~~ evidence of passing the board's jurisprudence examination within the past
12.6 five years;

12.7 ~~G. H.~~ documentation of current CPR certification; and

12.8 ~~H. I.~~ a criminal background check as required by Minnesota Statutes, section
12.9 214.075.

12.10 *[For text of subparts 2 to 8, see Minnesota Rules]*

12.11 **3100.1300 LICENSED DENTAL ASSISTANT.**

12.12 Subpart 1. **Licensure application and examination requirements.** A person seeking
12.13 licensure to practice dental assisting in Minnesota must provide the board:

12.14 A. a completed application;

12.15 B. a form of current government-issued identification;

12.16 ~~B. C. the fees fee in Minnesota Statutes, section 150A.091, subdivisions~~
12.17 subdivision 2 and 3;

12.18 ~~C. D.~~ evidence of having graduated from a school of dental assisting accredited
12.19 by the Commission on Dental Accreditation. ~~If the curriculum of the school does not include~~
12.20 ~~training in the expanded procedures specified in part 3100.8500, the applicant must~~
12.21 ~~successfully complete a board-approved course in these procedures;~~

12.22 ~~D. E.~~ evidence of passing the board's state licensing examination within the past
12.23 five years;

13.1 ~~E. F.~~ evidence of passing a national board examination for the practice of dental
13.2 assisting within the past five years;

13.3 ~~F. G.~~ evidence of passing the board's jurisprudence examination within the past
13.4 five years;

13.5 ~~G. H.~~ documentation of current CPR certification; and

13.6 ~~H. I.~~ a criminal background check as required by Minnesota Statutes, section
13.7 214.075.

13.8 *[For text of subparts 2 to 8, see Minnesota Rules]*

13.9 **3100.1320 LIMITED RADIOLOGY REGISTRATION.**

13.10 Subpart 1. **Registration application and examination requirements.** A person
13.11 seeking registration in Minnesota to take dental radiographs under general supervision of
13.12 a dentist must provide the board:

13.13 A. a completed application;

13.14 B. a form of current government-issued identification;

13.15 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
13.16 subdivision 2 and 3;

13.17 ~~C. D.~~ evidence of having completed a board-approved course on dental radiology
13.18 offered through a school accredited by the Commission on Dental Accreditation;

13.19 ~~D. E.~~ evidence of passing a board-approved nationally recognized radiation
13.20 examination within the past five years;

13.21 ~~E. F.~~ evidence of passing the board's jurisprudence examination within the past
13.22 five years;

13.23 ~~F. G.~~ documentation of current CPR certification; and

14.1 ~~G. H.~~ a criminal background check as required by Minnesota Statutes, section
14.2 214.075.

14.3 *[For text of subparts 2 and 3, see Minnesota Rules]*

14.4 Subp. 4. **Reinstatement requirements.**

14.5 *[For text of item A, see Minnesota Rules]*

14.6 B. If the license was terminated six months ago or less, the person must provide
14.7 the board:

14.8 ~~(1) evidence of completing the professional development requirements in~~
14.9 ~~subpart 6 within 24 months prior to the board's receipt of the application; and~~

14.10 ~~(2)~~ documentation of current CPR certification.

14.11 C. If the license was terminated more than six months but less than 24 months
14.12 ago, the person must provide the board:

14.13 ~~(1) evidence of completing the professional development requirements in~~
14.14 ~~subpart 6 within 24 months prior to the board's receipt of the application;~~

14.15 ~~(2)~~ (1) documentation of current CPR certification;

14.16 ~~(3)~~ (2) evidence of passing the board's jurisprudence examination within 12
14.17 months prior to the board's receipt of the application; and

14.18 ~~(4)~~ (3) a criminal background check if terminated more than one year ago as
14.19 required by Minnesota Statutes, section 214.075.

14.20 D. If the license was terminated 24 months or more ago, the person must provide
14.21 the board:

14.22 ~~(1) evidence of completing the professional development requirement in~~
14.23 ~~subpart 6 within 24 months prior to the board's receipt of the application;~~

- 15.1 ~~(2)~~ (1) documentation of current CPR certification;
- 15.2 ~~(3)~~ (2) evidence of passing the board's jurisprudence examination within 12
- 15.3 months prior to the board's receipt of the application;
- 15.4 ~~(4)~~ (3) a criminal background check if terminated more than one year ago as
- 15.5 required by Minnesota Statutes, section 214.075; and
- 15.6 ~~(5) evidence of successfully completing the dental radiology course described~~
- 15.7 ~~in subpart 1, item C, within 24 months prior to the board's receipt of the application; and~~
- 15.8 ~~(6)~~ (4) evidence of passing the radiation examination described in subpart 1,
- 15.9 item D, within 24 months prior to the board's receipt of the application.

15.10 *[For text of subpart 5, see Minnesota Rules]*

15.11 Subp. 6. ~~Professional development~~ Compliance with infection control. A person

15.12 with a limited radiology registration must ~~complete two hours of infection control education~~

15.13 ~~and~~ maintain compliance with the most current infection control practices for a dental setting.

15.14 **3100.1340 EMERITUS INACTIVE.**

15.15 Subpart 1. **Licensure application requirements.**

15.16 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental

15.17 assisting in Minnesota who retires from active practice may apply for an emeritus inactive

15.18 license by providing the board:

- 15.19 (1) a completed application; ~~and~~
- 15.20 (2) a form of current government-issued identification; and
- 15.21 ~~(2)~~ (3) the onetime application fee in Minnesota Statutes, section 150A.091,
- 15.22 subdivision 19.

15.23 *[For text of item B, see Minnesota Rules]*

16.1 [For text of subpart 2, see Minnesota Rules]

16.2 **3100.1350 EMERITUS ACTIVE.**

16.3 Subpart 1. **Licensure application requirements.**

16.4 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
16.5 assisting in Minnesota who retires from active practice may apply for an emeritus active
16.6 license by providing the board:

16.7 (1) a completed application; ~~and~~

16.8 (2) a form of current government-issued identification; and

16.9 ~~(2)~~ (3) the application fee in Minnesota Statutes, section 150A.091,
16.10 subdivision 20.

16.11 [For text of item B, see Minnesota Rules]

16.12 [For text of subpart 2, see Minnesota Rules]

16.13 Subp. 3. **Renewal and prohibition on reinstatement.**

16.14 A. An emeritus active license is renewed biennially and continues on with the
16.15 licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision
16.16 11. If the licensee fails to renew an emeritus active license by the deadline, the ~~license~~
16.17 ~~expires and the board shall terminate the licensee's right to practice~~ board shall send a notice
16.18 to the licensee. The notice must state the amount of the renewal and late fees. The licensee
16.19 must renew the emeritus active license within 30 days of the expiration date of the license
16.20 or the board shall administratively terminate the license and the right to practice. The board
16.21 must not consider an administrative termination of a license as a disciplinary action against
16.22 the licensee.

16.23 [For text of item B, see Minnesota Rules]

Subp. 4. **Professional development.** For each biennial professional development cycle, the licensee must comply with the professional development requirements including a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

[For text of item A, see Minnesota Rules]

B. Fundamental activities for each biennial cycle must include:

~~(1) at least two different fundamental courses; and~~

~~(2) an infection control course.~~

Subp. 5. Anesthesia, sedation, and nitrous oxide.

A. If an emeritus active licensee was licensed immediately prior to obtaining emeritus active licensure to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue to administer such treatment in compliance with the applicable requirements of part 3100.3600. If the emeritus active licensee was not licensed to administer such treatment immediately prior to obtaining emeritus active licensure, an emeritus active licensee must not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

A. a completed application;

B. a form of current government-issued identification;

18.1 ~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section ~~150A.06, subdivision 2e~~
18.2 150A.091, subdivision 2;

18.3 ~~E. D.~~ evidence of having graduated from either a school of dentistry, dental
18.4 therapy, dental hygiene, or dental assisting accredited by the Commission on Dental
18.5 Accreditation;

18.6 ~~D. E.~~ evidence that the clinic at which the licensee practices is a nonprofit
18.7 organization that is a public health setting;

18.8 ~~E. F.~~ documentation of current CPR certification; and

18.9 ~~F. G.~~ a criminal background check as required by Minnesota Statutes, section
18.10 214.075.

18.11 Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the
18.12 end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c.
18.13 The board shall send a notice to a licensee who has not renewed their guest license. The
18.14 notice must state the amount of the guest license renewal fee. The licensee must renew their
18.15 guest license within 30 days of the expiration date of the license or the board shall
18.16 administratively terminate the guest license and the right to practice. The board must not
18.17 consider an administrative termination of a guest license as a disciplinary action against the
18.18 licensee.

18.19 *[For text of subparts 3 and 4, see Minnesota Rules]*

18.20 **3100.1380 GUEST VOLUNTEER LICENSE.**

18.21 Subpart 1. **Licensure application requirements.** A person who is currently a licensed
18.22 dentist, dental therapist, dental hygienist, or dental assistant in good standing in another
18.23 United States jurisdiction may apply for a guest volunteer license without compensation by
18.24 providing the board:

- 19.1 A. a completed application;
- 19.2 B. a form of current government-issued identification;
- 19.3 ~~B.~~ C. evidence of having graduated from either a school of dentistry, dental therapy,
- 19.4 dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;
- 19.5 ~~C.~~ D. evidence that the clinic at which the licensee practices is a nonprofit
- 19.6 organization that is a public health setting; and
- 19.7 ~~D.~~ E. documentation of current CPR certification.

19.8 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license

19.9 must not practice more than ten days in a calendar year. ~~The license expires December 31.~~

19.10 A guest volunteer license may be renewed annually after the end of the calendar year

19.11 according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed.

19.12 The board shall send a notice to a licensee who has not renewed their guest volunteer license.

19.13 The licensee must renew their guest volunteer license within 30 days of the expiration date

19.14 of the license or the board shall administratively terminate the guest volunteer license and

19.15 the right to practice. The board must not consider an administrative termination of a guest

19.16 volunteer license as a disciplinary action against the licensee.

19.17 *[For text of subparts 3 to 5, see Minnesota Rules]*

19.18 **3100.1400 LICENSURE BY CREDENTIALS.**

19.19 Subpart 1. **Licensure application requirements for a dentist, dental therapist, or**

19.20 **dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental

19.21 hygienist in another United States jurisdiction or Canadian province seeking to be licensed

19.22 to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

- 19.23 A. a completed application;
- 19.24 B. a form of current government-issued identification;

- 20.1 ~~B. C.~~ the fee in Minnesota Statutes, section 150A.091, subdivision 9;
- 20.2 ~~C. D.~~ evidence of having graduated ~~from~~ either:
- 20.3 (1) from a school of dentistry or dental hygiene accredited by the Commission
- 20.4 on Dental Accreditation; or
- 20.5 ~~D. (2) evidence of having graduated~~ with a baccalaureate degree or a master's
- 20.6 degree from a dental therapy education program that has been approved by the board or
- 20.7 accredited by the Commission on Dental Accreditation or another board-approved national
- 20.8 accreditation organization;
- 20.9 ~~E. evidence of having graduated from a master's advanced dental therapy education~~
- 20.10 ~~program;~~
- 20.11 ~~F. E.~~ proof of completing at least 2,000 hours within the past 36 months in active
- 20.12 practice in another United States jurisdiction, Canadian province, or United States
- 20.13 government service;
- 20.14 ~~G. F.~~ evidence of passing a clinical examination for licensure in another United
- 20.15 States jurisdiction or Canadian province;
- 20.16 ~~H. G.~~ evidence of passing all parts of a national board examination for the practice
- 20.17 of dentistry, dental therapy, or dental hygiene;
- 20.18 ~~I. H.~~ evidence of passing the board's jurisprudence examination within the past
- 20.19 five years; ~~and~~
- 20.20 ~~J. I.~~ documentation of current CPR certification; and
- 20.21 J. a criminal background check as required by Minnesota Statutes, section 214.075.

20.22 [For text of subpart 2, see Minnesota Rules]

21.1 **3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,**
21.2 **GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

21.3 *[For text of subparts 1 to 11, see Minnesota Rules]*

21.4 Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist, a limited**
21.5 **general dentist, or an emeritus active licensee.** A dentist licensed by the board, a limited
21.6 general dentist under the general supervision of a supervising dentist, or an emeritus active
21.7 licensee is allowed to administer nitrous oxide inhalation analgesia.

21.8 Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training**
21.9 **requirements for a dental therapist.**

21.10 *[For text of items A and B, see Minnesota Rules]*

21.11 C. A dental therapist who graduated from a board-approved dental therapy program
21.12 in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction
21.13 or Canadian province may administer nitrous oxide inhalation analgesia after providing the
21.14 board:

21.15 (1) a completed application;

21.16 (2) evidence of having completed a course in administering nitrous oxide
21.17 inhalation analgesia from an institution accredited by the Commission on Dental
21.18 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
21.19 ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of
21.20 analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable
21.21 of positive pressure respiration; and

21.22 (3) documentation of current CPR certification.

21.23 Subp. 14. **Nitrous oxide inhalation analgesia; application and educational training**
21.24 **requirements for a dental hygienist.**

21.25 *[For text of items A and B, see Minnesota Rules]*

22.1 C. A dental hygienist who graduated from a dental hygiene program in Minnesota
22.2 prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian
22.3 province may administer nitrous oxide inhalation analgesia after providing the board:

22.4 (1) a completed application;

22.5 (2) evidence of having completed a course in administering nitrous oxide
22.6 inhalation analgesia from an institution accredited by the Commission on Dental
22.7 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
22.8 ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of
22.9 analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable
22.10 of positive pressure respiration; and

22.11 (3) documentation of current CPR certification.

22.12 Subp. 15. **Nitrous oxide inhalation analgesia; application and educational training**
22.13 **requirements for a licensed dental assistant.**

22.14 *[For text of items A and B, see Minnesota Rules]*

22.15 C. A licensed dental assistant who graduated from a dental assisting program in
22.16 Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction
22.17 or Canadian province may administer nitrous oxide inhalation analgesia after providing the
22.18 board:

22.19 (1) a completed application;

22.20 (2) evidence of having completed a course in administering nitrous oxide
22.21 inhalation analgesia from an institution accredited by the Commission on Dental
22.22 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
22.23 ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of
22.24 analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable
22.25 of positive pressure respiration; and

23.1 (3) documentation of current CPR certification.

23.2 Subp. 16. **Initial certification for general anesthesia or deep sedation; application**
23.3 **and educational training requirements for a dentist.**

23.4 A. A dentist may administer general anesthesia or deep sedation only after
23.5 providing the board:

23.6 [For text of subitems (1) to (4), see Minnesota Rules]

23.7 (5) documentation of current CPR certification; and

23.8 (6) attestation of compliance with the practice and equipment requirements
23.9 in subpart 22; and.

23.10 ~~(7) attestation of compliance with an on-site inspection described in subpart~~
23.11 ~~23.~~

23.12 [For text of items B and C, see Minnesota Rules]

23.13 Subp. 16a. Initial and renewal endorsement for pediatric general anesthesia or
23.14 deep sedation; application and educational training requirements for a dentist.

23.15 A. A dentist may administer general anesthesia or deep sedation to a pediatric
23.16 patient who is eight years old or younger only after providing the board:

23.17 (1) a completed initial application;

23.18 (2) evidence of holding a current general anesthesia or deep sedation certificate
23.19 under subpart 16; and

23.20 (3) attestation of completing at least 12 cases of general anesthesia or deep
23.21 sedation on patients who are eight years old or younger within 12 months prior to the board's
23.22 receipt of the application for a pediatric endorsement.

24.1 B. A dentist administering general anesthesia or deep sedation to a pediatric patient
24.2 must have two additional licensed personnel who are currently certified in CPR and allied
24.3 sedation monitoring present during the administration.

24.4 C. Once a dentist possesses a valid endorsement for pediatric general anesthesia,
24.5 the dentist is not required to possess an additional endorsement for pediatric deep or pediatric
24.6 moderate sedation.

24.7 D. To renew an endorsement for pediatric general anesthesia, the dentist must
24.8 provide the board:

24.9 (1) a completed renewal application; and
24.10 (2) attestation of completing at least 12 cases of general anesthesia or deep
24.11 sedation on patients who are eight years old or younger within 12 months prior to the board's
24.12 receipt of the renewal application. The dentist must maintain proof of these cases upon
24.13 request by the board for up to two renewal periods.

24.14 E. A dentist who administers general anesthesia or deep sedation on patients who
24.15 are eight years old or younger without a pediatric general anesthesia endorsement is subject
24.16 to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and
24.17 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

24.18 Subp. 17. **Initial certification for moderate sedation; application and educational**
24.19 **training requirements for a dentist.**

24.20 A. A dentist may administer moderate sedation only after providing the board:

24.21 [For text of subitems (1) to (4), see Minnesota Rules]

24.22 (5) documentation of current CPR certification; and

24.23 (6) attestation of compliance with the practice and equipment requirements
24.24 in subpart 22; ~~and.~~

25.1 ~~(7) attestation of compliance with an on-site inspection described in subpart~~
25.2 ~~23.~~

25.3 *[For text of item B, see Minnesota Rules]*

25.4 Subp. 17a. **Initial and renewal endorsement for pediatric moderate sedation;**
25.5 **application and educational training requirements for a dentist.**

25.6 A. A dentist may administer moderate sedation to a pediatric patient who is eight
25.7 years old or younger only after providing the board:

25.8 (1) a completed initial application;

25.9 (2) evidence of holding a current moderate sedation certificate under subpart
25.10 17;

25.11 (3) evidence of completing a pediatric program accredited by the Commission
25.12 on Dental Accreditation or an equivalent residency program that requires clinical competency
25.13 in the administration of moderate sedation on pediatric patients; and

25.14 (4) attestation of completing at least 12 cases of moderate sedation on patients
25.15 who are eight years old or younger within 12 months prior to the board's receipt of the
25.16 application for a pediatric endorsement.

25.17 B. A dentist administering moderate sedation to a pediatric patient must have two
25.18 additional licensed personnel who are currently certified in CPR and allied sedation
25.19 monitoring present during administration.

25.20 C. To renew an endorsement for pediatric moderate sedation, a dentist must provide
25.21 the board:

25.22 (1) a completed application; and

25.23 (2) attestation of completing at least 12 cases of moderate sedation on patients
25.24 who are eight years old or younger within 12 months prior to the board's receipt of the

26.1 application. A dentist must maintain proof of these cases upon request by the board for up
26.2 to two renewal periods.

26.3 D. A dentist who administers moderate sedation on patients who are eight years
26.4 old or younger without a pediatric moderate sedation endorsement is subject to disciplinary
26.5 proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and
26.6 Minnesota Statutes, section 150A.08, subdivision 1.

26.7 Subp. 18. **Board-issued certificates for general anesthesia and moderate sedation.**

26.8 *[For text of items A to C, see Minnesota Rules]*

26.9 D. To renew a general anesthesia or moderate sedation certificate, the dentist must
26.10 provide the board:

26.11 *[For text of subitems (1) to (4), see Minnesota Rules]*

26.12 (5) attestation of compliance with the practice and equipment requirements
26.13 in subpart 22; ~~and~~

26.14 (6) attestation of compliance with an on-site inspection described in subpart
26.15 23; and

26.16 (7) attestation of compliance with the professional development requirement
26.17 in part 3100.5100, subpart 2, item C.

26.18 E. A dentist's general anesthesia or moderate sedation certificate expires if the
26.19 completed application and fee are not received by the board by the dentist's license renewal
26.20 date. Immediately upon expiration, the dentist is prohibited from administering general
26.21 anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board
26.22 issues a current general anesthesia or moderate sedation certificate to the dentist described
26.23 in subpart 19. ~~After 30 days~~ If a dentist does not obtain a current general anesthesia or

27.1 moderate sedation certificate within 30 days of the dentist's certificate expiring, the board
27.2 shall terminate the dentist's general anesthesia or moderate sedation certificate.

27.3 Subp. 19. **Expiration or termination of general anesthesia or moderate sedation**
27.4 **certificate; requirements.**

27.5 A. A dentist requesting renewal or recertification of a general anesthesia or
27.6 moderate sedation certificate following expiration or termination must comply with the
27.7 requirements for the applicable interval specified in subitem (1) or (2) and the requirements
27.8 of this subpart.

27.9 (1) ~~A dentist whose anesthesia or moderate sedation certificate that, within~~
27.10 ~~30 calendar days, expired or was terminated by the board~~ If a dentist applies less than 30
27.11 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal
27.12 date, the dentist must provide the board:

27.13 [For text of units (a) to (e), see Minnesota Rules]

27.14 (f) attestation of compliance with the practice and equipment
27.15 requirements in subpart 22; ~~and~~

27.16 (g) attestation of compliance with an on-site inspection described in
27.17 subpart 23; and

27.18 (h) attestation of compliance with the professional development
27.19 requirement in part 3100.5100, subpart 2, item C.

27.20 (2) ~~A dentist whose anesthesia or moderate sedation certificate that, for more~~
27.21 ~~than 30 calendar days prior, expired or was terminated by the board~~ If a dentist applies more
27.22 than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate
27.23 renewal date, the dentist must provide the board:

27.24 [For text of units (a) to (d), see Minnesota Rules]

- 28.1 (e) documentation of current CPR certification; ~~and~~
28.2 (f) attestation of compliance with the practice and equipment
28.3 requirements in subpart 22~~;~~; and
28.4 (g) attestation of compliance with the professional development
28.5 requirement in part 3100.5100, subpart 2, item C.

28.6 *[For text of items B and C, see Minnesota Rules]*

28.7 Subp. 20. **Initial certification to provide dentistry with contracted sedation**
28.8 **provider; application requirements for a dentist.**

28.9 A. A dentist must not provide dental services to a patient who is under general
28.10 anesthesia, deep sedation, or moderate sedation at any location other than a hospital or
28.11 ambulatory surgery center, unless the dentist possesses the applicable contracted sedation
28.12 services certificate for general anesthesia or moderate sedation issued by the board.

28.13 B. If a dentist possesses a moderate sedation certificate described in subpart 18
28.14 and desires to provide dental services to a patient under general anesthesia or deep sedation
28.15 at any location other than a hospital or ambulatory surgery center, the dentist must contract
28.16 with a sedation provider and obtain a contracted sedation services certificate for general
28.17 anesthesia.

28.18 *[For text of item C, see Minnesota Rules]*

28.19 D. To apply for a contracted sedation services certificate, the dentist must provide
28.20 the board:

28.21 *[For text of subitems (1) to (5), see Minnesota Rules]*

- 28.22 (6) documentation of the dentist's current CPR certification; and
28.23 (7) attestation of compliance with the practice and equipment requirements
28.24 in subpart 22~~;~~; and.

(8) ~~attestation of compliance with an on-site inspection described in subpart~~

~~23.~~

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

Subp. 22. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the practice requirements in this item are followed.

(1) A dentist must be prepared and competent to diagnose, resolve, and prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia, deep sedation, or moderate sedation. A dentist must apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function requires the monitoring of tissue oxygenation or ventilation by using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

[For text of subitems (2) to (4), see Minnesota Rules]

[For text of item B, see Minnesota Rules]

Subp. 23. On-site inspection; requirements and procedures. All offices in which general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this part must be in compliance with this subpart.

[For text of items A to D, see Minnesota Rules]

E. A dentist must make available all office equipment and emergency medications and the record of at least one patient who received general anesthesia or moderate sedation care within the past 12 months for evaluation by the sedation inspector.

~~E. F.~~ The board must notify the dentist if an on-site inspection is required. The board shall provide the dentist with the name of a sedation inspector or organization to arrange and perform the on-site inspection. The dentist may have an on-site inspection performed by another board-approved individual or board-approved organization. The dentist must ensure that the inspection is completed within 30 calendar days of the board's notice.

~~F. G.~~ Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

~~G. H.~~ If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

(1) moderate sedation or general anesthesia and deep sedation;

(2) medications and physical evaluation;

(3) anesthesia emergencies and complications;

(4) monitoring equipment and monitoring during anesthesia;

(5) pharmacology of anesthetic drugs;

(6) infection control related to anesthesia procedures; and

(7) simulation courses involving anesthesia emergencies.

~~€.~~ D. Professional development is credited on an hour-for-hour basis.

~~Đ.~~ E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

~~(2) other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs. Each licensee must complete at least two courses out of the following list for each initial or biennial cycle:~~

~~(a) record keeping;~~

- 32.1 ~~(b) ethics;~~
- 32.2 ~~(e) patient communications;~~
- 32.3 ~~(d) management of medical emergencies;~~
- 32.4 ~~(e) treatment and diagnosis; and~~
- 32.5 ~~(f) Health Insurance Portability and Accountability Act (HIPAA);~~
- 32.6 ~~(3)~~ (2) an infection control course. An infection control course is mandatory
- 32.7 for each licensee to maintain licensure. The course must primarily address patient safety
- 32.8 and health issues as referenced in part 3100.6300 and chapter 6950; and
- 32.9 ~~(4)~~ (3) activities approved by the board. Fundamental activities under this
- 32.10 subitem shall be approved by the board only if the board finds the activity contents are
- 32.11 directly related to dental care and treatment to patients or public safety and professionalism.

32.12 *[For text of item B, see Minnesota Rules]*

32.13 *[For text of subparts 4 and 5, see Minnesota Rules]*

32.14 **3100.5300 AUDIT PROCESS OF PORTFOLIO.**

32.15 *[For text of subparts 1 and 2, see Minnesota Rules]*

32.16 **Subp. 3. Failure of an audit.**

32.17 **A. Deficiencies causing audit failure include the following:**

- 32.18 (1) lack of proof of documentation or participation;
- 32.19 (2) credit hours earned outside of renewal period being audited;
- 32.20 (3) excess of earned hours in a category having a maximum if a deficiency
- 32.21 exists;

33.1 (4) lack of earned hours in a category having a minimum if a deficiency
33.2 exists;

33.3 (5) failure to submit the portfolio;

33.4 (6) unacceptable professional development sources; or

33.5 (7) fraudulently earned or reported hours.

33.6 ~~A. B. Upon failure of an audit, the appropriate board committee must impose one~~
33.7 ~~or both of the following options:~~ board must

33.8 ~~(1) grant the licensee up to six~~ three months to comply with written
33.9 requirements to resolve deficiencies in professional development compliance; ~~or.~~

33.10 ~~(2) If the licensee fails to comply with the professional development~~
33.11 requirements by the end of the three months, the board must initiate disciplinary proceedings
33.12 against the licensee on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota
33.13 Statutes, section 150A.08, subdivision 1. Deficiencies causing audit failure may include,
33.14 but are not limited to, the following:

33.15 ~~(a) lack of proof of documentation or participation;~~

33.16 ~~(b) credit hours earned outside of renewal period being audited;~~

33.17 ~~(c) excess of earned hours in a category having a maximum if a deficiency~~
33.18 ~~exists;~~

33.19 ~~(d) lack of earned hours in a category having a minimum if a deficiency~~
33.20 ~~exists;~~

33.21 ~~(e) failure to submit the portfolio;~~

33.22 ~~(f) unacceptable professional development sources; or~~

33.23 ~~(g) fraudulently earned or reported hours.~~

~~B. Failing to comply with the board committee's requirements by the end of the grace period shall result in the expiration of the person's license and termination of the right to practice. A license that has expired according to this part may be reinstated according to part 3100.1850.~~

[For text of subparts 4 to 6, see Minnesota Rules]

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

[For text of subparts 1 to 10, see Minnesota Rules]

Subp. 11. **Infection control.** Dental health care personnel shall comply with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified by the United States Department of Health and Human Services, Public Health Service, and the Centers for Disease Control and Prevention. Infection control standards are subject to frequent change.

[For text of subparts 12 to 15, see Minnesota Rules]

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible Procedures under personal supervision.** ~~Assistants~~ An assistant without a license may perform the following supportive procedures if the dentist or dental therapist is personally treating a patient and concurrently authorizes the assistant without a license to aid in treatment:

[For text of items A and B, see Minnesota Rules]

C. remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices; and

35.1 D. provide any assistance, including the placement of articles and topical
35.2 medication in a patient's oral cavity during dental treatment ~~under the personal supervision~~
35.3 ~~of a dentist or dental therapist.~~

35.4 ~~E. aid dental hygienists and licensed dental assistants in the performance of their~~
35.5 ~~delegated procedures defined in parts 3100.8500 and 3100.8700; and~~

35.6 ~~F. apply fluoride varnish in a community setting under the authorization and~~
35.7 ~~direction of a licensed practitioner with prescribing authority such as a dentist or physician,~~
35.8 ~~as long as the licensed practitioner authorizing the service or the facility at which the fluoride~~
35.9 ~~varnish is administered maintains appropriate patient records of the treatment.~~

35.10 Subp. 1a. ~~Compliance with minimal requirements~~ **Procedures under general**
35.11 **supervision.** ~~The dentist is responsible for ensuring that any assistant working under the~~
35.12 ~~dentist's or dental therapist's supervision as defined in subpart 1:~~ An assistant without a
35.13 license may apply fluoride varnish without the dentist or physician being present in the
35.14 dental office or facility or on the premises if the licensed practitioner with prescribing
35.15 authority has prior knowledge of and has consented to the procedure being performed and
35.16 maintains appropriate patient records of the treatment.

35.17 ~~A. completes a CPR certification course and maintains current CPR certification~~
35.18 ~~thereafter; and~~

35.19 ~~B. complies with the most current infection control practices for a dental setting.~~

35.20 Subp. 1b. **Procedures under direct supervision.** An assistant without a license may
35.21 perform the following services if a dentist or dental therapist is in the dental office, personally
35.22 authorizes the procedure, and evaluates the performance of the assistant before dismissing
35.23 the patient:

35.24 A. take digital impressions;

35.25 B. take photographs extraorally or intraorally; and

C. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700.

Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision pursuant to subparts 1 to 1b:

A. completes a CPR certification course and maintains current CPR certification thereafter; and

B. complies with the most current infection control practices for a dental setting.

[For text of subparts 2 and 3, see Minnesota Rules]

3100.8500 LICENSED DENTAL ASSISTANTS.

[For text of subparts 1 and 1a, see Minnesota Rules]

Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

A. remove excess bond material from orthodontic appliances;

B. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. ~~Before utilizing rotary instruments for the removal of bond material, a licensed dental assistant must have successfully completed a course in the use of rotary instruments for the express purpose of the removal of bond material from teeth through a school accredited by the Commission on Dental Accreditation;~~

[For text of items C to I, see Minnesota Rules]

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia

or moderate sedation certificate. Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board; ~~and~~

~~K. place nonsurgical retraction material for gingival displacement. Before placing nonsurgical retraction material, a licensed dental assistant must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation.; and~~

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

3100.8700 DENTAL HYGIENISTS.

Subpart 1. Principal procedures under general supervision. A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

38.1 Z. place nonsurgical retraction material for gingival displacement. ~~Before placing~~
38.2 ~~nonsurgical retraction material, a dental hygienist must have successfully completed a course~~
38.3 ~~in nonsurgical retraction material for gingival displacement at a school accredited by the~~
38.4 ~~Commission on Dental Accreditation.~~

38.5 *[For text of subparts 2 to 3, see Minnesota Rules]*

38.6 **3100.9600 RECORD KEEPING.**

38.7 *[For text of subparts 1 to 5, see Minnesota Rules]*

38.8 Subp. 6. **Clinical examinations.** When a limited examination is performed, items A
38.9 to C pertain only to the area treated. When a comprehensive examination is performed,
38.10 dental records must include:

38.11 A. recording of existing oral health care status;

38.12 B. any radiographs and photographs used with the date the image is taken and the
38.13 patient's name; and

38.14 C. the results of any other diagnostic aids used.

38.15 *[For text of subparts 7 to 14, see Minnesota Rules]*

Office of the Revisor of Statutes

Administrative Rules



TITLE: Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia

AGENCY: Board of Dentistry

REVISOR ID: R-4813

MINNESOTA RULES: Chapter 3100

The attached rules are approved for
publication in the State Register

A handwritten signature in black ink, appearing to read "Alex Willi", is written over a horizontal line.

Alex Willi
Assistant Revisor

1.1 **Board of Dentistry**

1.2 **Adopted Permanent Rules Relating to Licensing and Administration of Sedation and**
1.3 **Anesthesia**

1.4 **3100.0100 DEFINITIONS.**

1.5 *[For text of subparts 1 and 2, see Minnesota Rules]*

1.6 Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support"
1.7 or "ACLS" refers to an advanced educational course and certification for a health care
1.8 provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care
1.9 in settings ranging from the prehospital environment to the hospital setting. The course must
1.10 include advanced airway management skills, cardiac drug usage, defibrillation, and
1.11 arrhythmia interpretation.

1.12 *[For text of subparts 2b to 9, see Minnesota Rules]*

1.13 Subp. 9a. **CPR.** "CPR" refers to a course and certification for a health care provider
1.14 that teaches basic life support for adults, children, and infants. The course must include both
1.15 hands-on practice and written examination and must address the following topics:

1.16 A. rapid assessment of the patient and provision of emergency care based upon
1.17 the patient's condition;

1.18 B. relief of foreign-body airway obstruction or choking;

1.19 C. basic life support giving chest compressions and delivering appropriate
1.20 ventilations;

1.21 D. early use of an automated external defibrillator (AED); and

1.22 E. effective coordination of multiple rescuers performing basic life support.

1.23 *[For text of subparts 9b to 15b, see Minnesota Rules]*

2.1 Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life
2.2 support" or "PALS" refers to an advanced life support educational course and certification
2.3 for the pediatric health care provider that teaches the current certification standards of the
2.4 American Academy of Pediatrics or the American Heart Association.

2.5 Subp. 15d. **Pediatric patient.** During the administration of general anesthesia, deep
2.6 sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years
2.7 old or younger.

2.8 *[For text of subparts 16 to 22, see Minnesota Rules]*

2.9 **3100.1100 GENERAL DENTIST.**

2.10 Subpart 1. **Licensure application and examination requirements.** A person seeking
2.11 licensure to practice general dentistry in Minnesota must provide the board:

2.12 A. a completed application;

2.13 B. a form of current government-issued identification;

2.14 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

2.15 D. evidence of having graduated from a school of dentistry accredited by the
2.16 Commission on Dental Accreditation;

2.17 E. evidence of passing all parts of a national board examination for the practice
2.18 of dentistry within the past five years;

2.19 F. evidence of passing a board-approved clinical examination within the past five
2.20 years;

2.21 G. evidence of passing the board's jurisprudence examination within the past five
2.22 years;

2.23 H. documentation of current CPR certification; and

3.1 I. a criminal background check as required by Minnesota Statutes, section 214.075.

3.2 *[For text of subparts 1a to 6, see Minnesota Rules]*

3.3 **3100.1120 SPECIALTY DENTIST.**

3.4 Subpart 1. **Licensure application and examination requirements.** A person seeking
3.5 licensure to practice as a specialty dentist in Minnesota must provide the board:

3.6 A. a completed application;

3.7 B. a form of current government-issued identification;

3.8 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

3.9 D. evidence of having graduated from a school of dentistry;

3.10 E. evidence of having graduated from a postdoctoral specialty program accredited
3.11 by the Commission on Dental Accreditation;

3.12 F. evidence of certification from a board-approved specialty board or evidence
3.13 of passing a board-approved clinical examination;

3.14 G. evidence of passing all parts of a national board examination for the practice
3.15 of dentistry;

3.16 H. evidence of completing a postdoctoral specialty program or evidence of
3.17 completing at least 2,000 hours within the past 36 months of active practice in another
3.18 United States jurisdiction, Canadian province, or United States government service;

3.19 I. evidence of passing the board's jurisprudence examination within the past five
3.20 years;

3.21 J. documentation of current CPR certification; and

3.22 K. a criminal background check as required by Minnesota Statutes, section 214.075.

4.1 *[For text of subparts 2 to 6, see Minnesota Rules]*

4.2 **3100.1130 LIMITED GENERAL DENTIST.**

4.3 Subpart 1. **Credential review to determine educational equivalency and eligibility**
4.4 **to take a board-approved clinical examination for limited licensure.**

4.5 A. A person who is a graduate of a nonaccredited dental program seeking a limited
4.6 license to practice general dentistry in Minnesota must submit to a onetime credential review
4.7 by the board to determine educational equivalency and eligibility to take a board-approved
4.8 clinical examination. For the credential review, the applicant must provide the board:

4.9 *[For text of subitem (1), see Minnesota Rules]*

4.10 (2) a completed board-approved evaluation of any international education in
4.11 the applicant's graduating dental degree training program;

4.12 *[For text of subitems (3) to (7), see Minnesota Rules]*

4.13 (8) an original or notarized copy of other credentials in dentistry and, if
4.14 necessary, professional translation;

4.15 (9) completed board-approved infection control training; and

4.16 (10) evidence of passing all parts of a national board examination for the
4.17 practice of dentistry.

4.18 *[For text of items B to E, see Minnesota Rules]*

4.19 *[For text of subpart 1a, see Minnesota Rules]*

4.20 Subp. 1b. **Limited general license application and examination requirements.** After
4.21 passing a board-approved clinical examination, an applicant may apply for a limited general
4.22 license. The applicant must provide the board:

4.23 A. a completed application;

- 5.1 B. a form of current government-issued identification;
- 5.2 C. the application fee in Minnesota Statutes, section 150A.091, subdivision 9b,
- 5.3 clause (1);
- 5.4 D. evidence of passing a board-approved clinical examination within the past five
- 5.5 years;
- 5.6 E. evidence of passing the board's jurisprudence examination within the past five
- 5.7 years;
- 5.8 F. a written agreement between the applicant and a board-approved Minnesota
- 5.9 licensed supervising dentist. The written agreement must include:
- 5.10 (1) all information requested by the board relating to the applicant's written
- 5.11 agreement;
- 5.12 (2) any practice limitations; and
- 5.13 (3) an acknowledgment that the applicant agrees to practice clinical dentistry
- 5.14 at least 1,100 hours annually for a period of three consecutive years after beginning clinical
- 5.15 practice in Minnesota;
- 5.16 G. documentation of current CPR certification; and
- 5.17 H. a criminal background check as required by Minnesota Statutes, section 214.075.

5.18 Subp. 2. **Terms of limited licensure.**

- 5.19 A. Throughout the three consecutive years while practicing general dentistry in
- 5.20 Minnesota under the general supervision of a Minnesota licensed dentist, the limited license
- 5.21 dentist must maintain and comply with the requirements in this subpart:

5.22 *[For text of subitems (1) to (5), see Minnesota Rules]*

(6) maintain a professional development portfolio containing documentation of required hours in professional development activities.

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

(3) the fee in Minnesota Statutes, section 150A.091, subdivision 2;

(4) documentation of current CPR certification;

(5) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

(6) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

7.1 **3100.1150 FACULTY DENTIST; FULL OR LIMITED.**

7.2 Subpart 1. **Licensure application and examination requirements.** A person seeking
7.3 licensure to practice as a faculty dentist who is not already licensed to practice dentistry in
7.4 Minnesota must provide the board:

7.5 A. a completed application;

7.6 B. a form of current government-issued identification;

7.7 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

7.8 D. evidence of passing the board's jurisprudence examination within the past five
7.9 years;

7.10 E. documentation of current CPR certification;

7.11 F. a criminal background check as required by Minnesota Statutes, section 214.075;

7.12 and

7.13 G. a letter from the dean or program director of a school of dentistry, dental
7.14 therapy, dental hygiene, or dental assisting or of a residency training program accredited
7.15 by the Commission on Dental Accreditation certifying that the person seeking licensure is
7.16 a faculty member of the school or residency program and practices dentistry. The original
7.17 letter must include:

7.18 (1) the applicant's full name;

7.19 (2) a statement that the applicant is a faculty member of the school or
7.20 residency program and practices dentistry within the school or residency program, or within
7.21 affiliated teaching facilities of the school or residency program, but only for purposes of
7.22 instruction or research; and

7.23 (3) the dates of the applicant's employment by the school of dentistry, dental
7.24 therapy, dental hygiene, or dental assisting or by the residency program.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a faculty member of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency program.

[For text of subparts 3 to 7, see Minnesota Rules]

3100.1160 RESIDENT DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a resident dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of having graduated from a dental school;
- E. evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation;
- F. evidence of passing the board's jurisprudence examination within the past five years;
- G. documentation of current CPR certification; and
- H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation as a part of their residency program without further general anesthesia or sedation

certification required from the board. The resident dentist remains subject to the requirements of part 3100.3600, subparts 1a and 22.

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice either as a resident dental therapist or resident dental hygienist must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;
- E. evidence of passing the board's jurisprudence examination within the past five years;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.

Subpart 1. **Dental therapist; licensure application and examination requirements.** A person seeking licensure to practice dental therapy in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

E. evidence of passing a board-approved clinical examination in dental therapy within the past five years;

F. evidence of passing the board's jurisprudence examination within the past five years;

G. documentation of current CPR certification; and

H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 9, see Minnesota Rules]

3100.1200 DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental hygiene in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of passing a national board examination for the practice of dental hygiene within the past five years;

E. evidence of passing a board-approved clinical examination within the past five years;

F. evidence of having graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation;

G. evidence of passing the board's jurisprudence examination within the past five years;

H. documentation of current CPR certification; and

I. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1300 LICENSED DENTAL ASSISTANT.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental assisting in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having graduated from a school of dental assisting accredited by the Commission on Dental Accreditation;

E. evidence of passing the board's state licensing examination within the past five years;

F. evidence of passing a national board examination for the practice of dental assisting within the past five years;

G. evidence of passing the board's jurisprudence examination within the past five years;

H. documentation of current CPR certification; and

I. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1320 LIMITED RADIOLOGY REGISTRATION.

Subpart 1. **Registration application and examination requirements.** A person seeking registration in Minnesota to take dental radiographs under general supervision of a dentist must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having completed a board-approved course on dental radiology offered through a school accredited by the Commission on Dental Accreditation;

E. evidence of passing a board-approved nationally recognized radiation examination within the past five years;

F. evidence of passing the board's jurisprudence examination within the past five years;

G. documentation of current CPR certification; and

H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 and 3, see Minnesota Rules]

Subp. 4. **Reinstatement requirements.**

[For text of item A, see Minnesota Rules]

B. If the license was terminated six months ago or less, the person must provide the board documentation of current CPR certification.

13.1 C. If the license was terminated more than six months but less than 24 months
13.2 ago, the person must provide the board:

13.3 (1) documentation of current CPR certification;

13.4 (2) evidence of passing the board's jurisprudence examination within 12
13.5 months prior to the board's receipt of the application; and

13.6 (3) a criminal background check if terminated more than one year ago as
13.7 required by Minnesota Statutes, section 214.075.

13.8 D. If the license was terminated 24 months or more ago, the person must provide
13.9 the board:

13.10 (1) documentation of current CPR certification;

13.11 (2) evidence of passing the board's jurisprudence examination within 12
13.12 months prior to the board's receipt of the application;

13.13 (3) a criminal background check if terminated more than one year ago as
13.14 required by Minnesota Statutes, section 214.075; and

13.15 (4) evidence of passing the radiation examination described in subpart 1, item
13.16 D, within 24 months prior to the board's receipt of the application.

13.17 *[For text of subpart 5, see Minnesota Rules]*

13.18 Subp. 6. **Compliance with infection control.** A person with a limited radiology
13.19 registration must maintain compliance with the most current infection control practices for
13.20 a dental setting.

14.1 **3100.1340 EMERITUS INACTIVE.**

14.2 Subpart 1. **Licensure application requirements.**

14.3 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
14.4 assisting in Minnesota who retires from active practice may apply for an emeritus inactive
14.5 license by providing the board:

14.6 (1) a completed application;

14.7 (2) a form of current government-issued identification; and

14.8 (3) the onetime application fee in Minnesota Statutes, section 150A.091,
14.9 subdivision 19.

14.10 *[For text of item B, see Minnesota Rules]*

14.11 *[For text of subpart 2, see Minnesota Rules]*

14.12 **3100.1350 EMERITUS ACTIVE.**

14.13 Subpart 1. **Licensure application requirements.**

14.14 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
14.15 assisting in Minnesota who retires from active practice may apply for an emeritus active
14.16 license by providing the board:

14.17 (1) a completed application;

14.18 (2) a form of current government-issued identification; and

14.19 (3) the application fee in Minnesota Statutes, section 150A.091, subdivision
14.20 20.

14.21 *[For text of item B, see Minnesota Rules]*

14.22 *[For text of subpart 2, see Minnesota Rules]*

15.1 Subp. 3. **Renewal and prohibition on reinstatement.**

15.2 A. An emeritus active license is renewed biennially and continues on with the
15.3 licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision
15.4 11. If the licensee fails to renew an emeritus active license by the deadline, the board shall
15.5 send a notice to the licensee. The notice must state the amount of the renewal and late fees.
15.6 The licensee must renew the emeritus active license within 30 days of the expiration date
15.7 of the license or the board shall administratively terminate the license and the right to
15.8 practice. The board must not consider an administrative termination of a license as a
15.9 disciplinary action against the licensee.

15.10 *[For text of item B, see Minnesota Rules]*

15.11 Subp. 4. **Professional development.** For each biennial professional development
15.12 cycle, the licensee must comply with the professional development requirements including
15.13 a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

15.14 *[For text of item A, see Minnesota Rules]*

15.15 B. Fundamental activities for each biennial cycle must include an infection control
15.16 course.

15.17 Subp. 5. **Anesthesia, sedation, and nitrous oxide.**

15.18 A. If an emeritus active licensee was licensed immediately prior to obtaining
15.19 emeritus active licensure to administer a pharmacological agent for the purpose of general
15.20 anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue
15.21 to administer such treatment in compliance with the applicable requirements of part
15.22 3100.3600. If the emeritus active licensee was not licensed to administer such treatment
15.23 immediately prior to obtaining emeritus active licensure, an emeritus active licensee must
15.24 not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;
- E. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed their guest license. The notice must state the amount of the guest license renewal fee. The licensee must renew their guest license within 30 days of the expiration date of the license or the board shall administratively terminate the guest license and the right to practice. The board must not consider an administrative termination of a guest license as a disciplinary action against the licensee.

17.1 *[For text of subparts 3 and 4, see Minnesota Rules]*

17.2 **3100.1380 GUEST VOLUNTEER LICENSE.**

17.3 Subpart 1. **Licensure application requirements.** A person who is currently a licensed
17.4 dentist, dental therapist, dental hygienist, or dental assistant in good standing in another
17.5 United States jurisdiction may apply for a guest volunteer license without compensation by
17.6 providing the board:

17.7 A. a completed application;

17.8 B. a form of current government-issued identification;

17.9 C. evidence of having graduated from either a school of dentistry, dental therapy,
17.10 dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

17.11 D. evidence that the clinic at which the licensee practices is a nonprofit organization
17.12 that is a public health setting; and

17.13 E. documentation of current CPR certification.

17.14 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license
17.15 must not practice more than ten days in a calendar year. A guest volunteer license may be
17.16 renewed annually after the end of the calendar year according to Minnesota Statutes, section
17.17 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed
17.18 their guest volunteer license. The licensee must renew their guest volunteer license within
17.19 30 days of the expiration date of the license or the board shall administratively terminate
17.20 the guest volunteer license and the right to practice. The board must not consider an
17.21 administrative termination of a guest volunteer license as a disciplinary action against the
17.22 licensee.

17.23 *[For text of subparts 3 to 5, see Minnesota Rules]*

18.1 **3100.1400 LICENSURE BY CREDENTIALS.**

18.2 Subpart 1. **Licensure application requirements for a dentist, dental therapist, or**
18.3 **dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental
18.4 hygienist in another United States jurisdiction or Canadian province seeking to be licensed
18.5 to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

18.6 A. a completed application;

18.7 B. a form of current government-issued identification;

18.8 C. the fee in Minnesota Statutes, section 150A.091, subdivision 9;

18.9 D. evidence of having graduated either:

18.10 (1) from a school of dentistry or dental hygiene accredited by the Commission
18.11 on Dental Accreditation; or

18.12 (2) with a baccalaureate degree or a master's degree from a dental therapy
18.13 education program that has been approved by the board or accredited by the Commission
18.14 on Dental Accreditation or another board-approved national accreditation organization;

18.15 E. proof of completing at least 2,000 hours within the past 36 months in active
18.16 practice in another United States jurisdiction, Canadian province, or United States
18.17 government service;

18.18 F. evidence of passing a clinical examination for licensure in another United States
18.19 jurisdiction or Canadian province;

18.20 G. evidence of passing all parts of a national board examination for the practice
18.21 of dentistry, dental therapy, or dental hygiene;

18.22 H. evidence of passing the board's jurisprudence examination within the past five
18.23 years;

18.24 I. documentation of current CPR certification; and

J. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subpart 2, see Minnesota Rules]

**3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,
GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

[For text of subparts 1 to 11, see Minnesota Rules]

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist, a limited general dentist, or an emeritus active licensee.** A dentist licensed by the board, a limited general dentist under the general supervision of a supervising dentist, or an emeritus active licensee is allowed to administer nitrous oxide inhalation analgesia.

Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.**

[For text of items A and B, see Minnesota Rules]

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, administration and management of at least three individual cases of analgesia, and clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 14. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.**

[For text of items A and B, see Minnesota Rules]

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, administration and management of at least three individual cases of analgesia, and clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 15. **Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed dental assistant.**

[For text of items A and B, see Minnesota Rules]

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental

21.1 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
21.2 administration and management of at least three individual cases of analgesia, and clinical
21.3 experience using fail-safe anesthesia equipment capable of positive pressure respiration;
21.4 and

21.5 (3) documentation of current CPR certification.

21.6 Subp. 16. **Initial certification for general anesthesia or deep sedation; application**
21.7 **and educational training requirements for a dentist.**

21.8 A. A dentist may administer general anesthesia or deep sedation only after
21.9 providing the board:

21.10 *[For text of subitems (1) to (4), see Minnesota Rules]*

21.11 (5) documentation of current CPR certification; and

21.12 (6) attestation of compliance with the practice and equipment requirements
21.13 in subpart 22.

21.14 *[For text of items B and C, see Minnesota Rules]*

21.15 Subp. 16a. **Initial and renewal endorsement for pediatric general anesthesia or**
21.16 **deep sedation; application and educational training requirements for a dentist.**

21.17 A. A dentist may administer general anesthesia or deep sedation to a pediatric
21.18 patient who is eight years old or younger only after providing the board:

21.19 (1) a completed initial application;

21.20 (2) evidence of holding a current general anesthesia or deep sedation certificate
21.21 under subpart 16; and

22.1 (3) attestation of completing at least 12 cases of general anesthesia or deep
22.2 sedation on patients who are eight years old or younger within 12 months prior to the board's
22.3 receipt of the application for a pediatric endorsement.

22.4 B. A dentist administering general anesthesia or deep sedation to a pediatric patient
22.5 must have two additional licensed personnel who are currently certified in CPR and allied
22.6 sedation monitoring present during the administration.

22.7 C. Once a dentist possesses a valid endorsement for pediatric general anesthesia,
22.8 the dentist is not required to possess an additional endorsement for pediatric deep or pediatric
22.9 moderate sedation.

22.10 D. To renew an endorsement for pediatric general anesthesia, the dentist must
22.11 provide the board:

22.12 (1) a completed renewal application; and

22.13 (2) attestation of completing at least 12 cases of general anesthesia or deep
22.14 sedation on patients who are eight years old or younger within 12 months prior to the board's
22.15 receipt of the renewal application. The dentist must maintain proof of these cases upon
22.16 request by the board for up to two renewal periods.

22.17 E. A dentist who administers general anesthesia or deep sedation on patients who
22.18 are eight years old or younger without a pediatric general anesthesia endorsement is subject
22.19 to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and
22.20 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

22.21 Subp. 17. **Initial certification for moderate sedation; application and educational**
22.22 **training requirements for a dentist.**

22.23 A. A dentist may administer moderate sedation only after providing the board:

22.24 *[For text of subitems (1) to (4), see Minnesota Rules]*

(5) documentation of current CPR certification; and

(6) attestation of compliance with the practice and equipment requirements

in subpart 22.

[For text of item B, see Minnesota Rules]

**Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation;
application and educational training requirements for a dentist.**

A. A dentist may administer moderate sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate under subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program that requires clinical competency in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration.

C. To renew an endorsement for pediatric moderate sedation, a dentist must provide the board:

(1) a completed application; and

24.1 (2) attestation of completing at least 12 cases of moderate sedation on patients
24.2 who are eight years old or younger within 12 months prior to the board's receipt of the
24.3 application. A dentist must maintain proof of these cases upon request by the board for up
24.4 to two renewal periods.

24.5 D. A dentist who administers moderate sedation on patients who are eight years
24.6 old or younger without a pediatric moderate sedation endorsement is subject to disciplinary
24.7 proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and
24.8 Minnesota Statutes, section 150A.08, subdivision 1.

24.9 Subp. 18. **Board-issued certificates for general anesthesia and moderate sedation.**

24.10 *[For text of items A to C, see Minnesota Rules]*

24.11 D. To renew a general anesthesia or moderate sedation certificate, the dentist must
24.12 provide the board:

24.13 *[For text of subitems (1) to (4), see Minnesota Rules]*

24.14 (5) attestation of compliance with the practice and equipment requirements
24.15 in subpart 22;

24.16 (6) attestation of compliance with an on-site inspection described in subpart
24.17 23; and

24.18 (7) attestation of compliance with the professional development requirement
24.19 in part 3100.5100, subpart 2, item C.

24.20 E. A dentist's general anesthesia or moderate sedation certificate expires if the
24.21 completed application and fee are not received by the board by the dentist's license renewal
24.22 date. Immediately upon expiration, the dentist is prohibited from administering general
24.23 anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board
24.24 issues a current general anesthesia or moderate sedation certificate to the dentist described

in subpart 19. If a dentist does not obtain a current general anesthesia or moderate sedation certificate within 30 days of the dentist's certificate expiring, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) If a dentist applies less than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (e), see Minnesota Rules]

(f) attestation of compliance with the practice and equipment requirements in subpart 22;

(g) attestation of compliance with an on-site inspection described in subpart 23; and

(h) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

(2) If a dentist applies more than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (d), see Minnesota Rules]

(e) documentation of current CPR certification;

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

[For text of items B and C, see Minnesota Rules]

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital or ambulatory surgery center, unless the dentist possesses the applicable contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

[For text of item C, see Minnesota Rules]

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) documentation of the dentist's current CPR certification; and

(7) attestation of compliance with the practice and equipment requirements in subpart 22.

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

27.1 Subp. 22. **Practice and equipment requirements.**

27.2 A. Dentists who administer general anesthesia, deep sedation, or moderate sedation
27.3 or who provide dental services to patients under general anesthesia, deep sedation, or
27.4 moderate sedation must ensure that the practice requirements in this item are followed.

27.5 (1) A dentist must be prepared and competent to diagnose, resolve, and prevent
27.6 any untoward reaction or medical emergency that may develop any time after the
27.7 administration of general anesthesia, deep sedation, or moderate sedation. A dentist must
27.8 apply the current standard of care to continuously monitor and evaluate a patient's blood
27.9 pressure, pulse, respiratory function, and cardiac activity. The current standard of care to
27.10 assess respiratory function requires the monitoring of tissue oxygenation or ventilation by
27.11 using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

27.12 *[For text of subitems (2) to (4), see Minnesota Rules]*

27.13 *[For text of item B, see Minnesota Rules]*

27.14 Subp. 23. **On-site inspection; requirements and procedures.** All offices in which
27.15 general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this
27.16 part must be in compliance with this subpart.

27.17 *[For text of items A to D, see Minnesota Rules]*

27.18 E. A dentist must make available all office equipment and emergency medications
27.19 and the record of at least one patient who received general anesthesia or moderate sedation
27.20 care within the past 12 months for evaluation by the sedation inspector.

27.21 F. The board must notify the dentist if an on-site inspection is required. The board
27.22 shall provide the dentist with the name of a sedation inspector or organization to arrange
27.23 and perform the on-site inspection. The dentist may have an on-site inspection performed
27.24 by another board-approved individual or board-approved organization. The dentist must
27.25 ensure that the inspection is completed within 30 calendar days of the board's notice.

G. Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

H. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

- (1) moderate sedation or general anesthesia and deep sedation;
- (2) medications and physical evaluation;
- (3) anesthesia emergencies and complications;
- (4) monitoring equipment and monitoring during anesthesia;
- (5) pharmacology of anesthetic drugs;
- (6) infection control related to anesthesia procedures; and
- (7) simulation courses involving anesthesia emergencies.

D. Professional development is credited on an hour-for-hour basis.

E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

(2) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(3) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity contents are directly related to dental care and treatment to patients or public safety and professionalism.

[For text of item B, see Minnesota Rules]

[For text of subparts 4 and 5, see Minnesota Rules]

30.1 **3100.5300 AUDIT PROCESS OF PORTFOLIO.**

30.2 *[For text of subparts 1 and 2, see Minnesota Rules]*

30.3 **Subp. 3. Failure of an audit.**

30.4 **A. Deficiencies causing audit failure include the following:**

30.5 (1) lack of proof of documentation or participation;

30.6 (2) credit hours earned outside of renewal period being audited;

30.7 (3) excess of earned hours in a category having a maximum if a deficiency
30.8 exists;

30.9 (4) lack of earned hours in a category having a minimum if a deficiency
30.10 exists;

30.11 (5) failure to submit the portfolio;

30.12 (6) unacceptable professional development sources; or

30.13 (7) fraudulently earned or reported hours.

30.14 **B. Upon failure of an audit, the board must grant the licensee up to three months**
30.15 **to comply with written requirements to resolve deficiencies in professional development**
30.16 **compliance.**

30.17 If the licensee fails to comply with the professional development requirements by the
30.18 end of the three months, the board must initiate disciplinary proceedings against the licensee
30.19 on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section
30.20 150A.08, subdivision 1.

30.21 *[For text of subparts 4 to 6, see Minnesota Rules]*

31.1 **3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL**
31.2 **OFFICES.**

31.3 *[For text of subparts 1 to 10, see Minnesota Rules]*

31.4 Subp. 11. **Infection control.** Dental health care personnel shall comply with the most
31.5 current infection control guidelines specified by the Centers for Disease Control and
31.6 Prevention. Infection control standards are subject to frequent change.

31.7 *[For text of subparts 12 to 15, see Minnesota Rules]*

31.8 **3100.8400 ASSISTANTS WITHOUT A LICENSE.**

31.9 Subpart 1. **Procedures under personal supervision.** An assistant without a license
31.10 may perform the following supportive procedures if the dentist or dental therapist is
31.11 personally treating a patient and concurrently authorizes the assistant without a license to
31.12 aid in treatment:

31.13 *[For text of items A and B, see Minnesota Rules]*

31.14 C. remove debris or water that is created during treatment rendered by a dentist
31.15 or dental therapist using suction devices; and

31.16 D. provide any assistance, including the placement of articles and topical
31.17 medication in a patient's oral cavity during dental treatment.

31.18 Subp. 1a. **Procedures under general supervision.** An assistant without a license
31.19 may apply fluoride varnish without the dentist or physician being present in the dental office
31.20 or facility or on the premises if the licensed practitioner with prescribing authority has prior
31.21 knowledge of and has consented to the procedure being performed and maintains appropriate
31.22 patient records of the treatment.

31.23 Subp. 1b. **Procedures under direct supervision.** An assistant without a license may
31.24 perform the following services if a dentist or dental therapist is in the dental office, personally

32.1 authorizes the procedure, and evaluates the performance of the assistant before dismissing
32.2 the patient:

32.3 A. take digital impressions;

32.4 B. take photographs extraorally or intraorally; and

32.5 C. aid dental hygienists and licensed dental assistants in the performance of their
32.6 delegated procedures defined in parts 3100.8500 and 3100.8700.

32.7 Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for
32.8 ensuring that any assistant working under the dentist's or dental therapist's supervision
32.9 pursuant to subparts 1 to 1b:

32.10 A. completes a CPR certification course and maintains current CPR certification
32.11 thereafter; and

32.12 B. complies with the most current infection control practices for a dental setting.

32.13 *[For text of subparts 2 and 3, see Minnesota Rules]*

32.14 **3100.8500 LICENSED DENTAL ASSISTANTS.**

32.15 *[For text of subparts 1 and 1a, see Minnesota Rules]*

32.16 Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may
32.17 perform the following services if a dentist is in the dental office, personally diagnoses the
32.18 condition to be treated, personally authorizes the procedure, and evaluates the performance
32.19 of the licensed dental assistant before dismissing the patient:

32.20 A. remove excess bond material from orthodontic appliances;

32.21 B. remove bond material from teeth with rotary instruments after removal of
32.22 orthodontic appliances;

32.23 *[For text of items C to I, see Minnesota Rules]*

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board;

K. place nonsurgical retraction material for gingival displacement; and

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

3100.8700 DENTAL HYGIENISTS.

Subpart 1. **Principal procedures under general supervision.** A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

Z. place nonsurgical retraction material for gingival displacement.

34.1 *[For text of subparts 2 to 3, see Minnesota Rules]*

34.2 **3100.9600 RECORD KEEPING.**

34.3 *[For text of subparts 1 to 5, see Minnesota Rules]*

34.4 Subp. 6. **Clinical examinations.** When a limited examination is performed, items A
34.5 to C pertain only to the area treated. When a comprehensive examination is performed,
34.6 dental records must include:

34.7 A. recording of existing oral health care status;

34.8 B. any radiographs and photographs used with the date the image is taken and the
34.9 patient's name; and

34.10 C. the results of any other diagnostic aids used.

34.11 *[For text of subparts 7 to 14, see Minnesota Rules]*

April 29, 2024

VIA EFILING ONLY

Kathy T. Johnson
Minnesota Board of Dentistry
335 Randolph Ave Suite 250
Saint Paul, MN 55102
Kathy.t.johnson@state.mn.us

**Re: In the Matter of the Proposed Amendments to Permanent Rules of the Minnesota Board of Dentistry Relating to Licensing and Administration of Sedation and Anesthesia
OAH 22-9033-39759; Revisor R-4813**

Dear Ms Johnson:

Enclosed herewith and served upon you is the **ORDER ON REVIEW OF RULES UNDER MINN. STAT. § 14.26** in the above-entitled matter. The Administrative Law Judge has determined there are no negative findings in these rules.

The Office of Administrative Hearings has closed this file and is returning the rule record so that the Minnesota Board of Dentistry can maintain the official rulemaking record in this matter as required by Minn. Stat. § 14.365. Please ensure that the agency's signed order adopting the rules is filed with our office. The Office of Administrative Hearings will request the finalized rules from the Revisor's office following receipt of that order. Our office will then file the adopted rules with the Secretary of State, who will forward one copy to the Revisor of Statutes, one copy to the Governor, and one to the agency for its rulemaking record. The Board of Dentistry will then receive from the Revisor's office three copies of the Notice of Adoption of the rules.

The Board of Dentistry's next step is to arrange for publication of the Notice of Adoption in the State Register. Two copies of the Notice of Adoption provided by the Revisor's office should be submitted to the State Register for publication. A permanent rule without a hearing does not become effective until five working days after a Notice of Adoption is published in the State Register in accordance with Minn. Stat. § 14.27.

Kathy T. Johnson
April 29, 2024
Page 2

If you have any questions regarding this matter, please contact William Moore at (651) 361-7893, william.t.moore@state.mn.us or via facsimile at (651) 539-0310.

Sincerely,


SAMANTHA COSGRIFF
Legal Assistant

Enclosure

cc: Legislative Coordinating Commission
Revisor of Statutes

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter of the Proposed
Amendments To Permanent Rules of the
Minnesota Board Of Dentistry Relating to
Licensing and Administration of Sedation
and Anesthesia

**ORDER ON REVIEW OF
RULES UNDER
MINN. STAT. § 14.26**

The Minnesota Board of Dentistry (Board) seeks review and approval of the above-entitled rules, which it intends to adopt pursuant to Minn. Stat. § 14.26 (2022). On April 15, 2024, the Office of Administrative Hearings (OAH) received the documents that must be filed by the Board under Minn. Stat. § 14.26 and Minn. R. 1400.2310 (2023). The material was supplemented on April 29, 2024. Based upon a review of the written submissions and filings, Minnesota Statutes, Minnesota Rules, and for the reasons discussed in the attached memorandum,


IT IS HEREBY DETERMINED:

1. The Board has the statutory authority to adopt the rules.
2. The rules were adopted in compliance with the procedural requirements of Minnesota Statutes, Chapter 14 (2022), and Minnesota Rules, Chapter 1400 (2023).
3. The record demonstrates the rules are needed and reasonable.

IT IS HEREBY ORDERED THAT:

The rules are **APPROVED**.

Dated: April 29, 2024



Christa L. Moseng
Administrative Law Judge

MEMORANDUM

Minnesota Statutes § 14.131, item (6) (2022), requires that a proposed rule's Statement of Need and Reasonableness (SONAR) address "the probable costs or consequences of not adopting the proposed rule, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals." Of the statute's SONAR-content requirements, Item 6 should be one of the easier items for an agency to address: it effectively asks for reasons that support adopting the proposed rule.

In its Statement of Need and Reasonableness, the Board addressed Item 6. The Board wrote:

- The Board has not considered the costs/consequences of not adopting its proposed rules because the Board believes that it has a regulatory duty to pursue proposed rules that are less restrictive for all regulated dental professionals.
- The Board found that no other classes of government units, businesses, or individuals are affected by its proposed rules.

Taken alone and at face value, the statement in the first bulleted paragraph—that the Board "has not considered" what Item 6 required—would suggest a deficiency in the SONAR. However, the paragraph implicitly addresses the Item 6 requirement. The Board indirectly asserts that the proposed amendments are "less restrictive" than the unamended rules. Regulatory flexibility is an express statutory objective of the Administrative Procedures Act.¹ The first paragraph is reasonably understood to state that a consequence of not adopting the Board's proposed rule amendments would be a less flexible, more restrictive regulatory environment for regulated dental professionals.

Accordingly, the SONAR complied with Minn. Stat § 14.131 notwithstanding the Board's statement that it did not undertake the consideration required by Minn. Stat. §14.131, item (6). The Board has in all other ways satisfied the procedural requirements of Minnesota Statutes, Chapter 14 (2022), and Minnesota Rules, Chapter 1400 (2023). Accordingly, the rules must be **APPROVED**.

C. L. M.

¹ Minn. Stat. § 14.002 (2022).

April 15, 2024

The Honorable Judge Christa Moseng
Administrative Law Judge
Office of Administrative Hearings
600 North Robert Street
P.O. Box 64620
Saint Paul, Minnesota 55164-0620

Re: In The Matter of the Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; OAH Docket No. 22-9033-39759; Revisor's ID Number RD4813.

Dear Judge Moseng:

The Minnesota Board of Dentistry requests that the Office of Administrative Hearings review and approve its rules governing licensing and administration of sedation and anesthesia for legality and form according to Minnesota Statutes, section 14.26. Upon receipt of OAH approval, the Board will adopt the rules. Enclosed for your review are the documents required by Office of Administrative Hearings Rules, part 1400.2310, items A to P. Paragraphs A to P of this letter are keyed to items A to P of part 1400.2310. Each paragraph states whether the document is enclosed and, if the document is not enclosed, the reason that the document is not applicable.

- A. **Enclosed:** the Request for Comments as published in the State Register on August 28, 2023.
- B. **Not enclosed:** a petition for rulemaking. This is not enclosed because no petition was filed regarding these rules.
- C. **Enclosed:** the proposed rules dated November 9, 2023, with the Revisor's certificate of approval.
- D. **Enclosed:** the Statement of Need and Reasonableness dated August 16, 2023.
- E. **Enclosed:** the Dual Notice of Intent to Adopt Rules, as mailed, and the Dual Notice of Intent to Adopt Rules, as published in the State Register on February 20, 2024.
- F. **Not enclosed:** the letter from the Chief Administrative Law Judge authorizing the Board to omit the text of the proposed rules from the Dual Notice of Intent to Adopt Rules published in the State Register. This is not enclosed because the Board included the text of the proposed rules with the Dual Notice of Intent to Adopt Rules published in the State Register.



MINNESOTA

BOARD OF DENTISTRY

335 Randolph Ave, Suite 250
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dental.board@state.mn.us

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- G. **Enclosed:** the Certificate of Mailing the Dual Notice of Intent to Adopt Rules to the Rulemaking Mailing List and for the Accuracy of the Rulemaking Mailing List.
- H. **Enclosed:** the Certificate of Additional Notice; and Judge Moseng's Order approving the Additional Notice Plan dated January 18, 2024.
- I. **Enclosed:** the Certificate of Mailing the Statement of Need and Reasonableness to the Legislative Reference Library and a copy of the transmittal letter.
- J. **Enclosed:** the Board's responses to all written comments and submissions on the proposed rules that the Board received during the hearing and comment period, except those that only requested copies of documents. The Board did not receive any requests for a hearing.
- K. **Not enclosed:** a notice of withdrawal of hearing request, evidence that the Board sent its notice of withdrawal to all persons who requested a hearing, and any responsive comments received. These are not enclosed because Minnesota Statutes, section 14.25, subdivision 2, did not require the Board to send a notice of withdrawal of hearing request.
- L. **Enclosed:** a copy of the adopted rules dated February 20, 2024.
- M. **Not enclosed:** a notice of adopting substantially different rules that was sent to persons or groups who commented during the comment period and evidence that the notice was sent to those persons or groups. This is not enclosed because the Board did not adopt substantially different rules.
- N. **Enclosed:** the unsigned Order Adopting Rules that complies with the requirements in part 1400.2090.
- O. **Not enclosed:** a notice of submission of rules to the Office of Administrative Hearings and a copy of a transmittal letter or certificate of mailing the notice of submission of rules to the Office of Administrative Hearings. No persons requested notification of the submission of the rules to the Office of Administrative Hearings.
- P. **Enclosed:** any other document or evidence to show compliance with any other law or rule that the Board is required to follow in adopting these rules. These are:
- P.1. A copy of the transmittal letter showing the Board sent notice to Legislators per Minnesota Statutes, section 14.116.
- P.2. A copy of the transmittal letter showing the Board consulted with the Executive Budget Officer at Minnesota Management and Budget (MMB) per Minnesota Statutes, section 14.131. MMB's memo is dated December 5, 2023, in response to the Board.



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dental.board@state.mn.us

If you have questions or wish to discuss anything with me, please contact me at (612) 548-2127.
After you complete your review, please send any correspondence to me at the following address:

Bridgett Anderson, L.D.A., M.B.A.

Minnesota Board of Dentistry

335 Randolph Avenue, Suite 250

Saint Paul, Minnesota 55102

bridgett.anderson@state.mn.us

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Anderson'.

Bridgett Anderson, L.D.A., M.B.A.

Executive Director

Enclosures

Exhibit A
(Enclosed)

Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

Minnesota Department of Agriculture (MDA) Notice of Comment Period for the Proposed Emerald Ash Borer Quarantine McLeod County

The Minnesota Department of Agriculture (MDA) is accepting comments on the current state emergency quarantine for emerald ash borer, *Agrilus planipennis* (Fairemaire), in McLeod County and the proposed formal quarantine to be implemented October 6, 2023.

Oral and written comments regarding the proposed regulations will be accepted via email or phone through October 2, 2023. Submit comments to Kimberly Thielen Cremers, Minnesota Department of Agriculture, 625 Robert Street North, St Paul, MN 55155, **email:** kimberly.tcremers@state.mn.us, **phone:** (651)201-6329.

For more information on emerald ash borer, including a copy of the emergency quarantine, visit the Minnesota Department of Agriculture website at www.mda.state.mn.us/eab.

Minnesota Board of Dentistry REQUEST FOR COMMENTS for Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813

Subject of Rules. The Minnesota Board of Dentistry requests comments on its proposed rules amendments regarding the CPR course allowing other vendors, a dentist must obtain a pediatric endorsement when sedating young children, a dentist who has a GA/MS certificate must complete additional professional development credits, an unlicensed dental assistant can take digital impressions and photographs, and a licensed dental assistant can administer local anesthesia after completing the required training.

Persons Affected. The amendments to the rules would affect dentists, dental therapists, dental hygienists, licensed dental assistants, and assistants without a license.

Statutory Authority. *Minnesota Statutes*, section 150A.04, subdivision 5, authorizes the Board to adopt rules to carry out and make effective the provisions and purposes of sections 150A.01 to 150A.12, in accordance with Chapter 14.

Public Comment. Interested persons or groups may submit comments or information to the Board's contact person listed below on these possible rules in writing until 4:30p.m. on October 27, 2023. The contact person shall direct all comments to the Board's Executive Committee for review. Any open meetings held by the Board's Executive Committee will be properly announced to the public prior to the meeting.

Rules Draft. The Minnesota Board of Dentistry posted a draft of the rule changes on the Board's website:

<https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. Persons interested in a paper copy of the draft rule changes should contact the Board's contact person directly.

Board Contact Person. Written comments, questions, and requests for more information on these possible rules should be directed to: Kathy Johnson at Minnesota Board of Dentistry, 335 Randolph Avenue, Suite 250, St. Paul, Minnesota 55102, **phone:** (612) 548-2134 or (888) 240-4762 (outside metro), **FAX:** (651) 797-1373, or by **e-mail:** kathy.t.johnson@state.mn.us. Minnesota Relay Service for hearing impaired: (800) 627-3529.

Alternative Format. Upon request, this information can be made available in an alternative format, such as large print, Braille, or audio. To make such a request, please contact the Board contact person at the address or telephone number listed above.

NOTE: Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the Administrative Law Judge if and when a proceeding to adopt rules is started. The Board is required to submit to the Judge only those written comments received in response to the rules after they are proposed. If you submit comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Dated: August 28, 2023

Bridgett Anderson, Executive Director
Minnesota Board of Dentistry

Department of Employment and Economic Development (DEED) Notice of Public Hearing by the Minnesota Department of Employment and Economic Development with Respect to a Proposed Project and the Provision of Funds from the Minnesota Job Creation Fund Program under Minnesota Statutes 116J.8748

NOTICE IS HEREBY GIVEN that the Minnesota Department of Employment and Economic Development ("DEED") will conduct a public hearing on Wednesday, September 13, 2023, at 1:00 p.m., or as soon thereafter as reasonably possible at 180 East Fifth Street, 12th Floor, St. Paul, Minnesota 55101 on one (1) proposal to provide funding through the Minnesota Job Creation Fund Program ("JCF") pursuant to authority granted under *Minnesota Statutes* 116J.8748 and *Minnesota Rules* Chapter 4301. This hearing is conducted in accordance with *Minnesota Statutes* 116J.994, Subd. 5.

Description of Project and Proposed JCF Funding:

Solugen Inc. (NAICS 325199) is looking to expand in Marshall (Lyon County), Minnesota. Solugen Inc. will be a first-of-its-kind project that will use the key processes and intellectual property that underpins the Bioforge Technology, which is set out to develop a sustainable, high-yield process of producing bio-based chemicals. The proposed project consists of possibly constructing three (3) modular separate "trains", each capable of manufacturing three (3) gluconic acid products. The total project cost for the first train, which is under consideration, is \$90,000,000 with \$39,658,000 being eligible for the capital investment rebate for new construction, which would be rebated up to 7.5%. Costs ineligible for rebate include machinery and equipment and other. The company expects to create 38 jobs within the first year at an average cash wage of \$34.35 per hour. The project may be eligible for a job creation award of up to \$260,000 and a capital investment rebate of up to \$500,000 depending on final project specifications for a total of \$760,000 from the Minnesota Job Creation Fund.

All interested persons may appear and be heard at the time and place set forth above. Persons interested in participating via teleconference should contact Tom Washa, Minnesota Job Creation Fund Program Manager at (651) 259-7483 or Tom.Washa@state.mn.us prior to the date of the hearing for instructions on how to participate in the call.

Interested persons may mail written comments to Tom Washa at 1st National Bank Building, 332 Minnesota Street, Suite E200 St. Paul MN 55101 or e-mail Tom.Washa@state.mn.us prior to the date of the hearing set forth above. All persons who appear at the meeting or participate via teleconference will be given an opportunity to express their views with respect to the proposal to award funds from the Minnesota Job Creation Fund.

Exhibit B

(Not Enclosed: a petition for rulemaking. This is not enclosed because no petition was filed regarding these rules.)

Exhibit C
(Enclosed)

1.1 **Board of Dentistry**

1.2 **Proposed Permanent Rules Relating to Licensing and Administration of Sedation and**
1.3 **Anesthesia**

1.4 **3100.0100 DEFINITIONS.**

1.5 *[For text of subparts 1 and 2, see Minnesota Rules]*

1.6 Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support"
1.7 or "ACLS" refers to an advanced educational course and certification for a health care
1.8 provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care
1.9 in settings ranging from the prehospital environment to the hospital setting. The course must
1.10 include advanced airway management skills, cardiac drug usage, defibrillation, and
1.11 arrhythmia interpretation. ~~An ACLS certificate must be obtained through the American~~
1.12 ~~Heart Association.~~

1.13 *[For text of subparts 2b to 9, see Minnesota Rules]*

1.14 Subp. 9a. **CPR.** "CPR" refers to a ~~comprehensive, hands-on~~ course and certification
1.15 for a health care provider that ~~includes: cardiopulmonary resuscitation on an adult, child,~~
1.16 ~~and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway~~
1.17 ~~obstruction; and automated external defibrillation. The CPR course and certificate must be~~
1.18 ~~for health care professionals through the American Heart Association or the American Red~~
1.19 ~~Cross~~ teaches basic life support for adults, children, and infants. The course must include
1.20 both hands-on practice and written examination and must address the following topics:

1.21 A. rapid assessment of the patient and provision of emergency care based upon
1.22 the patient's condition;

1.23 B. relief of foreign-body airway obstruction or choking;

1.24 C. basic life support giving chest compressions and delivering appropriate
1.25 ventilations;

D. early use of an automated external defibrillator (AED); and

E. effective coordination of multiple rescuers performing basic life support.

[For text of subparts 9b to 15b, see Minnesota Rules]

Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life support" or "PALS" refers to an advanced life support educational course and certification for the pediatric health care provider that teaches the current certification standards of the American Academy of Pediatrics or the American Heart Association. ~~A PALS certificate must be obtained through the American Heart Association.~~

Subp. 15d. **Pediatric patient.** During the administration of general anesthesia, deep sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years old or younger.

[For text of subparts 16 to 22, see Minnesota Rules]

3100.1100 GENERAL DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice general dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
subdivision 2 and 3;

~~C. D.~~ evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation;

~~D. E.~~ evidence of passing all parts of a national board examination for the practice of dentistry within the past five years;

~~E. F.~~ evidence of passing a board-approved clinical examination within the past five years;

~~F. G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G. H.~~ documentation of current CPR certification; and

~~H. I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 1a to 6, see Minnesota Rules]

3100.1120 SPECIALTY DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a specialty dentist in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~C. D.~~ evidence of having graduated from a school of dentistry;

~~D. E.~~ evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;

~~E. F.~~ evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;

~~F. G.~~ evidence of passing all parts of a national board examination for the practice of dentistry;

4.1 ~~G. H.~~ evidence of completing a postdoctoral specialty program or evidence of
4.2 completing at least 2,000 hours within the past 36 months of active practice in another
4.3 United States jurisdiction, Canadian province, or United States government service;

4.4 ~~H. I.~~ evidence of passing the board's jurisprudence examination within the past
4.5 five years;

4.6 ~~I. J.~~ documentation of current CPR certification; and

4.7 ~~J. K.~~ a criminal background check as required by Minnesota Statutes, section
4.8 214.075.

4.9 *[For text of subparts 2 to 6, see Minnesota Rules]*

4.10 **3100.1130 LIMITED GENERAL DENTIST.**

4.11 Subpart 1. **Credential review to determine educational equivalency and eligibility**
4.12 **to take a board-approved clinical examination for limited licensure.**

4.13 A. A person who is a graduate of a nonaccredited dental program seeking a limited
4.14 license to practice general dentistry in Minnesota must submit to a onetime credential review
4.15 by the board to determine educational equivalency and eligibility to take a board-approved
4.16 clinical examination. For the credential review, the applicant must provide the board:

4.17 *[For text of subitem (1), see Minnesota Rules]*

4.18 (2) a completed board-approved evaluation of ~~all~~ any international education
4.19 in the applicant's graduating dental degree training program;

4.20 *[For text of subitems (3) to (7), see Minnesota Rules]*

4.21 ~~(8) proof of clinical practice in dentistry;~~

4.22 ~~(9)~~ (8) an original or notarized copy of other credentials in dentistry and, if
4.23 necessary, professional translation;

5.1 ~~(10)~~ (9) completed board-approved infection control training; and

5.2 ~~(11)~~ (10) evidence of passing all parts of a national board examination for
5.3 the practice of dentistry.

5.4 *[For text of items B to E, see Minnesota Rules]*

5.5 *[For text of subpart 1a, see Minnesota Rules]*

5.6 Subp. 1b. **Limited general license application and examination requirements.** After
5.7 passing a board-approved clinical examination, an applicant may apply for a limited general
5.8 license. The applicant must provide the board:

5.9 A. a completed application;

5.10 B. a form of current government-issued identification;

5.11 ~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision
5.12 9b, clause (1);

5.13 ~~C. D.~~ evidence of passing a board-approved clinical examination within the past
5.14 five years;

5.15 ~~D. E.~~ evidence of passing the board's jurisprudence examination within the past
5.16 five years;

5.17 ~~E. F.~~ a written agreement between the applicant and a board-approved Minnesota
5.18 licensed supervising dentist. The written agreement must include:

5.19 (1) all information requested by the board relating to the applicant's written
5.20 agreement;

5.21 (2) any practice limitations; and

(3) an acknowledgment that the applicant agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years after beginning clinical practice in Minnesota;

~~F. G.~~ documentation of current CPR certification; and

~~G. H.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. Terms of limited licensure.

A. Throughout the three consecutive years while practicing general dentistry in Minnesota under the general supervision of a Minnesota licensed dentist, the limited license dentist must maintain and comply with the requirements in this subpart:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) maintain a professional development portfolio containing:

~~(a)~~ documentation of required hours in professional development activities; ~~and,~~

~~(b)~~ at least two different fundamental courses as part of the fundamental activities.

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. **Requirements for licensure.**

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

~~(2)~~ (3) the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~(3)~~ (4) documentation of current CPR certification;

~~(4)~~ (5) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

~~(5)~~ (6) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

3100.1150 FACULTY DENTIST; FULL OR LIMITED.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a faculty dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

8.1 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
8.2 subdivision 2 and 3;

8.3 ~~C. D.~~ evidence of passing the board's jurisprudence examination within the past
8.4 five years;

8.5 ~~D. E.~~ documentation of current CPR certification;

8.6 ~~E. F.~~ a criminal background check as required by Minnesota Statutes, section
8.7 214.075; and

8.8 ~~F. G.~~ a letter from the dean or program director of a school of dentistry, dental
8.9 therapy, dental hygiene, or dental assisting or of a residency training program accredited
8.10 by the Commission on Dental Accreditation certifying that the person seeking licensure is
8.11 a faculty member of the school's faculty school or residency program and practices dentistry.
8.12 The original letter must include:

8.13 (1) the applicant's full name;

8.14 (2) a statement that the applicant is a faculty member of the faculty school
8.15 or residency program and practices dentistry within the school or residency program, or ~~its~~
8.16 within affiliated teaching facilities of the school or residency program, but only for purposes
8.17 of instruction or research; and

8.18 (3) the dates of the applicant's employment by the school of dentistry, dental
8.19 therapy, dental hygiene, or dental assisting or by the residency program.

8.20 Subp. 2. **Termination of licensure.** The board shall terminate a person's license to
8.21 practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a
8.22 faculty member of the faculty of a school of dentistry, dental therapy, dental hygiene, or
8.23 dental assisting or of a residency program.

8.24 [For text of subparts 3 to 7, see Minnesota Rules]

9.1 **3100.1160 RESIDENT DENTIST.**

9.2 Subpart 1. **Licensure application and examination requirements.** A person seeking
9.3 licensure to practice as a resident dentist who is not already licensed to practice dentistry
9.4 in Minnesota must provide the board:

9.5 A. a completed application;

9.6 B. a form of current government-issued identification;

9.7 ~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision 2;

9.8 ~~C. D.~~ evidence of having graduated from a dental school ~~accredited by the~~
9.9 ~~Commission on Dental Accreditation;~~

9.10 ~~D. E.~~ evidence of being an enrolled graduate student or a student of an advanced
9.11 dental education program accredited by the Commission on Dental Accreditation;

9.12 ~~E. F.~~ evidence of passing the board's jurisprudence examination within the past
9.13 five years;

9.14 ~~F. G.~~ documentation of current CPR certification; and

9.15 ~~G. H.~~ a criminal background check as required by Minnesota Statutes, section
9.16 214.075.

9.17 *[For text of subparts 2 to 5, see Minnesota Rules]*

9.18 Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a
9.19 pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate
9.20 sedation as a part of their residency program without further general anesthesia or sedation
9.21 certification required from the board. The resident dentist remains subject to the requirements
9.22 of part 3100.3600, subparts 1a and 22.

10.1 **3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL**
10.2 **HYGIENIST.**

10.3 Subpart 1. **Licensure application and examination requirements.** A person seeking
10.4 licensure to practice either as a resident dental therapist or resident dental hygienist must
10.5 provide the board:

10.6 A. a completed application;

10.7 B. a form of current government-issued identification;

10.8 ~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision 2;

10.9 ~~C. D.~~ evidence of being an enrolled graduate student or a student of an advanced
10.10 dental education program approved by the board or accredited by the Commission on Dental
10.11 Accreditation or another board-approved national accreditation organization;

10.12 ~~D. E.~~ evidence of passing the board's jurisprudence examination within the past
10.13 five years;

10.14 ~~E. F.~~ documentation of current CPR certification; and

10.15 ~~F. G.~~ a criminal background check as required by Minnesota Statutes, section
10.16 214.075.

10.17 *[For text of subparts 2 to 5, see Minnesota Rules]*

10.18 **3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.**

10.19 Subpart 1. **Dental therapist; licensure application and examination requirements.** A
10.20 person seeking licensure to practice dental therapy in Minnesota must provide the board:

10.21 A. a completed application;

10.22 B. a form of current government-issued identification;

11.1 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
11.2 subdivision 2 and 3;

11.3 ~~C. D.~~ evidence of having graduated with a baccalaureate degree or a master's
11.4 degree from a dental therapy education program that has been approved by the board or
11.5 accredited by the Commission on Dental Accreditation or another board-approved national
11.6 accreditation organization;

11.7 ~~D. E.~~ evidence of passing a board-approved clinical examination in dental therapy
11.8 within the past five years;

11.9 ~~E. F.~~ evidence of passing the board's jurisprudence examination within the past
11.10 five years;

11.11 ~~F. G.~~ documentation of current CPR certification; and

11.12 ~~G. H.~~ a criminal background check as required by Minnesota Statutes, section
11.13 214.075.

11.14 *[For text of subparts 2 to 9, see Minnesota Rules]*

11.15 **3100.1200 DENTAL HYGIENIST.**

11.16 Subpart 1. **Licensure application and examination requirements.** A person seeking
11.17 licensure to practice dental hygiene in Minnesota must provide the board:

11.18 A. a completed application;

11.19 B. a form of current government-issued identification;

11.20 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
11.21 subdivision 2 and 3;

11.22 ~~C. D.~~ evidence of passing a national board examination for the practice of dental
11.23 hygiene within the past five years;

12.1 ~~D. E.~~ evidence of passing a board-approved clinical examination within the past
12.2 five years;

12.3 ~~E. F.~~ evidence of having graduated from a school of dental hygiene accredited by
12.4 the Commission on Dental Accreditation;

12.5 ~~F. G.~~ evidence of passing the board's jurisprudence examination within the past
12.6 five years;

12.7 ~~G. H.~~ documentation of current CPR certification; and

12.8 ~~H. I.~~ a criminal background check as required by Minnesota Statutes, section
12.9 214.075.

12.10 *[For text of subparts 2 to 8, see Minnesota Rules]*

12.11 **3100.1300 LICENSED DENTAL ASSISTANT.**

12.12 Subpart 1. **Licensure application and examination requirements.** A person seeking
12.13 licensure to practice dental assisting in Minnesota must provide the board:

12.14 A. a completed application;

12.15 B. a form of current government-issued identification;

12.16 ~~B. C. the fees fee in Minnesota Statutes, section 150A.091, subdivisions~~
12.17 subdivision 2 and 3;

12.18 ~~C. D.~~ evidence of having graduated from a school of dental assisting accredited
12.19 by the Commission on Dental Accreditation. ~~If the curriculum of the school does not include~~
12.20 ~~training in the expanded procedures specified in part 3100.8500, the applicant must~~
12.21 ~~successfully complete a board-approved course in these procedures;~~

12.22 ~~D. E.~~ evidence of passing the board's state licensing examination within the past
12.23 five years;

13.1 ~~E. F.~~ evidence of passing a national board examination for the practice of dental
13.2 assisting within the past five years;

13.3 ~~F. G.~~ evidence of passing the board's jurisprudence examination within the past
13.4 five years;

13.5 ~~G. H.~~ documentation of current CPR certification; and

13.6 ~~H. I.~~ a criminal background check as required by Minnesota Statutes, section
13.7 214.075.

13.8 *[For text of subparts 2 to 8, see Minnesota Rules]*

13.9 **3100.1320 LIMITED RADIOLOGY REGISTRATION.**

13.10 Subpart 1. **Registration application and examination requirements.** A person
13.11 seeking registration in Minnesota to take dental radiographs under general supervision of
13.12 a dentist must provide the board:

13.13 A. a completed application;

13.14 B. a form of current government-issued identification;

13.15 ~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~
13.16 subdivision 2 and 3;

13.17 ~~C. D.~~ evidence of having completed a board-approved course on dental radiology
13.18 offered through a school accredited by the Commission on Dental Accreditation;

13.19 ~~D. E.~~ evidence of passing a board-approved nationally recognized radiation
13.20 examination within the past five years;

13.21 ~~E. F.~~ evidence of passing the board's jurisprudence examination within the past
13.22 five years;

13.23 ~~F. G.~~ documentation of current CPR certification; and

14.1 ~~G. H.~~ a criminal background check as required by Minnesota Statutes, section
14.2 214.075.

14.3 *[For text of subparts 2 and 3, see Minnesota Rules]*

14.4 Subp. 4. **Reinstatement requirements.**

14.5 *[For text of item A, see Minnesota Rules]*

14.6 B. If the license was terminated six months ago or less, the person must provide
14.7 the board:

14.8 ~~(1) evidence of completing the professional development requirements in~~
14.9 ~~subpart 6 within 24 months prior to the board's receipt of the application; and~~

14.10 ~~(2)~~ documentation of current CPR certification.

14.11 C. If the license was terminated more than six months but less than 24 months
14.12 ago, the person must provide the board:

14.13 ~~(1) evidence of completing the professional development requirements in~~
14.14 ~~subpart 6 within 24 months prior to the board's receipt of the application;~~

14.15 ~~(2)~~ (1) documentation of current CPR certification;

14.16 ~~(3)~~ (2) evidence of passing the board's jurisprudence examination within 12
14.17 months prior to the board's receipt of the application; and

14.18 ~~(4)~~ (3) a criminal background check if terminated more than one year ago as
14.19 required by Minnesota Statutes, section 214.075.

14.20 D. If the license was terminated 24 months or more ago, the person must provide
14.21 the board:

14.22 ~~(1) evidence of completing the professional development requirement in~~
14.23 ~~subpart 6 within 24 months prior to the board's receipt of the application;~~

- 15.1 ~~(2)~~ (1) documentation of current CPR certification;
- 15.2 ~~(3)~~ (2) evidence of passing the board's jurisprudence examination within 12
- 15.3 months prior to the board's receipt of the application;
- 15.4 ~~(4)~~ (3) a criminal background check if terminated more than one year ago as
- 15.5 required by Minnesota Statutes, section 214.075; and
- 15.6 ~~(5) evidence of successfully completing the dental radiology course described~~
- 15.7 ~~in subpart 1, item C, within 24 months prior to the board's receipt of the application; and~~
- 15.8 ~~(6)~~ (4) evidence of passing the radiation examination described in subpart 1,
- 15.9 item D, within 24 months prior to the board's receipt of the application.

15.10 *[For text of subpart 5, see Minnesota Rules]*

15.11 Subp. 6. ~~Professional development~~ Compliance with infection control. A person

15.12 with a limited radiology registration must ~~complete two hours of infection control education~~

15.13 ~~and~~ maintain compliance with the most current infection control practices for a dental setting.

15.14 **3100.1340 EMERITUS INACTIVE.**

15.15 Subpart 1. **Licensure application requirements.**

15.16 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental

15.17 assisting in Minnesota who retires from active practice may apply for an emeritus inactive

15.18 license by providing the board:

- 15.19 (1) a completed application; ~~and~~
- 15.20 (2) a form of current government-issued identification; and
- 15.21 ~~(2)~~ (3) the onetime application fee in Minnesota Statutes, section 150A.091,
- 15.22 subdivision 19.

15.23 *[For text of item B, see Minnesota Rules]*

16.1 [For text of subpart 2, see Minnesota Rules]

16.2 **3100.1350 EMERITUS ACTIVE.**

16.3 Subpart 1. **Licensure application requirements.**

16.4 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
16.5 assisting in Minnesota who retires from active practice may apply for an emeritus active
16.6 license by providing the board:

16.7 (1) a completed application; ~~and~~

16.8 (2) a form of current government-issued identification; and

16.9 ~~(2)~~ (3) the application fee in Minnesota Statutes, section 150A.091,
16.10 subdivision 20.

16.11 [For text of item B, see Minnesota Rules]

16.12 [For text of subpart 2, see Minnesota Rules]

16.13 Subp. 3. **Renewal and prohibition on reinstatement.**

16.14 A. An emeritus active license is renewed biennially and continues on with the
16.15 licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision
16.16 11. If the licensee fails to renew an emeritus active license by the deadline, the ~~license~~
16.17 ~~expires and the board shall terminate the licensee's right to practice~~ board shall send a notice
16.18 to the licensee. The notice must state the amount of the renewal and late fees. The licensee
16.19 must renew the emeritus active license within 30 days of the expiration date of the license
16.20 or the board shall administratively terminate the license and the right to practice. The board
16.21 must not consider an administrative termination of a license as a disciplinary action against
16.22 the licensee.

16.23 [For text of item B, see Minnesota Rules]

Subp. 4. **Professional development.** For each biennial professional development cycle, the licensee must comply with the professional development requirements including a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

[For text of item A, see Minnesota Rules]

B. Fundamental activities for each biennial cycle must include:

~~(1) at least two different fundamental courses; and~~

~~(2) an infection control course.~~

Subp. 5. Anesthesia, sedation, and nitrous oxide.

A. If an emeritus active licensee was licensed immediately prior to obtaining emeritus active licensure to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue to administer such treatment in compliance with the applicable requirements of part 3100.3600. If the emeritus active licensee was not licensed to administer such treatment immediately prior to obtaining emeritus active licensure, an emeritus active licensee must not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

A. a completed application;

B. a form of current government-issued identification;

18.1 ~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section ~~150A.06, subdivision 2e~~
18.2 150A.091, subdivision 2;

18.3 ~~E. D.~~ evidence of having graduated from either a school of dentistry, dental
18.4 therapy, dental hygiene, or dental assisting accredited by the Commission on Dental
18.5 Accreditation;

18.6 ~~D. E.~~ evidence that the clinic at which the licensee practices is a nonprofit
18.7 organization that is a public health setting;

18.8 ~~E. F.~~ documentation of current CPR certification; and

18.9 ~~F. G.~~ a criminal background check as required by Minnesota Statutes, section
18.10 214.075.

18.11 Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the
18.12 end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c.
18.13 The board shall send a notice to a licensee who has not renewed their guest license. The
18.14 notice must state the amount of the guest license renewal fee. The licensee must renew their
18.15 guest license within 30 days of the expiration date of the license or the board shall
18.16 administratively terminate the guest license and the right to practice. The board must not
18.17 consider an administrative termination of a guest license as a disciplinary action against the
18.18 licensee.

18.19 *[For text of subparts 3 and 4, see Minnesota Rules]*

18.20 **3100.1380 GUEST VOLUNTEER LICENSE.**

18.21 Subpart 1. **Licensure application requirements.** A person who is currently a licensed
18.22 dentist, dental therapist, dental hygienist, or dental assistant in good standing in another
18.23 United States jurisdiction may apply for a guest volunteer license without compensation by
18.24 providing the board:

- 19.1 A. a completed application;
- 19.2 B. a form of current government-issued identification;
- 19.3 ~~B.~~ C. evidence of having graduated from either a school of dentistry, dental therapy,
- 19.4 dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;
- 19.5 ~~C.~~ D. evidence that the clinic at which the licensee practices is a nonprofit
- 19.6 organization that is a public health setting; and
- 19.7 ~~D.~~ E. documentation of current CPR certification.

19.8 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license

19.9 must not practice more than ten days in a calendar year. ~~The license expires December 31.~~

19.10 A guest volunteer license may be renewed annually after the end of the calendar year

19.11 according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed.

19.12 The board shall send a notice to a licensee who has not renewed their guest volunteer license.

19.13 The licensee must renew their guest volunteer license within 30 days of the expiration date

19.14 of the license or the board shall administratively terminate the guest volunteer license and

19.15 the right to practice. The board must not consider an administrative termination of a guest

19.16 volunteer license as a disciplinary action against the licensee.

19.17 *[For text of subparts 3 to 5, see Minnesota Rules]*

19.18 **3100.1400 LICENSURE BY CREDENTIALS.**

19.19 Subpart 1. **Licensure application requirements for a dentist, dental therapist, or**

19.20 **dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental

19.21 hygienist in another United States jurisdiction or Canadian province seeking to be licensed

19.22 to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

- 19.23 A. a completed application;
- 19.24 B. a form of current government-issued identification;

- 20.1 ~~B. C.~~ the fee in Minnesota Statutes, section 150A.091, subdivision 9;
- 20.2 ~~C. D.~~ evidence of having graduated ~~from~~ either:
- 20.3 (1) from a school of dentistry or dental hygiene accredited by the Commission
- 20.4 on Dental Accreditation; or
- 20.5 ~~D. (2) evidence of having graduated~~ with a baccalaureate degree or a master's
- 20.6 degree from a dental therapy education program that has been approved by the board or
- 20.7 accredited by the Commission on Dental Accreditation or another board-approved national
- 20.8 accreditation organization;
- 20.9 ~~E. evidence of having graduated from a master's advanced dental therapy education~~
- 20.10 ~~program;~~
- 20.11 ~~F. E.~~ proof of completing at least 2,000 hours within the past 36 months in active
- 20.12 practice in another United States jurisdiction, Canadian province, or United States
- 20.13 government service;
- 20.14 ~~G. F.~~ evidence of passing a clinical examination for licensure in another United
- 20.15 States jurisdiction or Canadian province;
- 20.16 ~~H. G.~~ evidence of passing all parts of a national board examination for the practice
- 20.17 of dentistry, dental therapy, or dental hygiene;
- 20.18 ~~I. H.~~ evidence of passing the board's jurisprudence examination within the past
- 20.19 five years; ~~and~~
- 20.20 ~~J. I.~~ documentation of current CPR certification; and
- 20.21 J. a criminal background check as required by Minnesota Statutes, section 214.075.

20.22 [For text of subpart 2, see Minnesota Rules]

21.1 **3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,**
21.2 **GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

21.3 *[For text of subparts 1 to 11, see Minnesota Rules]*

21.4 Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist, a limited**
21.5 **general dentist, or an emeritus active licensee.** A dentist licensed by the board, a limited
21.6 general dentist under the general supervision of a supervising dentist, or an emeritus active
21.7 licensee is allowed to administer nitrous oxide inhalation analgesia.

21.8 Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training**
21.9 **requirements for a dental therapist.**

21.10 *[For text of items A and B, see Minnesota Rules]*

21.11 C. A dental therapist who graduated from a board-approved dental therapy program
21.12 in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction
21.13 or Canadian province may administer nitrous oxide inhalation analgesia after providing the
21.14 board:

21.15 (1) a completed application;

21.16 (2) evidence of having completed a course in administering nitrous oxide
21.17 inhalation analgesia from an institution accredited by the Commission on Dental
21.18 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
21.19 ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of
21.20 analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable
21.21 of positive pressure respiration; and

21.22 (3) documentation of current CPR certification.

21.23 Subp. 14. **Nitrous oxide inhalation analgesia; application and educational training**
21.24 **requirements for a dental hygienist.**

21.25 *[For text of items A and B, see Minnesota Rules]*

22.1 C. A dental hygienist who graduated from a dental hygiene program in Minnesota
22.2 prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian
22.3 province may administer nitrous oxide inhalation analgesia after providing the board:

22.4 (1) a completed application;

22.5 (2) evidence of having completed a course in administering nitrous oxide
22.6 inhalation analgesia from an institution accredited by the Commission on Dental
22.7 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
22.8 ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of
22.9 analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable
22.10 of positive pressure respiration; and

22.11 (3) documentation of current CPR certification.

22.12 Subp. 15. **Nitrous oxide inhalation analgesia; application and educational training**
22.13 **requirements for a licensed dental assistant.**

22.14 *[For text of items A and B, see Minnesota Rules]*

22.15 C. A licensed dental assistant who graduated from a dental assisting program in
22.16 Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction
22.17 or Canadian province may administer nitrous oxide inhalation analgesia after providing the
22.18 board:

22.19 (1) a completed application;

22.20 (2) evidence of having completed a course in administering nitrous oxide
22.21 inhalation analgesia from an institution accredited by the Commission on Dental
22.22 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
22.23 ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of
22.24 analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable
22.25 of positive pressure respiration; and

23.1 (3) documentation of current CPR certification.

23.2 Subp. 16. **Initial certification for general anesthesia or deep sedation; application**
23.3 **and educational training requirements for a dentist.**

23.4 A. A dentist may administer general anesthesia or deep sedation only after
23.5 providing the board:

23.6 *[For text of subitems (1) to (4), see Minnesota Rules]*

23.7 (5) documentation of current CPR certification; and

23.8 (6) attestation of compliance with the practice and equipment requirements
23.9 in subpart 22; and.

23.10 ~~(7) attestation of compliance with an on-site inspection described in subpart~~
23.11 ~~23.~~

23.12 *[For text of items B and C, see Minnesota Rules]*

23.13 Subp. 16a. **Initial and renewal endorsement for pediatric general anesthesia or**
23.14 **deep sedation; application and educational training requirements for a dentist.**

23.15 A. A dentist may administer general anesthesia or deep sedation to a pediatric
23.16 patient who is eight years old or younger only after providing the board:

23.17 (1) a completed initial application;

23.18 (2) evidence of holding a current general anesthesia or deep sedation certificate
23.19 under subpart 16; and

23.20 (3) attestation of completing at least 12 cases of general anesthesia or deep
23.21 sedation on patients who are eight years old or younger within 12 months prior to the board's
23.22 receipt of the application for a pediatric endorsement.

24.1 B. A dentist administering general anesthesia or deep sedation to a pediatric patient
24.2 must have two additional licensed personnel who are currently certified in CPR and allied
24.3 sedation monitoring present during the administration.

24.4 C. Once a dentist possesses a valid endorsement for pediatric general anesthesia,
24.5 the dentist is not required to possess an additional endorsement for pediatric deep or pediatric
24.6 moderate sedation.

24.7 D. To renew an endorsement for pediatric general anesthesia, the dentist must
24.8 provide the board:

24.9 (1) a completed renewal application; and

24.10 (2) attestation of completing at least 12 cases of general anesthesia or deep
24.11 sedation on patients who are eight years old or younger within 12 months prior to the board's
24.12 receipt of the renewal application. The dentist must maintain proof of these cases upon
24.13 request by the board for up to two renewal periods.

24.14 E. A dentist who administers general anesthesia or deep sedation on patients who
24.15 are eight years old or younger without a pediatric general anesthesia endorsement is subject
24.16 to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and
24.17 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

24.18 **Subp. 17. Initial certification for moderate sedation; application and educational**
24.19 **training requirements for a dentist.**

24.20 A. A dentist may administer moderate sedation only after providing the board:

24.21 [For text of subitems (1) to (4), see Minnesota Rules]

24.22 (5) documentation of current CPR certification; and

24.23 (6) attestation of compliance with the practice and equipment requirements
24.24 in subpart 22; ~~and.~~

25.1 ~~(7) attestation of compliance with an on-site inspection described in subpart~~
25.2 ~~23.~~

25.3 *[For text of item B, see Minnesota Rules]*

25.4 Subp. 17a. **Initial and renewal endorsement for pediatric moderate sedation;**
25.5 **application and educational training requirements for a dentist.**

25.6 A. A dentist may administer moderate sedation to a pediatric patient who is eight
25.7 years old or younger only after providing the board:

25.8 (1) a completed initial application;

25.9 (2) evidence of holding a current moderate sedation certificate under subpart
25.10 17;

25.11 (3) evidence of completing a pediatric program accredited by the Commission
25.12 on Dental Accreditation or an equivalent residency program that requires clinical competency
25.13 in the administration of moderate sedation on pediatric patients; and

25.14 (4) attestation of completing at least 12 cases of moderate sedation on patients
25.15 who are eight years old or younger within 12 months prior to the board's receipt of the
25.16 application for a pediatric endorsement.

25.17 B. A dentist administering moderate sedation to a pediatric patient must have two
25.18 additional licensed personnel who are currently certified in CPR and allied sedation
25.19 monitoring present during administration.

25.20 C. To renew an endorsement for pediatric moderate sedation, a dentist must provide
25.21 the board:

25.22 (1) a completed application; and

25.23 (2) attestation of completing at least 12 cases of moderate sedation on patients
25.24 who are eight years old or younger within 12 months prior to the board's receipt of the

26.1 application. A dentist must maintain proof of these cases upon request by the board for up
26.2 to two renewal periods.

26.3 D. A dentist who administers moderate sedation on patients who are eight years
26.4 old or younger without a pediatric moderate sedation endorsement is subject to disciplinary
26.5 proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and
26.6 Minnesota Statutes, section 150A.08, subdivision 1.

26.7 Subp. 18. **Board-issued certificates for general anesthesia and moderate sedation.**

26.8 *[For text of items A to C, see Minnesota Rules]*

26.9 D. To renew a general anesthesia or moderate sedation certificate, the dentist must
26.10 provide the board:

26.11 *[For text of subitems (1) to (4), see Minnesota Rules]*

26.12 (5) attestation of compliance with the practice and equipment requirements
26.13 in subpart 22; ~~and~~

26.14 (6) attestation of compliance with an on-site inspection described in subpart
26.15 23; and

26.16 (7) attestation of compliance with the professional development requirement
26.17 in part 3100.5100, subpart 2, item C.

26.18 E. A dentist's general anesthesia or moderate sedation certificate expires if the
26.19 completed application and fee are not received by the board by the dentist's license renewal
26.20 date. Immediately upon expiration, the dentist is prohibited from administering general
26.21 anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board
26.22 issues a current general anesthesia or moderate sedation certificate to the dentist described
26.23 in subpart 19. ~~After 30 days~~ If a dentist does not obtain a current general anesthesia or

27.1 moderate sedation certificate within 30 days of the dentist's certificate expiring, the board
27.2 shall terminate the dentist's general anesthesia or moderate sedation certificate.

27.3 Subp. 19. **Expiration or termination of general anesthesia or moderate sedation**
27.4 **certificate; requirements.**

27.5 A. A dentist requesting renewal or recertification of a general anesthesia or
27.6 moderate sedation certificate following expiration or termination must comply with the
27.7 requirements for the applicable interval specified in subitem (1) or (2) and the requirements
27.8 of this subpart.

27.9 (1) ~~A dentist whose anesthesia or moderate sedation certificate that, within~~
27.10 ~~30 calendar days, expired or was terminated by the board~~ If a dentist applies less than 30
27.11 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal
27.12 date, the dentist must provide the board:

27.13 [For text of units (a) to (e), see Minnesota Rules]

27.14 (f) attestation of compliance with the practice and equipment
27.15 requirements in subpart 22; ~~and~~

27.16 (g) attestation of compliance with an on-site inspection described in
27.17 subpart 23; and

27.18 (h) attestation of compliance with the professional development
27.19 requirement in part 3100.5100, subpart 2, item C.

27.20 (2) ~~A dentist whose anesthesia or moderate sedation certificate that, for more~~
27.21 ~~than 30 calendar days prior, expired or was terminated by the board~~ If a dentist applies more
27.22 than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate
27.23 renewal date, the dentist must provide the board:

27.24 [For text of units (a) to (d), see Minnesota Rules]

- 28.1 (e) documentation of current CPR certification; ~~and~~
28.2 (f) attestation of compliance with the practice and equipment
28.3 requirements in subpart 22~~;~~; and
28.4 (g) attestation of compliance with the professional development
28.5 requirement in part 3100.5100, subpart 2, item C.

28.6 *[For text of items B and C, see Minnesota Rules]*

28.7 Subp. 20. **Initial certification to provide dentistry with contracted sedation**
28.8 **provider; application requirements for a dentist.**

28.9 A. A dentist must not provide dental services to a patient who is under general
28.10 anesthesia, deep sedation, or moderate sedation at any location other than a hospital or
28.11 ambulatory surgery center, unless the dentist possesses the applicable contracted sedation
28.12 services certificate for general anesthesia or moderate sedation issued by the board.

28.13 B. If a dentist possesses a moderate sedation certificate described in subpart 18
28.14 and desires to provide dental services to a patient under general anesthesia or deep sedation
28.15 at any location other than a hospital or ambulatory surgery center, the dentist must contract
28.16 with a sedation provider and obtain a contracted sedation services certificate for general
28.17 anesthesia.

28.18 *[For text of item C, see Minnesota Rules]*

28.19 D. To apply for a contracted sedation services certificate, the dentist must provide
28.20 the board:

28.21 *[For text of subitems (1) to (5), see Minnesota Rules]*

- 28.22 (6) documentation of the dentist's current CPR certification; and
28.23 (7) attestation of compliance with the practice and equipment requirements
28.24 in subpart 22~~;~~; and.

(8) ~~attestation of compliance with an on-site inspection described in subpart~~

~~23.~~

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

Subp. 22. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the practice requirements in this item are followed.

(1) A dentist must be prepared and competent to diagnose, resolve, and prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia, deep sedation, or moderate sedation. A dentist must apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function requires the monitoring of tissue oxygenation or ventilation by using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

[For text of subitems (2) to (4), see Minnesota Rules]

[For text of item B, see Minnesota Rules]

Subp. 23. On-site inspection; requirements and procedures. All offices in which general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this part must be in compliance with this subpart.

[For text of items A to D, see Minnesota Rules]

E. A dentist must make available all office equipment and emergency medications and the record of at least one patient who received general anesthesia or moderate sedation care within the past 12 months for evaluation by the sedation inspector.

~~E. F.~~ The board must notify the dentist if an on-site inspection is required. The board shall provide the dentist with the name of a sedation inspector or organization to arrange and perform the on-site inspection. The dentist may have an on-site inspection performed by another board-approved individual or board-approved organization. The dentist must ensure that the inspection is completed within 30 calendar days of the board's notice.

~~F. G.~~ Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

~~G. H.~~ If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

(1) moderate sedation or general anesthesia and deep sedation;

(2) medications and physical evaluation;

(3) anesthesia emergencies and complications;

(4) monitoring equipment and monitoring during anesthesia;

(5) pharmacology of anesthetic drugs;

(6) infection control related to anesthesia procedures; and

(7) simulation courses involving anesthesia emergencies.

~~€.~~ D. Professional development is credited on an hour-for-hour basis.

~~Đ.~~ E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

~~(2) other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs. Each licensee must complete at least two courses out of the following list for each initial or biennial cycle:~~

~~(a) record keeping;~~

- 32.1 ~~(b) ethics;~~
- 32.2 ~~(e) patient communications;~~
- 32.3 ~~(d) management of medical emergencies;~~
- 32.4 ~~(e) treatment and diagnosis; and~~
- 32.5 ~~(f) Health Insurance Portability and Accountability Act (HIPAA);~~
- 32.6 ~~(3)~~ (2) an infection control course. An infection control course is mandatory
- 32.7 for each licensee to maintain licensure. The course must primarily address patient safety
- 32.8 and health issues as referenced in part 3100.6300 and chapter 6950; and
- 32.9 ~~(4)~~ (3) activities approved by the board. Fundamental activities under this
- 32.10 subitem shall be approved by the board only if the board finds the activity contents are
- 32.11 directly related to dental care and treatment to patients or public safety and professionalism.

32.12 *[For text of item B, see Minnesota Rules]*

32.13 *[For text of subparts 4 and 5, see Minnesota Rules]*

32.14 **3100.5300 AUDIT PROCESS OF PORTFOLIO.**

32.15 *[For text of subparts 1 and 2, see Minnesota Rules]*

32.16 **Subp. 3. Failure of an audit.**

32.17 **A. Deficiencies causing audit failure include the following:**

- 32.18 (1) lack of proof of documentation or participation;
- 32.19 (2) credit hours earned outside of renewal period being audited;
- 32.20 (3) excess of earned hours in a category having a maximum if a deficiency
- 32.21 exists;

33.1 (4) lack of earned hours in a category having a minimum if a deficiency
33.2 exists;

33.3 (5) failure to submit the portfolio;

33.4 (6) unacceptable professional development sources; or

33.5 (7) fraudulently earned or reported hours.

33.6 ~~A. B. Upon failure of an audit, the appropriate board committee must impose one~~
33.7 ~~or both of the following options:~~ board must

33.8 ~~(1) grant the licensee up to six~~ three months to comply with written
33.9 requirements to resolve deficiencies in professional development compliance; ~~or.~~

33.10 ~~(2) If the licensee fails to comply with the professional development~~
33.11 requirements by the end of the three months, the board must initiate disciplinary proceedings
33.12 against the licensee on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota
33.13 Statutes, section 150A.08, subdivision 1. Deficiencies causing audit failure may include,
33.14 but are not limited to, the following:

33.15 ~~(a) lack of proof of documentation or participation;~~

33.16 ~~(b) credit hours earned outside of renewal period being audited;~~

33.17 ~~(c) excess of earned hours in a category having a maximum if a deficiency~~
33.18 ~~exists;~~

33.19 ~~(d) lack of earned hours in a category having a minimum if a deficiency~~
33.20 ~~exists;~~

33.21 ~~(e) failure to submit the portfolio;~~

33.22 ~~(f) unacceptable professional development sources; or~~

33.23 ~~(g) fraudulently earned or reported hours.~~

~~B. Failing to comply with the board committee's requirements by the end of the grace period shall result in the expiration of the person's license and termination of the right to practice. A license that has expired according to this part may be reinstated according to part 3100.1850.~~

[For text of subparts 4 to 6, see Minnesota Rules]

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

[For text of subparts 1 to 10, see Minnesota Rules]

Subp. 11. **Infection control.** Dental health care personnel shall comply with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified by the United States Department of Health and Human Services, Public Health Service, and the Centers for Disease Control and Prevention. Infection control standards are subject to frequent change.

[For text of subparts 12 to 15, see Minnesota Rules]

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible Procedures under personal supervision.** ~~Assistants~~ An assistant without a license may perform the following supportive procedures if the dentist or dental therapist is personally treating a patient and concurrently authorizes the assistant without a license to aid in treatment:

[For text of items A and B, see Minnesota Rules]

C. remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices; and

35.1 D. provide any assistance, including the placement of articles and topical
35.2 medication in a patient's oral cavity during dental treatment ~~under the personal supervision~~
35.3 ~~of a dentist or dental therapist;~~

35.4 ~~E. aid dental hygienists and licensed dental assistants in the performance of their~~
35.5 ~~delegated procedures defined in parts 3100.8500 and 3100.8700; and~~

35.6 ~~F. apply fluoride varnish in a community setting under the authorization and~~
35.7 ~~direction of a licensed practitioner with prescribing authority such as a dentist or physician,~~
35.8 ~~as long as the licensed practitioner authorizing the service or the facility at which the fluoride~~
35.9 ~~varnish is administered maintains appropriate patient records of the treatment.~~

35.10 Subp. 1a. ~~Compliance with minimal requirements~~ **Procedures under general**
35.11 **supervision.** ~~The dentist is responsible for ensuring that any assistant working under the~~
35.12 ~~dentist's or dental therapist's supervision as defined in subpart 1:~~ An assistant without a
35.13 license may apply fluoride varnish without the dentist or physician being present in the
35.14 dental office or facility or on the premises if the licensed practitioner with prescribing
35.15 authority has prior knowledge of and has consented to the procedure being performed and
35.16 maintains appropriate patient records of the treatment.

35.17 ~~A. completes a CPR certification course and maintains current CPR certification~~
35.18 ~~thereafter; and~~

35.19 ~~B. complies with the most current infection control practices for a dental setting.~~

35.20 Subp. 1b. **Procedures under direct supervision.** An assistant without a license may
35.21 perform the following services if a dentist or dental therapist is in the dental office, personally
35.22 authorizes the procedure, and evaluates the performance of the assistant before dismissing
35.23 the patient:

35.24 A. take digital impressions;

35.25 B. take photographs extraorally or intraorally; and

C. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700.

Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision pursuant to subparts 1 to 1b:

A. completes a CPR certification course and maintains current CPR certification thereafter; and

B. complies with the most current infection control practices for a dental setting.

[For text of subparts 2 and 3, see Minnesota Rules]

3100.8500 LICENSED DENTAL ASSISTANTS.

[For text of subparts 1 and 1a, see Minnesota Rules]

Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

A. remove excess bond material from orthodontic appliances;

B. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. ~~Before utilizing rotary instruments for the removal of bond material, a licensed dental assistant must have successfully completed a course in the use of rotary instruments for the express purpose of the removal of bond material from teeth through a school accredited by the Commission on Dental Accreditation;~~

[For text of items C to I, see Minnesota Rules]

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia

or moderate sedation certificate. Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board; ~~and~~

~~K. place nonsurgical retraction material for gingival displacement. Before placing nonsurgical retraction material, a licensed dental assistant must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation.; and~~

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

3100.8700 DENTAL HYGIENISTS.

Subpart 1. Principal procedures under general supervision. A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

38.1 Z. place nonsurgical retraction material for gingival displacement. ~~Before placing~~
38.2 ~~nonsurgical retraction material, a dental hygienist must have successfully completed a course~~
38.3 ~~in nonsurgical retraction material for gingival displacement at a school accredited by the~~
38.4 ~~Commission on Dental Accreditation.~~

38.5 *[For text of subparts 2 to 3, see Minnesota Rules]*

38.6 **3100.9600 RECORD KEEPING.**

38.7 *[For text of subparts 1 to 5, see Minnesota Rules]*

38.8 Subp. 6. **Clinical examinations.** When a limited examination is performed, items A
38.9 to C pertain only to the area treated. When a comprehensive examination is performed,
38.10 dental records must include:

38.11 A. recording of existing oral health care status;

38.12 B. any radiographs and photographs used with the date the image is taken and the
38.13 patient's name; and

38.14 C. the results of any other diagnostic aids used.

38.15 *[For text of subparts 7 to 14, see Minnesota Rules]*

Office of the Revisor of Statutes

Administrative Rules



TITLE: Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia

AGENCY: Board of Dentistry

REVISOR ID: R-4813

MINNESOTA RULES: Chapter 3100

The attached rules are approved for
publication in the State Register

A handwritten signature in black ink, appearing to read "Alex Willi", is written over a horizontal line.

Alex Willi
Assistant Revisor

Exhibit D
(Enclosed)

Minnesota Board of Dentistry

STATEMENT OF NEED AND REASONABLENESS

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

INTRODUCTION

The Minnesota Board of Dentistry ("Board") is the state agency authorized to establish permanent rules for regulating all licensed dental professionals and assistants without a license (or unlicensed dental assistants) in the State of Minnesota.

The Board's proposed rules amendments will primarily address the following areas: the CPR course may be completed through other vendors who follow the stated requirements; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training.

After completing a massive reorganization in the previous rulemaking, the Board found certain areas that still need minor housekeeping and clarification to coincide with statute changes, affirm scope of practice relative to nitrous oxide and sedation, allow renewal of a late emeritus active license, and eliminate the fundamental list (record keeping, ethics, patient communications, management of medical emergencies, treatment and diagnosis, and HIPAA) and the requirement of completing two courses from this list for professional development.

All pertinent Committees of the Board have held several public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rule changes. Thereafter, all proposed rules were heard before the Board and given approval to proceed with the rulemaking process.

For this rulemaking, the Board has provided a detailed explanation and justification for the amendments to its proposed rules in the Rule-By-Rule Analysis section of this statement.

ALTERNATIVE FORMAT

Upon request, this Statement of Need and Reasonableness can be made available in an alternative format, such as large print, Braille, or audio. To make a request, contact Kathy Johnson at the Minnesota Board of Dentistry, 335 Randolph Avenue, Suite 250, Saint Paul, Minnesota 55102, kathy.t.johnson@state.mn.us, phone: (612) 548-2134 or (888) 240-4762 (outside metro). TTY users may call (800) 627-3529.

STATUTORY AUTHORITY

The Board's statutory authority to adopt the rules set forth is found in Minnesota Statutes, section 150A.04, subdivision 5, which provides:

"150A.04 RULES OF THE BOARD.

Subdivision 5. **Rules.** The Board may promulgate rules as are necessary to carry out and make effective the provisions and purposes of sections 150A.01 to 150A.12, in accordance with Chapter 14.”

Under this statute, the Board has the necessary statutory authority to adopt the proposed rules. All sources of statutory authority were adopted and effective prior to January 1, 1996, and so Minnesota Statutes, section 14.125 does not apply. See Minnesota Laws 1995, chapter 233, article 2, section 58.

REGULATORY ANALYSIS

Minnesota Statutes, section 14.131, sets out eight factors for a regulatory analysis that must be included in the SONAR. Paragraphs (1) through (8) below quote these factors and provide the Board’s responses.

“(1) a description of the classes of persons who probably will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule”

- Classes of persons affected by proposed rules: All regulated dental professionals and unlicensed dental assistants.
- Costs of proposed rules to all regulated dental professionals and unlicensed dental assistants: Numerous changes throughout these proposed rules are geared toward being less restrictive which will not generate any concerns regarding financial impact.
- Classes benefiting from proposed rules: All regulated dental professionals and unlicensed dental assistants will benefit from the proposed rules because making the proposed rules overall less restrictive is a beneficial situation for the entire dental community.

“(2) the probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues”

- The Board will not incur any increased costs, and neither will any other agency in the implementation and enforcement of the proposed rules.
- The Board’s proposed rules will not affect state revenues.

“(3) a determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule”

- The Board has addressed the issue of less costly or less intrusive methods by proposing rules that are less restrictive throughout allowing for more flexibility.

“(4) a description of any alternative methods for achieving the purpose of the proposed rules that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule”

- The Board did not consider alternative methods because all proposed rules were deemed acceptable to regulated dental professionals. The Board is required to promulgate rules in order to achieve and implement the changes.

“(5) the probable costs of complying with the proposed rules, including the portion of the total costs that will be borne by identifiable categories of affected parties, such as separate classes of governmental units, businesses, or individuals”

- The Board found that these proposed rules changes are geared toward being less restrictive which will not generate any concerns regarding costs.
- The Board found that no other classes of government units, businesses, or individuals are expected to incur costs associated with the proposed rules.

“(6) the probable costs or consequences of not adopting the proposed rules, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals”

- The Board has not considered the costs/consequences of not adopting its proposed rules because the Board believes that it has a regulatory duty to pursue proposed rules that are less restrictive for all regulated dental professionals.
- The Board found that no other classes of government units, businesses, or individuals are affected by its proposed rules.

“(7) an assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference”

- The Board found that its proposed rules regulate Minnesota dental professionals and do not conflict with any federal regulations. The regulation of dental professionals is primarily a function of state government.

“(8) an assessment of the cumulative effect of the rule with other federal and state regulations related to the specific purpose of the rule. . . . ‘[C]umulative effect’ means the impact that results from incremental impact of the proposed rule in addition to other rules, regardless of what state or federal agency has adopted the other rules. Cumulative effects can result from individually minor but collectively significant rules adopted over a period of time.”

- The Board found no cumulative effect with its proposed rules because the regulating of dental professionals is not addressed by federal law or other Minnesota state laws.

PERFORMANCE-BASED RULES

Minnesota Statutes, sections 14.002 and 14.131, require that the SONAR describe how the agency, in developing the rules, considered and implemented performance-based standards that emphasize superior achievement in meeting the agency’s regulatory objectives and maximum flexibility for the regulated party and the agency in meeting those goals.

For these proposed rules, the Board decided to perform the above analysis on a rule-by-rule basis and included the required information regarding the Board’s objectives and flexibility into the section entitled “Rule-By-Rule Analysis” of this statement.

NOTICE PLAN and ADDITIONAL NOTICE PLAN

Notice Plan

The Board’s Notice Plan includes the following mandated statutory actions:

1. **Rulemaking Mailing List.** A copy of the Dual Notice and proposed rules shall be mailed to all persons who have registered to be on the Board's rulemaking mailing list under Minnesota Statutes, section 14.14, subdivision 1a. This mailing shall be accomplished by sending an electronic copy via e-mail to all persons on the list.
2. **Legislature.** A copy of the Dual Notice, proposed rules, and this Statement of Need and Reasonableness shall be mailed to the Legislative Coordinating Commission and the applicable House and Senate Committee members of the Legislature with jurisdiction over the subject matter of the proposed rules under Minnesota Statutes, section 14.116.

Additional Notice Plan

Minnesota Statutes, sections 14.131 and 14.23, require that this SONAR contain a description of the Board's efforts to provide additional notice to persons who might be affected by the proposed rules or explain why these efforts were not made. Additional notice has been provided by the Board, as follows:

1. Throughout 2022 and 2023, several of the Board's Committees, including the Sedation Committee, Policy Committee, Professional Development Committee, and Allied Dental Education Committee, held numerous public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rules changes. Official notices of these public meetings were electronically sent by the Board to all regulated dental professionals, association representatives, and the general public, as well as posting a notice of the meetings on the Board's website. During all public meetings, copies of the proposed rules changes were distributed and reviewed by all individuals in attendance and input encouraged from all attendees.
2. By August 23, 2023, the Board posted a draft copy of the proposed rules amendments on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and general public. This draft copy identified the Board rules that will be affected by the Board's proposed rules amendments.
3. By August 23, 2023, the Board posted a copy of the Request for Comments for publication in the State Register on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
4. By August 23, 2023, the Board posted its Statement of Need and Reasonableness ("SONAR") dated August 16, 2023, on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
5. On August 25, 2023, the Board mailed the Request for Comments to all persons on the Board's rulemaking mailing list by sending an electronic copy via e-mail to all persons on the list.

6. On August 25, 2023, the Board contacted representatives of the Minnesota Dental Association (Dentists), the Minnesota Dental Therapy Association (Dental Therapists), the Minnesota Dental Hygienists Association (Dental Hygienists), and the Minnesota Dental Assistants Association (Dental Assistants) about the Board's Request for Comments period and the proposed rules.
7. On August 25, 2023, the Board sent an electronic mass mailing using GovDelivery service to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Request for Comments period and the proposed rules.
8. On August 28, 2023, the Board's Request for Comments was published in the State Register, requesting that all comments be submitted to the Board by October 27, 2023. All comments received by the Board regarding the proposed rules shall be reviewed and any suggested changes shall be considered by the Board.
9. Prior to publication of the Dual Notice in the State Register, the Board will send this link <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/> for a copy of the Dual Notice of Intent to Adopt Rules, proposed rules, and SONAR to:
 - a. the representatives of the Minnesota Dental Association, Minnesota Dental Therapy Association, Minnesota Dental Hygienists Association, and Minnesota Dental Assistants Association, with a request to disseminate this information to their member lists via newsletters, publications, or mailings; and
 - b. all persons on the Board's rulemaking mailing list.
10. Prior to publication of the Dual Notice in the State Register, the Board will send an electronic mass mailing using GovDelivery service to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Dual Notice period, proposed rules, and SONAR.

The Board believes that this Additional Notice Plan complies with the statutes because the notification pathways described above will provide the principal representatives of the affected parties and the affected parties through electronic mailings with ample notice and opportunity to provide suggestions, proposals, and comments regarding the proposed rules amendments.

The listed persons and organizations receiving the Additional Notice represents a major portion of the persons interested in these proposed rules. They represent several classes and a number of different positions in the spectrum of the dental workforce, which is the central purpose of the rulemaking process.

CONSULTATION WITH MMB ON LOCAL GOVERNMENT IMPACT

As required by Minnesota Statutes, section 14.131, the Board will consult with Minnesota Management and Budget ("MMB"). We will do this by sending MMB copies of the documents that we send to the Governor's Office for review and approval on or about the same day we send them to the Governor's Office. We will do this before the Board publishes its Dual Notice of Intent to Adopt in the State Register. The documents will include: the Governor's Office Proposed Rule and SONAR Form; the proposed rules; and the SONAR. The Board will submit a copy of

the cover correspondence and any response received from MMB to OAH at the hearing or with the documents it submits for ALJ review.

Specifically, the Board will send copies of the required documents to Hannah Millang, the Board's Executive Budget Officer (EBO), at MMB and will later provide Hannah Millang's response to the OAH/ALJ.

DETERMINATION ABOUT RULES REQUIRING LOCAL IMPLEMENTATION

As required by Minnesota Statutes, section 14.128, subdivision 1, the Board has considered whether these proposed rules will require a local government to adopt or amend any ordinance or other regulation in order to comply with these rules. The Board has determined that the local units of government would not be required to adopt or amend an ordinance or regulation because the proposed rules do not require local implementation. All of the Board's proposed rules are intended to provide guidelines and requirements limited to the regulated dental professionals who must comply with these rules.

COST OF COMPLYING FOR SMALL BUSINESS OR CITY

As required by Minnesota Statutes, section 14.127, the Board has considered whether the cost of complying with the proposed rules in the first year after the rules take effect will exceed \$25,000 for any small business or small city. The Board has determined that the cost of complying with the proposed rules in the first year after the rules take effect will not exceed \$25,000 for any small business or small city. The Board has made this determination based on the probable costs of complying with the proposed rules, as previously described in the Regulatory Analysis section of this SONAR on pages 2 and 3.

LIST OF WITNESSES

If these proposed rules go to a public hearing, the Board anticipates having the following witnesses testify in support of the need for and reasonableness of the proposed rules:

1. Angela Rake, D.D.S., Board Member
2. Hassan Ismail, D.D.S., Board Member
3. Bridgett Anderson, L.D.A., M.B.A., Executive Director

RULE-BY-RULE ANALYSIS

PROPOSED RULES AMENDMENTS

All rule parts hereafter shall include supportive information relative to the rule-by-rule analysis as follows:

3100.0100 DEFINITIONS.

The Board has made changes to part 3100.0100 by revising Subpart 9a below. These changes will allow all dental professionals to take CPR courses from other vendors rather than being limited to only the American Heart Association and the American Red Cross. The Board will still require that a hands-on practice component and a written examination be part of the CPR course as well as the other components indicated below. The Board believes that other vendors can offer comparable CPR courses, and therefore, the Board considers these proposed changes to be necessary and reasonable.

Subp. 9a. **CPR.** “CPR” refers to a ~~comprehensive, hands-on~~ course and certification for a health care provider that ~~includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation.~~ The CPR course and certification must be for health care professionals through the American Heart Association or the American Red Cross teaches basic life support for adults, children, and infants. The course must include both hands-on practice and written examination and must address the following topics:

A. rapid assessment of the patient and provision of emergency care based upon the patient’s condition;

B. relief of foreign-body airway obstruction or choking;

C. basic life support giving chest compressions and delivering appropriate ventilations;

D. early use of an automated external defibrillator (AED); and

E. effective coordination of multiple rescuers performing basic life support.

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.

The Board has made changes to part 3100.3600 by adding Subparts 16a and 17a below. These changes address the current trends of an increasing number of dentists electing to complete general anesthesia and sedation care on their pediatric patients in the confines of their dental office. For all levels of sedation, the dentist must have the training, skills, drugs, equipment, and have significant advanced pediatric training in recognizing and managing pediatric emergencies to provide safe sedation and anesthetic care. The dentist is also the primary dental provider who takes on the significant responsibility of creating a dental team of highly qualified dental staff members to deliver care in an optimal and safe fashion. Additionally, the Board supports the current guidelines established by the American Association of Oral and Maxillofacial Surgeons (AAOMS) regarding the definitive age of a pediatric patient. The Board believes that these new anesthesia and sedation rules will provide the safety measures necessary for this younger patient population and the risks associated with these procedures, which makes these rules necessary and reasonable.

Subpart 16a. Initial and renewal endorsement for pediatric general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current general anesthesia or deep sedation certificate under subpart 16; and

(3) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board’s receipt of the application for a pediatric endorsement.

B. A dentist administering general anesthesia or deep sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during the administration.

C. Once a dentist possesses a valid endorsement for pediatric general anesthesia, the dentist is not required to possess an additional endorsement for pediatric deep or pediatric moderate sedation.

D. To renew an endorsement for pediatric general anesthesia, the dentist must provide the board:

(1) a completed renewal application; and

(2) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the renewal application. The dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

E. A dentist who administers general anesthesia or deep sedation on patients who are eight years old or younger without a pediatric general anesthesia endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate under subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program that requires clinical competency in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration.

C. To renew an endorsement for pediatric moderate sedation, the dentist must provide the board:

(1) a completed application; and

(2) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application. The dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

D. A dentist who administers moderate sedation on patients who are eight years old or younger without a pediatric moderate sedation endorsement is subject to disciplinary proceedings

by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

The Board has made changes to part 3100.5100 by adding item C to Subpart 2 below. This increase in professional development credits of 15 hours applies only to dentists who have a certificate to administer general anesthesia, deep sedation, or moderate sedation. In addition to the current requirement of 50 hours of professional development for a licensed dentist, a dentist who has a general anesthesia/moderate sedation certificate will have to obtain 15 more credit hours for a total of 65 credit hours. There are many specific areas listed that qualify as acceptable areas of education but there are no hour requirements for each particular area, only a total of 15. The Board believes that this additional educational requirement is necessary to maintain a high-level of competency when performing general anesthesia or moderate sedation. For this reason, the Board finds these proposed changes are necessary and reasonable.

Subp. 2. Professional development requirements.

A. Each licensee shall establish a portfolio to record, monitor, and retain documentation of fundamental and elective professional development activities.

B. The minimum number of required hours of fundamental and elective activities for each initial or biennial cycle is 50 hours for dentists and dental therapists and 25 hours for dental hygienists and licensed dental assistants. Any professional development hours earned in excess of the required hours for an initial or biennial cycle must not be carried forward to the next biennial cycle.

(1) Of the 50 hours required for a dentist and dental therapist, at least 30 hours must be fundamental activities and no more than 20 hours can be elective activities.

(2) Of the 25 hours required for a dental hygienist and licensed dental assistant, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities.

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

(1) moderate sedation or general anesthesia and deep sedation;

(2) medications and physical evaluation;

(3) anesthesia emergencies and complications;

(4) monitoring equipment and monitoring during anesthesia;

(5) pharmacology of anesthetic drugs;

(6) infection control related to anesthesia procedures; and

(7) simulation courses involving anesthesia emergencies.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

The Board has made changes to part 3100.8400 by revising and adding Subpart 1b below. These changes will enhance the role of the unlicensed dental assistant by allowing this assistant to take digital impressions and to take photographs extraorally (outside of the mouth) and intraorally (inside of the mouth) on patients. The taking of “digital impressions” is a type of dental scan taken with 3D scanning technology in order to produce an image of the patient’s dentition or used for simple treatments like a single crown or for more extensive restorative procedures like a bridge or full dentures. Digital impressions can be performed by the unlicensed dental assistant under direct supervision by the dentist or dental therapist. As for the traditional impression that uses elastic impression materials, this procedure CANNOT be performed by an unlicensed dental assistant.

The unlicensed dental assistant can also take photographs to completely document the current state of the patient’s facial and oral status. Photographs can be taken by the unlicensed dental assistant under direct supervision by the dentist or dental therapist. The digital impression and the photographs are both noninvasive procedures that can be taught with some in-office training in the office. Because of this, the Board finds these proposed changes are necessary and reasonable.

Subpart 1. **Permissible Procedures under personal supervision.** Assistants An assistant without a license may perform the following supportive procedures if the dentist or dental therapist is personally treating a patient and concurrently authorizes the assistant without a license to aid in treatment:

- A. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;
- B. assist with the placement or removal of devices or materials for isolation purposes as directed by the dentist or dental therapist during dental treatment;
- C. remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices; and
- D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity during dental treatment ~~under the personal supervision of a dentist or dental therapist.~~
- E. ~~aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700;~~
- F. ~~apply fluoride varnish in a community setting under the authorization and direction of a licensed practitioner with prescribing authority such as a dentist or physician, as long as the licensed practitioner authorizing the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment.~~

Subp. 1a. **~~Compliance with minimal requirements~~ Procedures under general supervision.** ~~The dentist is responsible for ensuring that any assistant working under the dentist’s or dental therapist’s supervision as defined in subpart 1:~~ An assistant without a license may apply fluoride varnish without the dentist or physician being present in the dental office or facility or on the premises if the licensed practitioner with prescribing authority has prior knowledge of and has consented to the procedure being performed and maintains appropriate patient records of the treatment.

- A. ~~completes a CPR certification course and maintains current CPR certification thereafter;~~
~~and~~

~~B. complies with the most current infection control practices for a dental setting.~~

Subp. 1b. Procedures under direct supervision. An assistant without a license may perform the following services if a dentist or dental therapist is in the dental office, personally authorizes the procedure, and evaluates the performance of the assistant before dismissing the patient:

A. take digital impressions;

B. take photographs extraorally or intraorally; and

C. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700.

Subp. 1c. Compliance with minimal requirements. The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision pursuant to subparts 1 to 1b:

A. completes a CPR certification course and maintains current CPR certification thereafter;
and

B. complies with the most current infection control practices for a dental setting.

Subp. 2. [Repealed, 10 SR 1612]

Subp. 3. Other procedures prohibited. An assistant must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

3100.8500 LICENSED DENTAL ASSISTANTS.

The Board has made changes to part 3100.8500 by adding item L to Subpart 1b below. These changes will allow the licensed dental assistant to administer local anesthesia to patients under the direct supervision of the dentist. This procedure, local anesthesia, is limited to supraperiosteal and field block injections as prescribed by the dentist and under direct supervision which means the dentist must authorize that the licensed dental assistant can actually perform this procedure or not on patients. Prior to administering local anesthesia, the licensed dental assistant must comply with the other stated requirements regarding experience, completing accredited courses with competency, passing an examination, and receiving a certificate from the Board. The Board believes that a licensed dental assistant who satisfies all of these requirements can administer local anesthesia to patients safely on a competent level. For this reason, the Board finds these proposed changes are necessary and reasonable.

Subp. 1b. Procedures under direct supervision. A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

L. administer local anesthesia limited to supraperiosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

1) evidence of at least one year of experience in general chairside dental assisting;

2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

4) evidence of application for local anesthesia certification through the board.

3100.0100 to 3100.9600

Throughout these rules stated below, the Board made some housekeeping changes by eliminating non-relevant or outdated language that is present in the Board's existing rules. These changes will not change the meaning or intent of the rules in any way. Instead, these changes will make the Board's rules clearer and concise. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.0100 DEFINITIONS

3100.1100 GENERAL DENTIST

3100.1120 SPECIALTY DENTIST

3100.1130 LIMITED GENERAL DENTIST

3100.1150 FACULTY DENTIST; FULL OR LIMITED

3100.1160 RESIDENT DENTIST

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST

3100.1200 DENTAL HYGIENIST

3100.1300 LICENSED DENTAL ASSISTANT

3100.1320 LIMITED RADIOLOGY REGISTRATION

3100.1340 EMERITUS INACTIVE

3100.1350 EMERITUS ACTIVE

3100.1370 GUEST

3100.1380 GUEST-VOLUNTEER

3100.1400 LICENSURE BY CREDENTIALS

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS

3100.5300 AUDIT PROCESS OF PORTFOLIO

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES

3100.8500 LICENSED DENTAL ASSISTANTS

3100.8700 DENTAL HYGIENISTS

3100.9600 RECORD KEEPING

CONCLUSION

In this SONAR, the Board has established the need for and the reasonableness of each of the proposed amendments to Minnesota Rules, chapter 3100. The Board has provided the necessary notification to all interested parties and documented in this SONAR its compliance with all applicable administrative rulemaking requirements of Minnesota statutes and rules.

Based on the foregoing, the proposed amendments are both needed and reasonable.

Dated: August 16, 2023



Bridgett Anderson, L.D.A., M.B.A.
Executive Director
Minnesota Board of Dentistry

Exhibit E
(Enclosed)

Proposed Rules

Comments on Planned Rules or Rule Amendments. An agency must first solicit Comments on Planned Rules or Comments on Planned Rule Amendments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

Rules to be Adopted After a Hearing. After receiving comments and deciding to hold a public hearing on the rule, an agency drafts its rule. It then publishes its rules with a notice of hearing. All persons wishing to make a statement must register at the hearing. Anyone who wishes to submit written comments may do so at the hearing, or within five working days of the close of the hearing. Administrative law judges may, during the hearing, extend the period for receiving comments up to 20 calendar days. For five business days after the submission period the agency and interested persons may respond to any new information submitted during the written submission period and the record then is closed. The administrative law judge prepares a report within 30 days, stating findings of fact, conclusions and recommendations. After receiving the report, the agency decides whether to adopt, withdraw or modify the proposed rule based on consideration of the comments made during the rule hearing procedure and the report of the administrative law judge. The agency must wait five days after receiving the report before taking any action.

Rules to be Adopted Without a Hearing. Pursuant to *Minnesota Statutes* § 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing. An agency must first solicit **Comments on Planned Rules or Comments on Planned Rule Amendments** from the public. The agency then publishes a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.1414.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikethroughs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikethroughs~~ indicate deletions from proposed rule language.

Board of Dentistry

Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia; DUAL NOTICE: Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, And Notice of Hearing If 25 or More Requests For Hearing Are Received; Revisor's ID Number 4813; OAH Docket No. 22-9033-39759

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, Minnesota Rules 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600.

Introduction. The Minnesota Board of Dentistry intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rules by 4:30 p.m. on Thursday, March 21, 2024, the Board will hold a public hearing on Friday April 12, 2024, starting at 9:30 am. No in-person public attendees will be allowed at the public hearing.

Proposed Rules

Instead, the public hearing will be held using Webex and the public can join from the event link: <https://minnesota.webex.com/minnesota/j.php?MTID=mc27629e64e3b8654ce6b157b38525ba3> and enter the event number/access code: 2492 902 6277 and password: adMY35D2WPG. If joining by phone, call 1-415-655-0003 and mute your phone. An Administrative Law Judge will conduct the public hearing. To find out whether the Board will adopt the rules without a hearing or if the hearing will be held, you should contact the agency contact person after March 21, 2024, and before April 12, 2024.

Agency Contact Person. Submit any comments or questions on the rules or written requests for a public hearing to the agency contact person. The agency contact person is: Kathy Johnson at Minnesota Board of Dentistry, 335 Randolph Avenue, Suite 250, Saint Paul, Minnesota 55102, kathy.t.johnson@state.mn.us, phone: 612-548-2134 or 1-888-240-4762 (outside metro), fax: 651-797-1373. TTY users may call the Board of Dentistry at 1-800-627-3529.

You may also review the proposed rules and submit written comments via the Office of Administrative Hearings Rulemaking eComments website at <https://minnesotaoah.granicusideas.com/discussions>.

Subject of Rules. The Board proposes to amend its rules regarding the following: the required CPR course is open to other vendors; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training and examination through a subsequent board-approved course.

Statutory Authority. The statutory authority to adopt the rules is *Minnesota Statutes*, section 150A.04, subdivision 5. A copy of the proposed rules is published in the *State Register*. A copy of the entire proposed rules is available on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/> or a free copy of the entire proposed rules is available upon request from the agency contact person listed above.

Comments. You have until 4:30 p.m. on Thursday, March 21, 2024, to submit written comments in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change that you desire. Any comments that you have about the legality of the proposed rules must also be made during this comment period.

Request for a Hearing. In addition to submitting comments, you may also request that the Board hold a hearing on the rules. You must make your request for a public hearing in writing, which the agency contact person must receive by 4:30 p.m. on Thursday, March 21, 2024. You must include your name and address in your written request. In addition, you must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the Board cannot count it when determining whether the Board must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

Withdrawal of Requests. If 25 or more persons submit a valid written request for a hearing, the Board will hold a public hearing unless a sufficient number of persons withdraw their requests in writing. If enough requests for hearing are withdrawn to reduce the number below 25, the Board must give written notice of this to all persons who requested a hearing, explain the actions the Board took to affect the withdrawal, and ask for written comments on this action. If a public hearing is required, the Board will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

Alternative Format/Accommodation. Upon request, the Board can make this Notice available in an alternative format, such as large print, braille, or audio. To make such a request or if you need an accommodation to make this hearing accessible, please contact the agency contact person at the address or telephone number listed above.

Modifications. The Board might modify the proposed rules, either as a result of public comment or as a result of the rule hearing process. It must support modifications by data and views submitted to the Board or presented at the hearing.

Proposed Rules

The adopted rules may not be substantially different than these proposed rules unless the Board follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Board encourages you to participate in the rulemaking process.

Cancellation of Hearing. The Board will cancel the hearing scheduled for Friday, April 12, 2024, if the Board does not receive requests for a hearing from 25 or more persons. If you requested a public hearing, the Board will notify you before the scheduled hearing whether the hearing will be held. You may also call the agency contact person at 612-548-2134 after March 21, 2024, to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit valid written requests for a public hearing on the rules, the Board will hold a hearing following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The Board will hold the hearing on the date and at the time and through the Webex access information listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge Christa Moseng is assigned to conduct the hearing. Judge Moseng's legal assistant, William Moore can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, telephone 651-361-7900, fax 651-539-0310 or william.t.moore@state.mn.us.

Hearing Procedure. If the Board holds a hearing, you and all interested or affected persons, including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the hearing record closes. All evidence presented should relate to the proposed rules. You may also submit written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. At the hearing, the Administrative Law Judge may order that this five-day comment period is extended for a longer period but not more than 20 calendar days. Following the comment period, there is a five-working-day rebuttal period when the Board and any interested person may respond in writing to any new information submitted. No one may submit new evidence during the five-day rebuttal period.

All post-hearing comments and responses must be submitted to the Administrative Law Judge no later than 4:30 p.m. on the due date. The Office of Administrative Hearings strongly encourages all persons submitting comments and responses to do so using the Administrative Hearings Rulemaking eComments website: <https://minnesotaoah.granicusideas.com/discussions>. If using the eComments website is not possible, you may submit post-hearing comments in person, by United States mail, or by facsimile addressed to Judge Moseng at the address or facsimile number listed in the Notice of Hearing section above.

All comments or responses received will be available for review at the Board or on the Board's website at www.mn.gov/boards/dentistry. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.2000 to 1400.2240, and *Minnesota Statutes*, sections 14.131 to 14.20. You may direct questions about the procedure to the Administrative Law Judge.

Statement of Need and Reasonableness. The statement of need and reasonableness summarizes the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. A free copy of the statement is now available from the agency contact person, if requested, or available on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>.

A copy of the Dual Notice and proposed rules shall be mailed by sending an electronic mailing to everyone who has registered to be on the Board of Dentistry's rulemaking mailing list under *Minnesota Statutes*, section 14.14, subdivision 1a; and

A copy of the Dual Notice, proposed rules, and the Statement of Need and Reasonableness shall be mailed to the Legislature according to *Minnesota Statutes*, section 14.116.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. Ask any questions about this requirement of the Campaign Finance and Public

Proposed Rules

Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, Saint Paul, Minnesota 55155, telephone 651-539-1180 or 1-800-657-3889.

Adoption Procedure if No Hearing. If no hearing is required, the Board may adopt the rules after the end of the comment period. The Board will submit the rules and supporting documents to the Office of Administrative Hearings for a legal review. You may ask to be notified of the date the rules are submitted to the office. If you want to receive notice of this, to receive a copy of the adopted rules, or to register with the Board to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

Adoption Procedure After a Hearing. If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may ask to be notified of the date that the Administrative Law Judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date that the Board adopts the rules and the rules are filed with the Secretary of State by requesting this at the hearing or by writing to the agency contact person stated above.

Order. I order that the rulemaking hearing be held at the date, time, and location listed above.

Date: February 5, 2024

Bridgett Anderson, L.D.A., M.B.A.
Executive Director
Minnesota Board of Dentistry

3100.0100 DEFINITIONS.

[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support" or "ACLS" refers to an advanced educational course and certification for a health care provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care in settings ranging from the prehospital environment to the hospital setting. The course must include advanced airway management skills, cardiac drug usage, defibrillation, and arrhythmia interpretation. ~~An ACLS certificate must be obtained through the American Heart Association.~~

[For text of subparts 2b to 9, see Minnesota Rules]

Subp. 9a. **CPR.** "CPR" refers to a ~~comprehensive, hands-on~~ course and certification for a health care provider that ~~includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. The CPR course and certificate must be for health care professionals through the American Heart Association or the American Red Cross teaches basic life support for adults, children, and infants. The course must include both hands-on practice and written examination and must address the following topics:~~

- A. rapid assessment of the patient and provision of emergency care based upon the patient's condition;
- B. relief of foreign-body airway obstruction or choking;
- C. basic life support giving chest compressions and delivering appropriate ventilations;
- D. early use of an automated external defibrillator (AED); and
- E. effective coordination of multiple rescuers performing basic life support.

[For text of subparts 9b to 15b, see Minnesota Rules]

Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life support" or "PALS" refers to an advanced life support educational course and certification for the pediatric health care provider that teaches the current certification standards of the American Academy of Pediatrics or the American Heart Association. ~~A PALS certificate must~~

be obtained through the American Heart Association.

Subp. 15d. Pediatric patient. During the administration of general anesthesia, deep sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years old or younger.

[For text of subparts 16 to 22, see Minnesota Rules]

3100.1100 GENERAL DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice general dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B.C.~~ the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~C.D.~~ evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation;

~~D.E.~~ evidence of passing all parts of a national board examination for the practice of dentistry within the past five years;

~~E.F.~~ evidence of passing a board-approved clinical examination within the past five years;

~~F.G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G.H.~~ documentation of current CPR certification; and

~~H.I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 1a to 6, see Minnesota Rules]

3100.1120 SPECIALTY DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a specialty dentist in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B.C.~~ the fees fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~C.D.~~ evidence of having graduated from a school of dentistry;

~~D.E.~~ evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;

~~E.F.~~ evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;

~~F.G.~~ evidence of passing all parts of a national board examination for the practice of dentistry;

~~G.H.~~ evidence of completing a postdoctoral specialty program or evidence of completing at least 2,000 hours

Proposed Rules

within the past 36 months of active practice in another United States jurisdiction, Canadian province, or United States government service;

~~H. I.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~I. J.~~ documentation of current CPR certification; and

~~J. K.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 6, see Minnesota Rules]

3100.1130 LIMITED GENERAL DENTIST.

Subpart 1. **Credential review to determine educational equivalency and eligibility to take a board-approved clinical examination for limited licensure.**

A. A person who is a graduate of a nonaccredited dental program seeking a limited license to practice general dentistry in Minnesota must submit to a onetime credential review by the board to determine educational equivalency and eligibility to take a board-approved clinical examination. For the credential review, the applicant must provide the board:

[For text of subitem (1), see Minnesota Rules]

(2) a completed board-approved evaluation of ~~all~~ any international education in the applicant's graduating dental degree training program;

[For text of subitems (3) to (7), see Minnesota Rules]

~~(8)~~ proof of clinical practice in dentistry;

~~(9)~~ (8) an original or notarized copy of other credentials in dentistry and, if necessary, professional translation;

~~(10)~~ (9) completed board-approved infection control training; and

~~(11)~~ (10) evidence of passing all parts of a national board examination for the practice of dentistry.

[For text of items B to E, see Minnesota Rules]

[For text of subpart 1a, see Minnesota Rules]

Subp. 1b. **Limited general license application and examination requirements.** After passing a board-approved clinical examination, an applicant may apply for a limited general license. The applicant must provide the board:

A. a completed application;

~~B.~~ a form of current government-issued identification;

~~B. C.~~ the application fee in Minnesota Statutes, section 150A.091, subdivision 9b, clause (1);

~~C. D.~~ evidence of passing a board-approved clinical examination within the past five years;

~~D. E.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~E. F.~~ a written agreement between the applicant and a board-approved Minnesota licensed supervising dentist. The written agreement must include:

(1) all information requested by the board relating to the applicant's written agreement;

(2) any practice limitations; and

(3) an acknowledgment that the applicant agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years after beginning clinical practice in Minnesota;

F. G. documentation of current CPR certification; and

G. H. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. Terms of limited licensure.

A. Throughout the three consecutive years while practicing general dentistry in Minnesota under the general supervision of a Minnesota licensed dentist, the limited license dentist must maintain and comply with the requirements in this subpart:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) maintain a professional development portfolio containing:

(a) documentation of required hours in professional development activities; ~~and,~~

(b) ~~at least two different fundamental courses as part of the fundamental activities.~~

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

(2)(3) the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 ~~and 3;~~

(3)(4) documentation of current CPR certification;

(4)(5) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

(5)(6) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

3100.1150 FACULTY DENTIST; FULL OR LIMITED.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a faculty dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

A. a completed application;

Proposed Rules

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees fee~~ in Minnesota Statutes, section 150A.091, ~~subdivisions subdivision 2 and 3;~~

~~C. D.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~D. E.~~ documentation of current CPR certification;

~~E. F.~~ a criminal background check as required by Minnesota Statutes, section 214.075; and

~~F. G.~~ a letter from the dean or program director of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency training program accredited by the Commission on Dental Accreditation certifying that the person seeking licensure is a faculty member of the school's faculty school or residency program and practices dentistry. The original letter must include:

(1) the applicant's full name;

(2) a statement that the applicant is a faculty member of the faculty school or residency program and practices dentistry within the school or residency program, or its within affiliated teaching facilities of the school or residency program, but only for purposes of instruction or research; and

(3) the dates of the applicant's employment by the school of dentistry, dental therapy, dental hygiene, or dental assisting or by the residency program.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a faculty member of the faculty of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency program.

[For text of subparts 3 to 7, see Minnesota Rules]

3100.1160 RESIDENT DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a resident dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section 150A.091, subdivision 2;

~~C. D.~~ evidence of having graduated from a dental school ~~accredited by the Commission on Dental Accreditation;~~

~~D. E.~~ evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation;

~~E. F.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~F. G.~~ documentation of current CPR certification; and

~~G. H.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation as a part of their residency program without further general an-

Proposed Rules

esthesia or sedation certification required from the board. The resident dentist remains subject to the requirements of part 3100.3600, subparts 1a and 22.

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice either as a resident dental therapist or resident dental hygienist must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section 150A.091, subdivision 2;

~~C. D.~~ evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

~~D. E.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~E. F.~~ documentation of current CPR certification; and

~~F. G.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.

Subpart 1. **Dental therapist; licensure application and examination requirements.** A person seeking licensure to practice dental therapy in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees~~ fee in Minnesota Statutes, section 150A.091, ~~subdivisions~~ subdivision 2 and 3;

~~C. D.~~ evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

~~D. E.~~ evidence of passing a board-approved clinical examination in dental therapy within the past five years;

~~E. F.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~F. G.~~ documentation of current CPR certification; and

~~G. H.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 9, see Minnesota Rules]

3100.1200 DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental hygiene in Minnesota must provide the board:

Proposed Rules

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees fee~~ in Minnesota Statutes, section 150A.091, ~~subdivisions subdivision~~ 2 and 3;

~~C. D.~~ evidence of passing a national board examination for the practice of dental hygiene within the past five years;

~~D. E.~~ evidence of passing a board-approved clinical examination within the past five years;

~~E. F.~~ evidence of having graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation;

~~F. G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G. H.~~ documentation of current CPR certification; and

~~H. I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1300 LICENSED DENTAL ASSISTANT.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental assisting in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~fees fee~~ in Minnesota Statutes, section 150A.091, ~~subdivisions subdivision~~ 2 and 3;

~~C. D.~~ evidence of having graduated from a school of dental assisting accredited by the Commission on Dental Accreditation. ~~If the curriculum of the school does not include training in the expanded procedures specified in part 3100.8500, the applicant must successfully complete a board-approved course in these procedures;~~

~~D. E.~~ evidence of passing the board's state licensing examination within the past five years;

~~E. F.~~ evidence of passing a national board examination for the practice of dental assisting within the past five years;

~~F. G.~~ evidence of passing the board's jurisprudence examination within the past five years;

~~G. H.~~ documentation of current CPR certification; and

~~H. I.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1320 LIMITED RADIOLOGY REGISTRATION.

Subpart 1. **Registration application and examination requirements.** A person seeking registration in Minnesota to take dental radiographs under general supervision of a dentist must provide the board:

A. a completed application;

Proposed Rules

B. a form of current government-issued identification;

B. C. the fees fee in Minnesota Statutes, section 150A.091, subdivisions subdivision 2 and 3;

C. D. evidence of having completed a board-approved course on dental radiology offered through a school accredited by the Commission on Dental Accreditation;

D. E. evidence of passing a board-approved nationally recognized radiation examination within the past five years;

E. F. evidence of passing the board's jurisprudence examination within the past five years;

F. G. documentation of current CPR certification; and

G. H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 and 3, see Minnesota Rules]

Subp. 4. Reinstatement requirements.

[For text of item A, see Minnesota Rules]

B. If the license was terminated six months ago or less, the person must provide the board:

~~(1) evidence of completing the professional development requirements in subpart 6 within 24 months prior to the board's receipt of the application; and~~

~~(2) documentation of current CPR certification.~~

C. If the license was terminated more than six months but less than 24 months ago, the person must provide the board:

~~(1) evidence of completing the professional development requirements in subpart 6 within 24 months prior to the board's receipt of the application;~~

~~(2)(1) documentation of current CPR certification;~~

~~(3)(2) evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application; and~~

~~(4)(3) a criminal background check if terminated more than one year ago as required by Minnesota Statutes, section 214.075.~~

D. If the license was terminated 24 months or more ago, the person must provide the board:

~~(1) evidence of completing the professional development requirement in subpart 6 within 24 months prior to the board's receipt of the application;~~

~~(2)(1) documentation of current CPR certification;~~

~~(3)(2) evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;~~

~~(4)(3) a criminal background check if terminated more than one year ago as required by Minnesota Statutes, section 214.075; and~~

Proposed Rules

~~(5) evidence of successfully completing the dental radiology course described in subpart 1, item C, within 24 months prior to the board's receipt of the application; and~~

~~(6)~~ (4) evidence of passing the radiation examination described in subpart 1, item D, within 24 months prior to the board's receipt of the application.

[For text of subpart 5, see Minnesota Rules]

Subp. 6. **Professional development Compliance with infection control.** A person with a limited radiology registration must ~~complete two hours of infection control education and~~ maintain compliance with the most current infection control practices for a dental setting.

3100.1340 EMERITUS INACTIVE.

Subpart 1. Licensure application requirements.

A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting in Minnesota who retires from active practice may apply for an emeritus inactive license by providing the board:

(1) a completed application; and

~~(2) a form of current government-issued identification; and~~

~~(2)~~ (3) the onetime application fee in Minnesota Statutes, section 150A.091, subdivision 19.

[For text of item B, see Minnesota Rules]

[For text of subpart 2, see Minnesota Rules]

3100.1350 EMERITUS ACTIVE.

Subpart 1. Licensure application requirements.

A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting in Minnesota who retires from active practice may apply for an emeritus active license by providing the board:

(1) a completed application; and

~~(2) a form of current government-issued identification; and~~

~~(2)~~ (3) the application fee in Minnesota Statutes, section 150A.091, subdivision 20.

[For text of item B, see Minnesota Rules]

[For text of subpart 2, see Minnesota Rules]

Subp. 3. Renewal and prohibition on reinstatement.

A. An emeritus active license is renewed biennially and continues on with the licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision 11. If the licensee fails to renew an emeritus active license by the deadline, the license expires and the board shall terminate the licensee's right to practice board shall send a notice to the licensee. The notice must state the amount of the renewal and late fees. The licensee must renew the emeritus active license within 30 days of the expiration date of the license or the board shall administratively terminate the license and the right to practice. The board must not consider an administrative termination of a license as a disciplinary action against the licensee.

[For text of item B, see Minnesota Rules]

Subp. 4. **Professional development.** For each biennial professional development cycle, the licensee must comply

Proposed Rules

with the professional development requirements including a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

[For text of item A, see Minnesota Rules]

B. Fundamental activities for each biennial cycle must include:

- (1) ~~at least two different fundamental courses; and~~
- (2) an infection control course.

Subp. 5. Anesthesia, sedation, and nitrous oxide.

A. If an emeritus active licensee was licensed immediately prior to obtaining emeritus active licensure to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue to administer such treatment in compliance with the applicable requirements of part 3100.3600. If the emeritus active licensee was not licensed to administer such treatment immediately prior to obtaining emeritus active licensure, an emeritus active licensee must not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

A. a completed application;

B. a form of current government-issued identification;

~~B. C.~~ the ~~application~~ fee in Minnesota Statutes, section ~~150A.06, subdivision 2c~~ 150A.091, subdivision 2;

~~C. D.~~ evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

~~D. E.~~ evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting;

~~E. F.~~ documentation of current CPR certification; and

~~F. G.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed their guest license. The notice must state the amount of the guest license renewal fee. The licensee must renew their guest license within 30 days of the expiration date of the license or the board shall administratively terminate the guest license and the right to practice. The board must not consider an administrative termination of a guest license as a disciplinary action against the licensee.

[For text of subparts 3 and 4, see Minnesota Rules]

Proposed Rules

3100.1380 GUEST VOLUNTEER LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing in another United States jurisdiction may apply for a guest volunteer license without compensation by providing the board:

A. a completed application;

B. a form of current government-issued identification;

~~B.~~ C. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

~~C.~~ D. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting; and

~~D.~~ E. documentation of current CPR certification.

Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license must not practice more than ten days in a calendar year. ~~The license expires December 31.~~ A guest volunteer license may be renewed annually after the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed. The board shall send a notice to a licensee who has not renewed their guest volunteer license. The licensee must renew their guest volunteer license within 30 days of the expiration date of the license or the board shall administratively terminate the guest volunteer license and the right to practice. The board must not consider an administrative termination of a guest volunteer license as a disciplinary action against the licensee.

[For text of subparts 3 to 5, see Minnesota Rules]

3100.1400 LICENSURE BY CREDENTIALS.

Subpart 1. **Licensure application requirements for a dentist, dental therapist, or dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental hygienist in another United States jurisdiction or Canadian province seeking to be licensed to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

~~B.~~ C. the fee in Minnesota Statutes, section 150A.091, subdivision 9;

~~C.~~ D. evidence of having graduated ~~from~~ either:

(1) from a school of dentistry or dental hygiene accredited by the Commission on Dental Accreditation; or

~~D.~~ (2) ~~evidence of having graduated~~ with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

~~E.~~ ~~evidence of having graduated from a master's advanced dental therapy education program;~~

~~F.~~ E. proof of completing at least 2,000 hours within the past 36 months in active practice in another United States jurisdiction, Canadian province, or United States government service;

~~G.~~ F. evidence of passing a clinical examination for licensure in another United States jurisdiction or Canadian province;

~~H. G.~~ evidence of passing all parts of a national board examination for the practice of dentistry, dental therapy, or dental hygiene;

~~I. H.~~ evidence of passing the board's jurisprudence examination within the past five years; ~~and~~

~~J. I.~~ documentation of current CPR certification; ~~and~~

~~J.~~ a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subpart 2, see Minnesota Rules]

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.

[For text of subparts 1 to 11, see Minnesota Rules]

Subp. 12. Nitrous oxide inhalation analgesia requirement for a dentist, a limited general dentist, or an emeritus active licensee. A dentist licensed by the board, a limited general dentist under the general supervision of a supervising dentist, or an emeritus active licensee is allowed to administer nitrous oxide inhalation analgesia.

Subp. 13. Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.

[For text of items A and B, see Minnesota Rules]

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 14. Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.

[For text of items A and B, see Minnesota Rules]

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 15. Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed

Proposed Rules

dental assistant.

[For text of items A and B, see Minnesota Rules]

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 16. Initial certification for general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation only after providing the board:

[For text of subitems (1) to (4), see Minnesota Rules]

- (5) documentation of current CPR certification; and
- (6) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (7) ~~attestation of compliance with an on-site inspection described in subpart 23.~~

[For text of items B and C, see Minnesota Rules]

Subp. 16a. Initial and renewal endorsement for pediatric general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation to a pediatric patient who is eight years old or younger only after providing the board:

- (1) a completed initial application;
- (2) evidence of holding a current general anesthesia or deep sedation certificate under subpart 16; and
- (3) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering general anesthesia or deep sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during the administration.

C. Once a dentist possesses a valid endorsement for pediatric general anesthesia, the dentist is not required to possess an additional endorsement for pediatric deep or pediatric moderate sedation.

D. To renew an endorsement for pediatric general anesthesia, the dentist must provide the board:

- (1) a completed renewal application; and
- (2) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the renewal application. The dentist must maintain

Proposed Rules

proof of these cases upon request by the board for up to two renewal periods.

E. A dentist who administers general anesthesia or deep sedation on patients who are eight years old or younger without a pediatric general anesthesia endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 17. Initial certification for moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation only after providing the board:

[For text of subitems (1) to (4), see Minnesota Rules]

(5) documentation of current CPR certification; and

(6) attestation of compliance with the practice and equipment requirements in subpart 22; and,

~~(7) attestation of compliance with an on-site inspection described in subpart 23;~~

[For text of item B, see Minnesota Rules]

Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate under subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program that requires clinical competency in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration.

C. To renew an endorsement for pediatric moderate sedation, a dentist must provide the board:

(1) a completed application; and

(2) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application. A dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

D. A dentist who administers moderate sedation on patients who are eight years old or younger without a pediatric moderate sedation endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 18. Board-issued certificates for general anesthesia and moderate sedation.

[For text of items A to C, see Minnesota Rules]

Proposed Rules

D. To renew a general anesthesia or moderate sedation certificate, the dentist must provide the board:

[For text of subitems (1) to (4), see Minnesota Rules]

(5) attestation of compliance with the practice and equipment requirements in subpart 22; and

(6) attestation of compliance with an on-site inspection described in subpart 23; and

(7) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

E. A dentist's general anesthesia or moderate sedation certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon expiration, the dentist is prohibited from administering general anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board issues a current general anesthesia or moderate sedation certificate to the dentist described in subpart 19. After 30 days If a dentist does not obtain a current general anesthesia or moderate sedation certificate within 30 days of the dentist's certificate expiring, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) ~~A dentist whose anesthesia or moderate sedation certificate that, within 30 calendar days, expired or was terminated by the board~~ If a dentist applies less than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (e), see Minnesota Rules]

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with an on-site inspection described in subpart 23; and

(h) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

(2) ~~A dentist whose anesthesia or moderate sedation certificate that, for more than 30 calendar days prior, expired or was terminated by the board~~ If a dentist applies more than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (d), see Minnesota Rules]

(e) documentation of current CPR certification; and

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

[For text of items B and C, see Minnesota Rules]

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital or ambulatory surgery center, unless the dentist possesses the applica-

Proposed Rules

ble contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

[For text of item C, see Minnesota Rules]

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) documentation of the dentist's current CPR certification; and

(7) attestation of compliance with the practice and equipment requirements in subpart 22; and

(8) attestation of compliance with an on-site inspection described in subpart 23.

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

Subp. 22. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the practice requirements in this item are followed.

(1) A dentist must be prepared and competent to diagnose, resolve, and prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia, deep sedation, or moderate sedation. A dentist must apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function requires the monitoring of tissue oxygenation or ventilation by using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

[For text of subitems (2) to (4), see Minnesota Rules]

[For text of item B, see Minnesota Rules]

Subp. 23. On-site inspection; requirements and procedures. All offices in which general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this part must be in compliance with this subpart.

[For text of items A to D, see Minnesota Rules]

E. A dentist must make available all office equipment and emergency medications and the record of at least one patient who received general anesthesia or moderate sedation care within the past 12 months for evaluation by the sedation inspector.

E. F. The board must notify the dentist if an on-site inspection is required. The board shall provide the dentist with the name of a sedation inspector or organization to arrange and perform the on-site inspection. The dentist may have an on-site inspection performed by another board-approved individual or board-approved organization. The dentist must ensure that the inspection is completed within 30 calendar days of the board's notice.

F. G. Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

G. H. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

Proposed Rules

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

- (1) moderate sedation or general anesthesia and deep sedation;
- (2) medications and physical evaluation;
- (3) anesthesia emergencies and complications;
- (4) monitoring equipment and monitoring during anesthesia;
- (5) pharmacology of anesthetic drugs;
- (6) infection control related to anesthesia procedures; and
- (7) simulation courses involving anesthesia emergencies.

C. D. Professional development is credited on an hour-for-hour basis.

D. E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

(2) ~~other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs. Each licensee must complete at least two courses out of the following list for each initial or biennial cycle:~~

- ~~(a) record-keeping;~~
- ~~(b) ethics;~~
- ~~(c) patient communications;~~
- ~~(d) management of medical emergencies;~~

(e) treatment and diagnosis; and

(f) Health Insurance Portability and Accountability Act (HIPAA);

(3)(2) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(4)(3) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity contents are directly related to dental care and treatment to patients or public safety and professionalism.

[For text of item B, see Minnesota Rules]

[For text of subparts 4 and 5, see Minnesota Rules]

3100.5300 AUDIT PROCESS OF PORTFOLIO.

[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 3. Failure of an audit.

A. Deficiencies causing audit failure include the following:

- (1) lack of proof of documentation or participation;
- (2) credit hours earned outside of renewal period being audited;
- (3) excess of earned hours in a category having a maximum if a deficiency exists;
- (4) lack of earned hours in a category having a minimum if a deficiency exists;
- (5) failure to submit the portfolio;
- (6) unacceptable professional development sources; or
- (7) fraudulently earned or reported hours.

~~A. B.~~ Upon failure of an audit, the appropriate board committee must impose one or both of the following options: board must

(1) grant the licensee up to ~~six~~ three months to comply with written requirements to resolve deficiencies in professional development compliance; ~~or,~~

(2) If the licensee fails to comply with the professional development requirements by the end of the three months, the board must initiate disciplinary proceedings against the licensee on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1. Deficiencies causing audit failure may include, but are not limited to, the following:

- (a) lack of proof of documentation or participation;
- (b) credit hours earned outside of renewal period being audited;
- (c) excess of earned hours in a category having a maximum if a deficiency exists;
- (d) lack of earned hours in a category having a minimum if a deficiency exists;

Proposed Rules

- (e) ~~failure to submit the portfolio;~~
- (f) ~~unacceptable professional development sources; or~~
- (g) ~~fraudulently earned or reported hours.~~

B. ~~Failing to comply with the board committee's requirements by the end of the grace period shall result in the expiration of the person's license and termination of the right to practice. A license that has expired according to this part may be reinstated according to part 3100.1850.~~

[For text of subparts 4 to 6, see Minnesota Rules]

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

[For text of subparts 1 to 10, see Minnesota Rules]

Subp. 11. **Infection control.** Dental health care personnel shall comply with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified by the United States Department of Health and Human Services, Public Health Service, and the Centers for Disease Control and Prevention. Infection control standards are subject to frequent change.

[For text of subparts 12 to 15, see Minnesota Rules]

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **~~Permissible Procedures under personal supervision.~~** ~~Assistants~~ An assistant without a license may perform the following supportive procedures if the dentist or dental therapist is personally treating a patient and concurrently authorizes the assistant without a license to aid in treatment:

[For text of items A and B, see Minnesota Rules]

C. ~~remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices; and~~

D. ~~provide any assistance, including the placement of articles and topical medication in a patient's oral cavity during dental treatment under the personal supervision of a dentist or dental therapist;~~

E. ~~aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700; and~~

F. ~~apply fluoride varnish in a community setting under the authorization and direction of a licensed practitioner with prescribing authority such as a dentist or physician, as long as the licensed practitioner authorizing the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment.~~

Subp. 1a. **~~Compliance with minimal requirements~~ Procedures under general supervision.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1: An assistant without a license may apply fluoride varnish without the dentist or physician being present in the dental office or facility or on the premises if the licensed practitioner with prescribing authority has prior knowledge of and has consented to the procedure being performed and maintains appropriate patient records of the treatment.

A. ~~completes a CPR certification course and maintains current CPR certification thereafter; and~~

B. ~~complies with the most current infection control practices for a dental setting.~~

Subp. 1b. **Procedures under direct supervision.** An assistant without a license may perform the following services if a dentist or dental therapist is in the dental office, personally authorizes the procedure, and evaluates the performance of the assistant before dismissing the patient:

A. take digital impressions;

B. take photographs extraorally or intraorally; and

C. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700.

Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision pursuant to subparts 1 to 1b:

A. completes a CPR certification course and maintains current CPR certification thereafter; and

B. complies with the most current infection control practices for a dental setting.

[For text of subparts 2 and 3, see Minnesota Rules]

3100.8500 LICENSED DENTAL ASSISTANTS.

[For text of subparts 1 and 1a, see Minnesota Rules]

Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

A. remove excess bond material from orthodontic appliances;

B. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. ~~Before utilizing rotary instruments for the removal of bond material, a licensed dental assistant must have successfully completed a course in the use of rotary instruments for the express purpose of the removal of bond material from teeth through a school accredited by the Commission on Dental Accreditation;~~

[For text of items C to I, see Minnesota Rules]

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. ~~Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board; and~~

K. place nonsurgical retraction material for gingival displacement. ~~Before placing nonsurgical retraction material, a licensed dental assistant must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation; and~~

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. ~~Before administering local anesthesia, a licensed dental assistant must provide the board:~~

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

Proposed Rules

3100.8700 DENTAL HYGIENISTS.

Subpart 1. **Principal procedures under general supervision.** A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

Z. place nonsurgical retraction material for gingival displacement. ~~Before placing nonsurgical retraction material, a dental hygienist must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation.~~

[For text of subparts 2 to 3, see Minnesota Rules]

3100.9600 RECORD KEEPING.

[For text of subparts 1 to 5, see Minnesota Rules]

Subp. 6. **Clinical examinations.** When a limited examination is performed, items A to C pertain only to the area treated. When a comprehensive examination is performed, dental records must include:

A. recording of existing oral health care status;

B. any radiographs and photographs used with the date the image is taken and the patient's name; and

C. the results of any other diagnostic aids used.

[For text of subparts 7 to 14, see Minnesota Rules]

Expedited Rules

Provisions exist for the Commissioners of some state agencies to adopt expedited rules when conditions exist that do not allow the Commissioner to comply with the requirements for normal rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the conditions. Expedited rules are effective upon publication in the State Register, and may be effective up to seven days before publication under certain conditions.

Expedited rules are effective for the period stated or up to 18 months. Specific *Minnesota Statute* citations accompanying these expedited rules detail the agency's rulemaking authority.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

Adopted Rules - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Department of Natural Resources

Adopted Expedited Permanent Rules Relating to Invasive Species

The rules proposed and published at State Register, Volume 47, Number 18, pages 405-409, October 31, 2022 (47 SR 405), are adopted with the following modifications:

EFFECTIVE DATE. The designation of jumping worms in Minnesota Rules, part 6216.0250, subpart 4, item D, is effective July 1, 2024.

Exhibit F

(Not Enclosed: a letter from the Chief Administrative Law Judge authorizing the Board to omit the text of the proposed rules from the Dual Notice of Intent to Adopt Rules published in the State Register. This is not enclosed because the Board included the text of the proposed rules with the Dual Notice of Intent to Adopt Rules published in the State Register.)

Exhibit G
(Enclosed)


Minnesota Board of Dentistry

CERTIFICATE OF MAILING THE DUAL NOTICE OF INTENT TO ADOPT RULES TO THE RULEMAKING MAILING LIST AND OF ACCURACY OF THE RULEMAKING MAILING LIST

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

I, Kathy T. Johnson, certify that on February 16, 2024, at least 33 days before the end of the comment period, at the City of Saint Paul, County of Ramsey, State of Minnesota, I sent notification about the: (1) Dual Notice and (2) the proposed rules, to persons on the Board's rulemaking mailing list established by Minnesota Statutes, section 14.14, subdivision 1a. I accomplished this notification by sending an electronic mailing to all persons and associations on the list.

I, Kathy T. Johnson, certify that the list of persons and associations who have requested under Minnesota Statutes, section 14.14, subdivision 1a, that their names be placed on the Minnesota Board of Dentistry's rulemaking mailing list is accurate, complete, and current as of February 16, 2024.



Kathy T. Johnson

Legal Analyst

Minnesota Board of Dentistry

Johnson, Kathy T (HLB)

From: Johnson, Kathy T (HLB)
Sent: Friday, February 16, 2024 8:36 AM
Subject: MN Board of Dentistry - New Proposed Rules and Dual Notice of Intent to Adopt Rules

MINNESOTA BOARD OF DENTISTRY

RE: DUAL NOTICE OF INTENT TO ADOPT RULES – this Notice will be published in the State Register on February 20, 2024

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

The Minnesota Board of Dentistry is obligated to notify and seek comments or questions on the proposed rules or written requests for a public hearing on the proposed rules from all persons or classes of persons who might be affected by these rules. Since you are named on the Board's Rulemaking Mailing List, the Board is hereby notifying you about its proposed rules and its intent to adopt these proposed rules regarding the amendments indicated below.

The Board's proposed rules amendments will primarily address the following areas: the CPR course may be completed through other vendors who follow the stated requirements; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training and examination through a subsequent board-approved course.

Please review the following documents on the Board's website: 1) the Dual Notice; 2) the entire text of the Proposed Rules; and 3) the Statement of Need and Reasonableness (SONAR) at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>.

Interested persons have until **4:30 p.m. on March 21, 2024**, to submit any comments, questions, or written requests for a hearing on the proposed rules to Kathy Johnson at the Board, kathy.t.johnson@state.mn.us. Your comments should identify the portion of the rules, the reason for the comment, and the proposed changes. Persons may also make a written request for a hearing by providing their name, address, and identify the portions of the rules opposed to.

You may also review the proposed rules and submit written comments via the Office of Administrative Hearings Rulemaking e-comments website at <https://minnesotaoah.granicusideas.com/discussions>.

(This message is strictly for the purpose of notification and your participation is optional.)

MN Board of Dentistry
335 Randolph Ave., Suite 250
St. Paul, MN 55102

612-548-2134

kathy.t.johnson@state.mn.us

a

Aafedt, David(None)

Anderson, BridgettBus

Anderson, Jeanne(None)

b

Bell, Karri(None)

Blue, Christine(None)

Butkovich, Karen(None)

c

Chouinard, Ashley(None)

Cinquence, Carmelo Bus

Confeld, Kent(None)

Crawford, Bonnie(None)

d

Diercks, Dick Bus

Dokken, Julie(None)

Dumdei, Jennifer(None)

f

Fleck, LisaBus

Fritz, Cherie(None)

g

Geller, Nicholas Steven(None)

Guenther, Sandy(None)

h

Hardesty, Michelle(None)

Hazen, CandyHome

Henkemeyer, Barbara(None)

j

Johnson, KathyBus

Johnson, Kathy T (HLB)

k

Kashani-Legler, Rachel(None)

Kuny, Tracy(None)

l

Lapham, Kathleen(None)

Larsen, Carol Bus

Lienesch, Nicholas(None)

Lindquist, Kimberly(None)

m

Malay, Anna Home

Mayer, Kateri(None)

Moravetz, Mandy M.(None)

Morgan, Julie(None)

n

Nadeau, Richard(None)

Noyes, Teresa(None)

p

Pladson, Kris(None)

Poppe, Kjersta(None)

q

Quade, MichelleBus

r

Rulemaking E-mailing List(None)

Rynders, Beth(None)

s

Shoemaker, Lucy(None)

Sinna, Leo(None)

Spanovich, Brenda(None)

Stokke, Rosemary(None)

S

Sullivan, Diana M.(None)

Swift, James(None)

t

Thaemert, Susan(None)

Exhibit H
(Enclosed)

Minnesota Board of Dentistry

**CERTIFICATE OF GIVING ADDITIONAL NOTICE PURSUANT TO THE
ADDITIONAL NOTICE PLAN**

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

I, Kathy T. Johnson, certify that, at the City of Saint Paul, County of Ramsey, State of Minnesota, I gave notice according to the Additional Notice Plan as described below. The Board's Additional Notice Plan was approved by the Office of Administrative Hearings on January 18, 2024.

1. Throughout 2022 and 2023, several of the Board's Committees, including the Sedation Committee, Policy Committee, Professional Development Committee, and Allied Dental Education Committee, held numerous public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rules changes. Official notices of these public meetings were electronically sent by the Board to all regulated dental professionals, association representatives, and the general public, as well as posting a notice of the meetings on the Board's website. During all public meetings, copies of the proposed rules changes were distributed and reviewed by all individuals in attendance and input encouraged from all attendees.
2. By August 23, 2023, the Board posted a draft copy of the proposed rules amendments on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and general public. This draft copy identified the Board rules that will be affected by the Board's proposed rules amendments.
3. By August 23, 2023, the Board posted a copy of the Request for Comments for publication in the State Register on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
4. By August 23, 2023, the Board posted its Statement of Need and Reasonableness ("SONAR") dated August 16, 2023, on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>. This website is accessible to these individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.

-
5. On August 25, 2023, the Board mailed the Request for Comments to all persons on the Board's rulemaking mailing list by sending an electronic copy via e-mail to all persons on the list.
 6. On August 25, 2023, the Board contacted representatives of the Minnesota Dental Association (Dentists), the Minnesota Dental Therapy Association (Dental Therapists), the Minnesota Dental Hygienists Association (Dental Hygienists), and the Minnesota Dental Assistants Association (Dental Assistants) about the Board's Request for Comments period and the proposed rules.
 7. On August 25, 2023, the Board sent an electronic mass mailing using GovDelivery service to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Request for Comments period and the proposed rules.
 8. On August 28, 2023, the Board's Request for Comments was published in the State Register, requesting that all comments be submitted to the Board by October 27, 2023. All comments received by the Board regarding the proposed rules shall be reviewed and any suggested changes shall be considered by the Board.
 9. Prior to publication of the Dual Notice in the State Register, the Board will send this link <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/> for a copy of the Dual Notice of Intent to Adopt Rules, proposed rules, and SONAR to:
 - a. the representatives of the Minnesota Dental Association, Minnesota Dental Therapy Association, Minnesota Dental Hygienists Association, and Minnesota Dental Assistants Association, with a request to disseminate this information to their member lists via newsletters, publications, or mailings; and
 - b. all persons on the Board's rulemaking mailing list.
 10. Prior to publication of the Dual Notice in the State Register, the Board will send an electronic mass mailing using GovDelivery service to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Dual Notice period, proposed rules, and SONAR.



Kathy T. Johnson
Legal Analyst
Minnesota Board of Dentistry

January 18, 2024

VIA EMAIL ONLY

Kathy T. Johnson
Minnesota Board of Dentistry
335 Randolph Ave Ste 250
Saint Paul, MN 55102
Kathy.t.johnson@state.mn.us

Re: *In the Matter of the Proposed Amendments To Permanent Rules of the Minnesota Board Of Dentistry Relating to Licensing and Administration of Sedation and Anesthesia*
OAH 22-9033-39759; Revisor R-4813

Dear Ms Johnson:

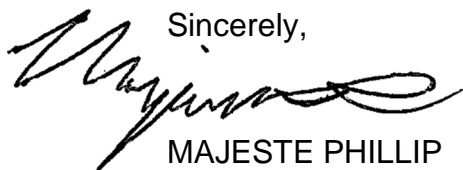
Enclosed herewith and served upon you please find the **ORDER ON REVIEW OF ADDITIONAL NOTICE PLAN AND DUAL NOTICE** in the above-entitled matter.

Prior to publishing the Dual Notice in the State Register, please notify the Office of Administrative Hearings (OAH) at william.t.moore@state.mn.us in order to activate the agency's eComments page on OAH's website. **Please note that if you do not notify us of the publication, the eComments site will not be available to receive public comments.**

For the convenience of the Office of Administrative Hearings, the Administrative Law Judge requests the Minnesota Board of Dentistry to change the contact information on page 3 of the Dual Notice, the paragraph titled Notice of Hearing, to read "Judge Moseng's Legal Assistant William Moore can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, telephone 651-361-7900 and fax 651-539-0310 or William.t.moore@state.mn.us."

If you have any questions regarding this matter, please contact William Moore at (651) 361-7893, william.t.moore@state.mn.us or via facsimile at (651) 539-0310.

Sincerely,



MAJESTE PHILLIP
Legal Specialist

Enclosure

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter of the Proposed
Amendments To Permanent Rules of the
Minnesota Board Of Dentistry Relating to
Licensing and Administration of Sedation
and Anesthesia

**ORDER ON REVIEW
OF ADDITIONAL NOTICE
PLAN AND DUAL NOTICE**

This matter came before Administrative Law Judge Christa L. Moseng upon the Minnesota Board of Dentistry's (Board) request for a legal review under Minn. R. 1400.2060, .2080 (2023) of the Additional Notice Plan and Dual Notice of Intent to Adopt Rules in the above-captioned proceeding.

Under its Additional Notice Plan, the Board plans to:¹

1. Notify representatives of the Minnesota Dental Association, Minnesota Dental Therapy Association, Minnesota Dental Hygienists Association, and Minnesota Dental Assistants Association, and request that they disseminate the information to their member lists via newsletters, publications, or mailings;
2. Post a draft of the proposed rule amendments, Request for Comments, and its Statement of Need and Reasonableness on the Board's website at <https://mn.gov/boards/dentistry/board-information/lawsandrules/rulemaking/>; and
3. Send an email using GovDelivery to nearly 127,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Request for Comments, the comment period, and the proposed rules.

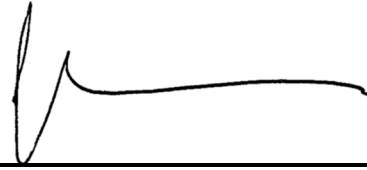
Based upon a review of the written submissions by the Board,

¹ The Board's Additional Notice Plan is described in more detail in the Board's Statement of Need and Reasonableness. It includes actions taken in 2022 and 2023, including public meetings to discuss proposed rule changes and notice of a previous request for comments. The Additional Notice Plan summary included here—and this approval under Minn. R. 1400.2600, subp 1—is limited to the Board's plan for additional notice specifically of the proposed Dual Notice of Intent to Adopt Rules.

IT IS HEREBY ORDERED THAT:

1. The Additional Notice Plan is **APPROVED**.
2. The Dual Notice is **APPROVED**.

Dated: January 18, 2024

A handwritten signature in black ink, appearing to read 'Christa L. Moseng', written over a horizontal line.

CHRISTA L. MOSENG
Administrative Law Judge

Exhibit I
(Enclosed)

Minnesota Board of Dentistry

**CERTIFICATE OF MAILING AN ELECTRONIC COPY OF THE STATEMENT OF
NEED AND REASONABLENESS TO THE LEGISLATIVE REFERENCE LIBRARY**

**Proposed Amendments to Permanent Rules Relating to Licensing and Administration of
Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130,
3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340,
3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300,
3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.**

I, Kathy T. Johnson, certify that on February 16, 2024, I sent an electronic copy of the Board's Statement of Need and Reasonableness to the Legislative Reference Library using the e-mail address: sonars@lrl.mn.gov. The copy of the Statement of Need and Reasonableness was electronically mailed to comply with Minnesota Statutes, sections 14.131 and 14.23.

A copy of the cover letter is attached to this Certificate.



Kathy T. Johnson

Legal Analyst

Minnesota Board of Dentistry

February 16, 2024

Legislative Reference Library

645 State Office Building

100 Rev. Dr. Martin Luther King Jr. Blvd.

Saint Paul, Minnesota 55155-1050

sonars@lrl.mn.gov

Re: Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

Dear Librarian:

The Minnesota Board of Dentistry intends to adopt rules relating to the following: the required CPR course is open to other vendors; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training.

We plan to publish a Dual Notice of Intent to Adopt Rules on February 20, 2024, in the State Register.

The Board has prepared a Statement of Need and Reasonableness. As required by Minnesota Statutes sections 14.131 and 14.23, the Board is sending the Library an electronic copy of the Statement of Need and Reasonableness about the same time as we are mailing our Dual Notice.

If you have any questions, please contact me at (612) 548-2134.

Yours very truly,



Kathy T. Johnson

Legal Analyst

Minnesota Board of Dentistry

Enclosures: Statement of Need and Reasonableness

Exhibit J

(Enclosed)

m MINNESOTA
BOARD OF DENTISTRY

335 Randolph Ave, Suite 250
St. Paul, MN 55102
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Phone (612) 617-2250
Toll Free (888) 240-4762
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March 25, 2024

The Honorable Judge Christa Moseng

Administrative Law Judge

Office of Administrative Hearings

600 North Robert Street

P.O. Box 64620

Saint Paul, Minnesota 55164-0620

Re: In The Matter of the Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; OAH Docket No. 22-9033-39759; Revisor's ID Number RD4813.

Dear Judge Moseng:

This letter contains the Minnesota Board of Dentistry's responses to comments it received during the hearing and comment period. The Board did not receive any requests for a hearing. We have summarized these comments and issues in the order of the subpart or item that they relate to. The Board's response follows each comment or issue.

Minnesota Rules part 3100.1320, subpart 6. Compliance with infection control.

[Comment] DANB is concerned about eliminating the two-hour educational requirement for infection control for a limited radiology registration.

[Board's Response] The Board only eliminated the two-hour specification. A limited radiology registration must still "maintain compliance with the most current infection control practices for a dental setting" which is the same requirement for all other dental professionals.

Minnesota Rules part 3100.3600, subpart 17a(B). Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.

[Comment] EF asked for clarification on whether the two additional licensed personnel required during moderate sedation must be dental assistants or whether these licensed personnel can have qualifications that exceed CPR and allied sedation monitoring certification, such as a resident dentist.

[Board Response] A resident dentist would be considered a licensed professional who could be present to satisfy this requirement. When drafting rules, the Board attempts to provide a solution that effects a majority of the audience and not individual circumstances. If needed, the Board can consider changes to this subpart in a future rulemaking.

Minnesota Rules part 3100.3600, subpart 22(A)(1). **Practice and equipment requirements.**

[Comment] EF stated that it is challenging to measure blood pressure continuously, the recommendation is typically to monitor blood pressure at certain levels (e.g. every 5-10 minutes) instead of continuously.

[Board Response] The word “continuously” is not a change that is being made in these proposed rules but can be considered in a future rulemaking.

Minnesota Rules part 3100.5100, subpart 2(C). **Professional development requirements.**

[Comment] EF asked for clarification on whether dentists with a certificate to administer sedation and anesthesia are required to complete 65 hours of CE, 15 hours of which involve topics in sedation/anesthesia, or whether 15 of the 50 hours detailed in item B must pertain to the topics 1-7 involving sedation/anesthesia.

[Board Response] It would be a total of 65 hours of professional development. As for the appropriate wording for this subpart, the Board follows the recommendations from the Revisor of Statutes regarding applying certain drafting standards when writing rules.

The Board has addressed any concerns raised during the hearing and comment period. The Board has shown that the rules are needed and reasonable. We respectfully submit that the Administrative Law Judge should recommend adoption of these rules.

Sincerely,



Bridgett Anderson, L.D.A., M.B.A.
Executive Director



Dental Assisting National Board

Board of Directors

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B.S., MSgt, USAF

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CPFDA, CRFDA

Lindsey Yates, D.D.S.

Chief Executive Officer

Laura Skarnulis

March 21, 2024

BY EMAIL

Minnesota Board of Dentistry
Attention: Kathy Johnson
335 Randolph Avenue, Suite 250
St. Paul, MN 55102
kathy.t.johnson@state.mn.us

Dear Distinguished Members of the Minnesota Board of Dentistry:

I am writing on behalf of the Dental Assisting National Board, Inc. (DANB) in connection to a rulemaking proposal subject to a comment period ending March 21, 2024.

This proposal is quite extensive, impacting many rules from 3100.0100 through 3100.9600. However, DANB would like to take the opportunity to comment on two sections in particular:

1. 3100.1320 (limited radiology registration reinstatement)

Currently, Minnesota rules state that if a radiology permit should lapse, regardless of length of time, an applicant must comply with *Subpart 6*, which includes the completion of two hours of infection control education, within two years prior to application for reinstatement. However, the Board now proposes to remove such infection control education through the following proposed language:

Subp. 6. Professional development Compliance with infection control. A person with a limited radiology registration must complete two hours of infection control education and maintain compliance with the most current infection control practices for a dental setting.

DANB cautions the Board against this proposal. Those holding the limited radiology permit are likely performing other duties and this infection control education provides a needed avenue for ensuring permit holders have the basic safety knowledge necessary for public protection in the dental office. Additionally, a permit holder who allows their registration to lapse should be held to a higher standard for reinstatement, not lower, especially as, according to *Subpart 4* of this rule, a practitioner may apply for reinstatement even after more than two years of terminated licensure. To protect patient safety, reinstatement for a lapsed registration should occur only after an applicant has at least undergone recent infection control education.

2. 3100.8500 (dental assistants and local anesthesia)

The Board has proposed to allow the delegation of local anesthesia administration to licensed dental assistants under the direct supervision of a dentist. In the language below, the Board provides a pathway through which dental assistants may obtain Board authorization to perform this function:

L. administer local anesthesia limited to supraperiosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

- (1) evidence of at least one year of experience in general chairside dental assisting;*
- (2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;*
- (3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and*
- (4) evidence of application for local anesthesia certification through the board.*

In reference to step three highlighted above, DANB commends and supports the Board's inclusion of passage of an objective exam in local anesthesia as a prerequisite to performing that function. We believe that states should take steps to ensure that all dental assistants are qualified and competent to perform the duties delegated to them and standardized, nationally recognized assessments of knowledge are a critical component of that effort. These rigorous steps are necessary to fostering greater public confidence in the practice of oral healthcare and in raising the level of office safety for both patients and dental staff.

We sincerely appreciate the opportunity to provide input into the current draft rules and hope you find these comments helpful in your deliberations. If there are any questions or follow-up related to these comments, or if the Board would like to learn more about DANB certifications, component exams or any other service offered by DANB, please do not hesitate to contact me at klandsberg@danb.org or 1-800-367-3262, ext. 431.

Best regards,


Katherine Landsberg
Director, Government Relations

Cc: Laura Skarnulis, DANB Chief Executive Officer
Aaron White, MBA, MJur, DANB Chief Operating Officer

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Pediatric Dentistry
Developmental and Surgical Sciences
School of Dentistry*

*6-150 Moos Health Science Tower
515 Delaware Street S.E.
Minneapolis, MN 55455*

*Office: 612-624-1985
Fax: 612-626-2900*

21 March 2024

Dear Board of Dentistry,

I am writing to address proposed changes to Minnesota Rules 3100.3600 Subp. 17a. "A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration."

Response to the Change: There is no evidence that two additional licensed personnel certified in allied sedation monitoring increases the safety of moderate sedation practice in children versus one additional license personnel. I am concern that the rules change will reduce access to moderate sedation and not make a measurable improvement toward the safety of moderate sedation practices. Thousands of families in Minnesota struggle to find a dental provider who accepts state insurance and provides safe moderate sedation for children. I plead to the Board of Dentistry to consider how this proposed rule change will affect access to care while not providing an impact on improving safety for children treated with moderate (conscious) sedation.

Regards,



Robert Jones DDS PhD
Associate Professor
Division of Pediatric Dentistry
School of Dentistry, University of Minnesota
6-150 Moos Health Science Tower
515 Delaware Street S.E.
Minneapolis, MN 55455
email: rsjones@umn.edu

39759 Minnesota Board of Dentistry Dual Notice of Intent to Adopt Rules

Closed Mar 21, 2024 · Discussion · 2 Participants · 1 Topics · 2 Answers · 0 Replies · 1 Votes

2	1	2	0	1
PARTICIPANTS	TOPICS	ANSWERS	REPLIES	VOTES

SUMMARY OF TOPICS

SUBMIT A COMMENT

🗨️ 2 Answers · 0 Replies

Important: All comments will be made available to the public. Please only submit information that you wish to make available publicly. The Office of Administrative Hearings does not edit or delete submissions that include personal information. We reserve the right to remove any comments we deem offensive, intimidating, belligerent, harassing, or bullying, or that contain any other inappropriate or aggressive behavior without prior notification.

Elisabeth Fulling · Citizen · (Postal Code: unknown) · Mar 19, 2024 2:51 pm

👍 1 Votes

Regarding 3100.5100, subpart 2C: could you please clarify whether dentists with a certificate to administer sedation and anesthesia are required to complete 65 hours of CE, 15 hours of which involve topics in sedation/anesthesia, or whether 15 of the 50 hours detailed in item B must pertain to the topics 1-7 involving sedation/anesthesia.

Regarding 3100.3600, subpart 22(1): it is challenging to measure blood pressure continuously; the recommendation is typically to monitor blood pressure at certain intervals (e.g every 5-10 minutes) instead of continuously.

Regarding 3100.3600, subpart 17B: please clarify whether the two additional licensed personnel required during a moderate sedation must be dental assistants, or whether these licensed personnel can have qualifications that exceed CPR and allied sedation monitoring certification, such as a resident dentist.

Kathy Johnson · Citizen · (Postal Code: unknown) · Mar 20, 2024 1:59 pm

👍 0 Votes

3100.5100, subpart 2C: It would be a total of 65 hours of professional development.
3100.3600, subpart 22(A)(1): The word "continuously" is not a change that is being made in these proposed rules but can be considered in a future rulemaking.
3100.3600, subpart 17a(B): A resident dentist would be considered a licensed professional who could be present to satisfy this requirement.

39759 Minnesota Board of Dentistry Dual Notice of Intent to Adopt Rules

Closed Mar 21, 2024 · Discussion · 2 Participants · 1 Topics · 2 Answers · 0 Replies · 1 Votes

Johnson, Kathy T (HLB)

From: Nathaniel Cook, DDS <ncook@appletrreedental.org>
Sent: Tuesday, March 19, 2024 3:30 PM
To: Johnson, Kathy T (HLB)
Subject: comments/clarifying questions on BoD sedation rules

You don't often get email from ncook@appletrreedental.org. [Learn why this is important](#)

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Hi Kathy,

I had some comments and clarifying questions regarding the Board of Dentistry's proposed rule changes regarding Licensing and Administration of Sedation and Anesthesia.

- 3100.3600 Subp 22 - line 29.12 "a dentist must apply the current standard of care to **continuously** monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity"
 - reason for comment: states **continuously**, which can be interpreted as "without interruption" or "constantly", but this is not practical for blood pressure, and is not recommended per the AAPD's guidelines on monitoring for moderate sedation of pediatric patients. It is reasonable to continuously monitor pulse/heart rate and oxygen saturation, and respiratory function, but not blood pressure.
 - AAPD's guidelines on monitoring during sedation state on page E33 state "There shall be continuous monitoring of oxygen saturation and heart rate; when bidirectional verbal communication between the provider and patient is appropriate and possible (ie, patient is developmentally able and purposefully communicates), monitoring of ventilation by (1) capnography (preferred) or (2) amplified, audible pretracheal stethoscope (eg, Bluetooth technology) 368-371 or precordial stethoscope is strongly recommended. If bidirectional verbal communication is not appropriate or not possible, monitoring of ventilation by capnography (preferred), amplified, audible pretracheal stethoscope, or precordial stethoscope is required. Heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide values should be recorded, at minimum, every 10 minutes in a time-based record. Note that the exact value of expired carbon dioxide is less important than simple assessment of continuous respiratory gas exchange. In some situations in which there is excessive patient agitation or lack of cooperation or during certain procedures such as bronchoscopy, dentistry, or repair of facial lacerations capnography may not be feasible, and this situation should be documented. For uncooperative children, it is often helpful to defer the initiation of capnography until the child becomes sedated. Similarly, the stimulation of blood pressure cuff inflation may cause arousal or agitation; in such cases, blood pressure monitoring may be counterproductive and may be documented at less frequent intervals (eg, 10–15 minutes, assuming the patient remains stable, well oxygenated, and well perfused)." **Even under the section referring to monitoring a patient under deep sedation/general anesthesia on page E34 it states "A**

competent individual shall observe the patient continuously. Monitoring shall include all parameters described for moderate sedation. Vital signs, including heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide, must be documented at least every 5 minutes in a time-based record. Capnography should be used for almost all deeply sedated children because of the increased risk of airway/ventilation compromise."

- Proposed change: align the rule with AAPD guidelines to disconnect continuous from blood pressure in the wording of the rule. Example: "a dentist must apply the current standard of care to continuously monitor and evaluate a patient's oxygen saturation, heart rate, and respiratory function. A dentist must also apply current standard monitor and evaluate a patient's blood pressure at an interval consistent with recommended standards of care based on the patient's level of sedation"
- 3100.5100 Subp 2.C - **"In addition to the 50 hours required** for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas..."
 - Reason for Comment: I am very much in support of requiring providers who administer sedation to have educational/CE requirements related to sedation to maintain their sedation license. I attended multiple Board Sedation Committee meetings, and recall discussing this topic. I believe the *intent* was of the required 50 professional development hours, at least 15 hours should related to sedation-related topics, and of those on the call during the committee meeting, it sounded like people were in support of this. However, in reading of this rule, I think it can be interpreted that a provider with a sedation license would be required to complete 15 additional hours *on top* of the required 50 hours, for a total of 65 hours.
 - If the *intent* of the rule is to require 15 hours of the total 50 professional development hours be devoted to sedation-related topics, I think that is both a reasonable requirement and a clear message that those who take on the responsibility of sedating patients must devote a significant part of their professional development toward continued learning and further developing those skills and safeguards. If the *intent* of the rule is to require 65 total minimum hours of professional development for those with a sedation certificate, I think that is unnecessary and excessive and do not support the rule. Because many of the topic areas related to sedation would fall under the "fundamental" course requirement, and mandatory requirements in some cases, I strongly feel the 15 hours devoted to these sedation-related topics should count toward the 50 total hours required. Most providers who administer sedation services likely already devote significant professional development to these topics, which currently count toward the 50 total hours, but if it is 15 additional hours for a total of 65 hours, we are essentially requiring sedation-administering providers to do *more* professional development that may or may not be related to sedation to reach the total 65 hours.
 - Proposed Change: change the wording of the rule to clearly indicate the 15 hours of sedation-related topics would fall under the 50 total professional development hours. Example: "In addition to the requirement for a dentist to complete 50 hours of professional development under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600 subpart 18, must dedicate at least 15 of the 50 hours of professional development in any of the following areas..." or remove the wording "in addition" in the beginning of the rule to state "Of the 50 total hours required for a dentist under item B, a dentist with a certificate to administer general

anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18 must devote 15 of the 50 total hours of professional development in any of the following areas...

- 3100.3600 Subp 17a. B (line 25.17-25.19) - "A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR **and allied sedation monitoring** present during administration."
 - Reason for Comment: I think its critical to have well-trained support staff during sedation-related procedures. I think its especially critical for deep sedation/general anesthesia procedures when the dentist is administering the sedation/anesthesia. However, I personally do not feel it should be *required* that both additional personnel are certified in allied sedation monitoring for a moderate sedation. I think its reasonable to require at least 1 licensed personnel in addition to the dentist be certified in allied sedation monitoring, and I do think both should be licensed and certified in CPR, but don't think *both* should *also* be required to have allied sedation monitoring. I think if the dentist is required to have PALS or ACLS and at least one additional person is trained in allied sedation monitoring, and a third person required to be trained in CPR, I believe that should be sufficient.
 - With the wording as is, we could have a second dentist trained in PALS or ACLS present and well prepared to respond in a sedation-related emergency who would not "qualify" as one of the two additional licensed personnel, because they do not have the "allied sedation monitoring" certification
 - Another specific example of how the language could be problematic: I am a part-time faculty with Hennepin Healthcare's pediatric dentistry specialty program, and for these residency sedation procedures for mild and moderate pediatric sedations, we typically a faculty dentist assigned to oversee the sedation, a resident who is administering the sedation and providing the treatment, and have a second pediatric dental resident also monitoring the patient, and at least one LDA to assist the procedure. With the rule as it currently stands, if a resident who is licensed in the state of MN as a dentist (but doesn't have a "resident license" because they're already licensed in the state as a dentist) and does not yet have their sedation certificate because they're currently in residency, were administering the sedation, we would still need 2 additional licensed DAs with certificates in allied sedation monitoring, even though there is a second resident assigned to monitor and a supervising dentist faculty. In the section on license requirements for a "resident dentist", it makes clear the same rules/requirements do not pertain to those in residency with a resident license, but some dentists in residency programs do not apply for and have a "resident dentist" license, because they already have a dental license in our state.
 - I think with the wording as is, it would place a significant burden on practices (including residency programs and critical access providers) who already have trouble with adequate staffing, to then devote two LDAs with allied sedation monitoring to a moderate sedation, and do not feel it would significantly enhance safety for a moderate sedation.
 - Proposed change: change the wording to require only one of the two additional licensed personnel are required to have allied sedation monitoring. "A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR, and at least one certified in **allied sedation monitoring**, present during administration."

Thanks for your time and consideration!

Nathaniel Cook, DDS

Director of Pediatrics
Pediatric Dentist
Diplomate, American Board of Pediatric Dentistry



APPLE TREE DENTAL

2442 County Highway 10
Mounds View, MN 55112

E-Mail: ncook@applereedental.org

Office: 763-316-5400

Cell: 320-583-2177

Exhibit K

(Not Enclosed: a notice of withdrawal of hearing request, evidence that the Board sent its notice of withdrawal to all persons who requested a hearing, and any responsive comments received. These are not enclosed because Minnesota Statutes, section 14.25, subdivision 2, did not require the Board to send a notice of withdrawal of hearing request.)

Exhibit L
(Enclosed)

1.1 **Board of Dentistry**

1.2 **Adopted Permanent Rules Relating to Licensing and Administration of Sedation and**
1.3 **Anesthesia**

1.4 **3100.0100 DEFINITIONS.**

1.5 *[For text of subparts 1 and 2, see Minnesota Rules]*

1.6 Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support"
1.7 or "ACLS" refers to an advanced educational course and certification for a health care
1.8 provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care
1.9 in settings ranging from the prehospital environment to the hospital setting. The course must
1.10 include advanced airway management skills, cardiac drug usage, defibrillation, and
1.11 arrhythmia interpretation.

1.12 *[For text of subparts 2b to 9, see Minnesota Rules]*

1.13 Subp. 9a. **CPR.** "CPR" refers to a course and certification for a health care provider
1.14 that teaches basic life support for adults, children, and infants. The course must include both
1.15 hands-on practice and written examination and must address the following topics:

1.16 A. rapid assessment of the patient and provision of emergency care based upon
1.17 the patient's condition;

1.18 B. relief of foreign-body airway obstruction or choking;

1.19 C. basic life support giving chest compressions and delivering appropriate
1.20 ventilations;

1.21 D. early use of an automated external defibrillator (AED); and

1.22 E. effective coordination of multiple rescuers performing basic life support.

1.23 *[For text of subparts 9b to 15b, see Minnesota Rules]*

2.1 Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life
2.2 support" or "PALS" refers to an advanced life support educational course and certification
2.3 for the pediatric health care provider that teaches the current certification standards of the
2.4 American Academy of Pediatrics or the American Heart Association.

2.5 Subp. 15d. **Pediatric patient.** During the administration of general anesthesia, deep
2.6 sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years
2.7 old or younger.

2.8 *[For text of subparts 16 to 22, see Minnesota Rules]*

2.9 **3100.1100 GENERAL DENTIST.**

2.10 Subpart 1. **Licensure application and examination requirements.** A person seeking
2.11 licensure to practice general dentistry in Minnesota must provide the board:

2.12 A. a completed application;

2.13 B. a form of current government-issued identification;

2.14 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

2.15 D. evidence of having graduated from a school of dentistry accredited by the
2.16 Commission on Dental Accreditation;

2.17 E. evidence of passing all parts of a national board examination for the practice
2.18 of dentistry within the past five years;

2.19 F. evidence of passing a board-approved clinical examination within the past five
2.20 years;

2.21 G. evidence of passing the board's jurisprudence examination within the past five
2.22 years;

2.23 H. documentation of current CPR certification; and

3.1 I. a criminal background check as required by Minnesota Statutes, section 214.075.

3.2 *[For text of subparts 1a to 6, see Minnesota Rules]*

3.3 **3100.1120 SPECIALTY DENTIST.**

3.4 Subpart 1. **Licensure application and examination requirements.** A person seeking
3.5 licensure to practice as a specialty dentist in Minnesota must provide the board:

3.6 A. a completed application;

3.7 B. a form of current government-issued identification;

3.8 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

3.9 D. evidence of having graduated from a school of dentistry;

3.10 E. evidence of having graduated from a postdoctoral specialty program accredited
3.11 by the Commission on Dental Accreditation;

3.12 F. evidence of certification from a board-approved specialty board or evidence
3.13 of passing a board-approved clinical examination;

3.14 G. evidence of passing all parts of a national board examination for the practice
3.15 of dentistry;

3.16 H. evidence of completing a postdoctoral specialty program or evidence of
3.17 completing at least 2,000 hours within the past 36 months of active practice in another
3.18 United States jurisdiction, Canadian province, or United States government service;

3.19 I. evidence of passing the board's jurisprudence examination within the past five
3.20 years;

3.21 J. documentation of current CPR certification; and

3.22 K. a criminal background check as required by Minnesota Statutes, section 214.075.

4.1 *[For text of subparts 2 to 6, see Minnesota Rules]*

4.2 **3100.1130 LIMITED GENERAL DENTIST.**

4.3 Subpart 1. **Credential review to determine educational equivalency and eligibility**
4.4 **to take a board-approved clinical examination for limited licensure.**

4.5 A. A person who is a graduate of a nonaccredited dental program seeking a limited
4.6 license to practice general dentistry in Minnesota must submit to a onetime credential review
4.7 by the board to determine educational equivalency and eligibility to take a board-approved
4.8 clinical examination. For the credential review, the applicant must provide the board:

4.9 *[For text of subitem (1), see Minnesota Rules]*

4.10 (2) a completed board-approved evaluation of any international education in
4.11 the applicant's graduating dental degree training program;

4.12 *[For text of subitems (3) to (7), see Minnesota Rules]*

4.13 (8) an original or notarized copy of other credentials in dentistry and, if
4.14 necessary, professional translation;

4.15 (9) completed board-approved infection control training; and

4.16 (10) evidence of passing all parts of a national board examination for the
4.17 practice of dentistry.

4.18 *[For text of items B to E, see Minnesota Rules]*

4.19 *[For text of subpart 1a, see Minnesota Rules]*

4.20 Subp. 1b. **Limited general license application and examination requirements.** After
4.21 passing a board-approved clinical examination, an applicant may apply for a limited general
4.22 license. The applicant must provide the board:

4.23 A. a completed application;

- 5.1 B. a form of current government-issued identification;
- 5.2 C. the application fee in Minnesota Statutes, section 150A.091, subdivision 9b,
- 5.3 clause (1);
- 5.4 D. evidence of passing a board-approved clinical examination within the past five
- 5.5 years;
- 5.6 E. evidence of passing the board's jurisprudence examination within the past five
- 5.7 years;
- 5.8 F. a written agreement between the applicant and a board-approved Minnesota
- 5.9 licensed supervising dentist. The written agreement must include:
- 5.10 (1) all information requested by the board relating to the applicant's written
- 5.11 agreement;
- 5.12 (2) any practice limitations; and
- 5.13 (3) an acknowledgment that the applicant agrees to practice clinical dentistry
- 5.14 at least 1,100 hours annually for a period of three consecutive years after beginning clinical
- 5.15 practice in Minnesota;
- 5.16 G. documentation of current CPR certification; and
- 5.17 H. a criminal background check as required by Minnesota Statutes, section 214.075.

5.18 Subp. 2. **Terms of limited licensure.**

- 5.19 A. Throughout the three consecutive years while practicing general dentistry in
- 5.20 Minnesota under the general supervision of a Minnesota licensed dentist, the limited license
- 5.21 dentist must maintain and comply with the requirements in this subpart:

5.22 *[For text of subitems (1) to (5), see Minnesota Rules]*

(6) maintain a professional development portfolio containing documentation of required hours in professional development activities.

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

(3) the fee in Minnesota Statutes, section 150A.091, subdivision 2;

(4) documentation of current CPR certification;

(5) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

(6) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

7.1 **3100.1150 FACULTY DENTIST; FULL OR LIMITED.**

7.2 Subpart 1. **Licensure application and examination requirements.** A person seeking
7.3 licensure to practice as a faculty dentist who is not already licensed to practice dentistry in
7.4 Minnesota must provide the board:

7.5 A. a completed application;

7.6 B. a form of current government-issued identification;

7.7 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

7.8 D. evidence of passing the board's jurisprudence examination within the past five
7.9 years;

7.10 E. documentation of current CPR certification;

7.11 F. a criminal background check as required by Minnesota Statutes, section 214.075;

7.12 and

7.13 G. a letter from the dean or program director of a school of dentistry, dental
7.14 therapy, dental hygiene, or dental assisting or of a residency training program accredited
7.15 by the Commission on Dental Accreditation certifying that the person seeking licensure is
7.16 a faculty member of the school or residency program and practices dentistry. The original
7.17 letter must include:

7.18 (1) the applicant's full name;

7.19 (2) a statement that the applicant is a faculty member of the school or
7.20 residency program and practices dentistry within the school or residency program, or within
7.21 affiliated teaching facilities of the school or residency program, but only for purposes of
7.22 instruction or research; and

7.23 (3) the dates of the applicant's employment by the school of dentistry, dental
7.24 therapy, dental hygiene, or dental assisting or by the residency program.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a faculty member of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency program.

[For text of subparts 3 to 7, see Minnesota Rules]

3100.1160 RESIDENT DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a resident dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of having graduated from a dental school;
- E. evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation;
- F. evidence of passing the board's jurisprudence examination within the past five years;
- G. documentation of current CPR certification; and
- H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation as a part of their residency program without further general anesthesia or sedation

certification required from the board. The resident dentist remains subject to the requirements of part 3100.3600, subparts 1a and 22.

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice either as a resident dental therapist or resident dental hygienist must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;
- E. evidence of passing the board's jurisprudence examination within the past five years;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.

Subpart 1. **Dental therapist; licensure application and examination requirements.** A person seeking licensure to practice dental therapy in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

E. evidence of passing a board-approved clinical examination in dental therapy within the past five years;

F. evidence of passing the board's jurisprudence examination within the past five years;

G. documentation of current CPR certification; and

H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 9, see Minnesota Rules]

3100.1200 DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental hygiene in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of passing a national board examination for the practice of dental hygiene within the past five years;

E. evidence of passing a board-approved clinical examination within the past five years;

11.1 F. evidence of having graduated from a school of dental hygiene accredited by
11.2 the Commission on Dental Accreditation;

11.3 G. evidence of passing the board's jurisprudence examination within the past five
11.4 years;

11.5 H. documentation of current CPR certification; and

11.6 I. a criminal background check as required by Minnesota Statutes, section 214.075.

11.7 *[For text of subparts 2 to 8, see Minnesota Rules]*

11.8 **3100.1300 LICENSED DENTAL ASSISTANT.**

11.9 Subpart 1. **Licensure application and examination requirements.** A person seeking
11.10 licensure to practice dental assisting in Minnesota must provide the board:

11.11 A. a completed application;

11.12 B. a form of current government-issued identification;

11.13 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

11.14 D. evidence of having graduated from a school of dental assisting accredited by
11.15 the Commission on Dental Accreditation;

11.16 E. evidence of passing the board's state licensing examination within the past five
11.17 years;

11.18 F. evidence of passing a national board examination for the practice of dental
11.19 assisting within the past five years;

11.20 G. evidence of passing the board's jurisprudence examination within the past five
11.21 years;

11.22 H. documentation of current CPR certification; and

I. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 8, see Minnesota Rules]

3100.1320 LIMITED RADIOLOGY REGISTRATION.

Subpart 1. **Registration application and examination requirements.** A person seeking registration in Minnesota to take dental radiographs under general supervision of a dentist must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having completed a board-approved course on dental radiology offered through a school accredited by the Commission on Dental Accreditation;

E. evidence of passing a board-approved nationally recognized radiation examination within the past five years;

F. evidence of passing the board's jurisprudence examination within the past five years;

G. documentation of current CPR certification; and

H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 and 3, see Minnesota Rules]

Subp. 4. **Reinstatement requirements.**

[For text of item A, see Minnesota Rules]

B. If the license was terminated six months ago or less, the person must provide the board documentation of current CPR certification.

13.1 C. If the license was terminated more than six months but less than 24 months
13.2 ago, the person must provide the board:

13.3 (1) documentation of current CPR certification;

13.4 (2) evidence of passing the board's jurisprudence examination within 12
13.5 months prior to the board's receipt of the application; and

13.6 (3) a criminal background check if terminated more than one year ago as
13.7 required by Minnesota Statutes, section 214.075.

13.8 D. If the license was terminated 24 months or more ago, the person must provide
13.9 the board:

13.10 (1) documentation of current CPR certification;

13.11 (2) evidence of passing the board's jurisprudence examination within 12
13.12 months prior to the board's receipt of the application;

13.13 (3) a criminal background check if terminated more than one year ago as
13.14 required by Minnesota Statutes, section 214.075; and

13.15 (4) evidence of passing the radiation examination described in subpart 1, item
13.16 D, within 24 months prior to the board's receipt of the application.

13.17 *[For text of subpart 5, see Minnesota Rules]*

13.18 Subp. 6. **Compliance with infection control.** A person with a limited radiology
13.19 registration must maintain compliance with the most current infection control practices for
13.20 a dental setting.

14.1 **3100.1340 EMERITUS INACTIVE.**

14.2 Subpart 1. **Licensure application requirements.**

14.3 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
14.4 assisting in Minnesota who retires from active practice may apply for an emeritus inactive
14.5 license by providing the board:

14.6 (1) a completed application;

14.7 (2) a form of current government-issued identification; and

14.8 (3) the onetime application fee in Minnesota Statutes, section 150A.091,
14.9 subdivision 19.

14.10 *[For text of item B, see Minnesota Rules]*

14.11 *[For text of subpart 2, see Minnesota Rules]*

14.12 **3100.1350 EMERITUS ACTIVE.**

14.13 Subpart 1. **Licensure application requirements.**

14.14 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
14.15 assisting in Minnesota who retires from active practice may apply for an emeritus active
14.16 license by providing the board:

14.17 (1) a completed application;

14.18 (2) a form of current government-issued identification; and

14.19 (3) the application fee in Minnesota Statutes, section 150A.091, subdivision
14.20 20.

14.21 *[For text of item B, see Minnesota Rules]*

14.22 *[For text of subpart 2, see Minnesota Rules]*

15.1 Subp. 3. **Renewal and prohibition on reinstatement.**

15.2 A. An emeritus active license is renewed biennially and continues on with the
15.3 licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision
15.4 11. If the licensee fails to renew an emeritus active license by the deadline, the board shall
15.5 send a notice to the licensee. The notice must state the amount of the renewal and late fees.
15.6 The licensee must renew the emeritus active license within 30 days of the expiration date
15.7 of the license or the board shall administratively terminate the license and the right to
15.8 practice. The board must not consider an administrative termination of a license as a
15.9 disciplinary action against the licensee.

15.10 *[For text of item B, see Minnesota Rules]*

15.11 Subp. 4. **Professional development.** For each biennial professional development
15.12 cycle, the licensee must comply with the professional development requirements including
15.13 a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

15.14 *[For text of item A, see Minnesota Rules]*

15.15 B. Fundamental activities for each biennial cycle must include an infection control
15.16 course.

15.17 Subp. 5. **Anesthesia, sedation, and nitrous oxide.**

15.18 A. If an emeritus active licensee was licensed immediately prior to obtaining
15.19 emeritus active licensure to administer a pharmacological agent for the purpose of general
15.20 anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue
15.21 to administer such treatment in compliance with the applicable requirements of part
15.22 3100.3600. If the emeritus active licensee was not licensed to administer such treatment
15.23 immediately prior to obtaining emeritus active licensure, an emeritus active licensee must
15.24 not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;
- E. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed their guest license. The notice must state the amount of the guest license renewal fee. The licensee must renew their guest license within 30 days of the expiration date of the license or the board shall administratively terminate the guest license and the right to practice. The board must not consider an administrative termination of a guest license as a disciplinary action against the licensee.

17.1 *[For text of subparts 3 and 4, see Minnesota Rules]*

17.2 **3100.1380 GUEST VOLUNTEER LICENSE.**

17.3 Subpart 1. **Licensure application requirements.** A person who is currently a licensed
17.4 dentist, dental therapist, dental hygienist, or dental assistant in good standing in another
17.5 United States jurisdiction may apply for a guest volunteer license without compensation by
17.6 providing the board:

17.7 A. a completed application;

17.8 B. a form of current government-issued identification;

17.9 C. evidence of having graduated from either a school of dentistry, dental therapy,
17.10 dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

17.11 D. evidence that the clinic at which the licensee practices is a nonprofit organization
17.12 that is a public health setting; and

17.13 E. documentation of current CPR certification.

17.14 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license
17.15 must not practice more than ten days in a calendar year. A guest volunteer license may be
17.16 renewed annually after the end of the calendar year according to Minnesota Statutes, section
17.17 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed
17.18 their guest volunteer license. The licensee must renew their guest volunteer license within
17.19 30 days of the expiration date of the license or the board shall administratively terminate
17.20 the guest volunteer license and the right to practice. The board must not consider an
17.21 administrative termination of a guest volunteer license as a disciplinary action against the
17.22 licensee.

17.23 *[For text of subparts 3 to 5, see Minnesota Rules]*

18.1 **3100.1400 LICENSURE BY CREDENTIALS.**

18.2 Subpart 1. **Licensure application requirements for a dentist, dental therapist, or**
18.3 **dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental
18.4 hygienist in another United States jurisdiction or Canadian province seeking to be licensed
18.5 to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

18.6 A. a completed application;

18.7 B. a form of current government-issued identification;

18.8 C. the fee in Minnesota Statutes, section 150A.091, subdivision 9;

18.9 D. evidence of having graduated either:

18.10 (1) from a school of dentistry or dental hygiene accredited by the Commission
18.11 on Dental Accreditation; or

18.12 (2) with a baccalaureate degree or a master's degree from a dental therapy
18.13 education program that has been approved by the board or accredited by the Commission
18.14 on Dental Accreditation or another board-approved national accreditation organization;

18.15 E. proof of completing at least 2,000 hours within the past 36 months in active
18.16 practice in another United States jurisdiction, Canadian province, or United States
18.17 government service;

18.18 F. evidence of passing a clinical examination for licensure in another United States
18.19 jurisdiction or Canadian province;

18.20 G. evidence of passing all parts of a national board examination for the practice
18.21 of dentistry, dental therapy, or dental hygiene;

18.22 H. evidence of passing the board's jurisprudence examination within the past five
18.23 years;

18.24 I. documentation of current CPR certification; and

J. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subpart 2, see Minnesota Rules]

**3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,
GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

[For text of subparts 1 to 11, see Minnesota Rules]

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist, a limited general dentist, or an emeritus active licensee.** A dentist licensed by the board, a limited general dentist under the general supervision of a supervising dentist, or an emeritus active licensee is allowed to administer nitrous oxide inhalation analgesia.

Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.**

[For text of items A and B, see Minnesota Rules]

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, administration and management of at least three individual cases of analgesia, and clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 14. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.**

[For text of items A and B, see Minnesota Rules]

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, administration and management of at least three individual cases of analgesia, and clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 15. **Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed dental assistant.**

[For text of items A and B, see Minnesota Rules]

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental

21.1 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
21.2 administration and management of at least three individual cases of analgesia, and clinical
21.3 experience using fail-safe anesthesia equipment capable of positive pressure respiration;
21.4 and

21.5 (3) documentation of current CPR certification.

21.6 Subp. 16. **Initial certification for general anesthesia or deep sedation; application**
21.7 **and educational training requirements for a dentist.**

21.8 A. A dentist may administer general anesthesia or deep sedation only after
21.9 providing the board:

21.10 *[For text of subitems (1) to (4), see Minnesota Rules]*

21.11 (5) documentation of current CPR certification; and

21.12 (6) attestation of compliance with the practice and equipment requirements
21.13 in subpart 22.

21.14 *[For text of items B and C, see Minnesota Rules]*

21.15 Subp. 16a. **Initial and renewal endorsement for pediatric general anesthesia or**
21.16 **deep sedation; application and educational training requirements for a dentist.**

21.17 A. A dentist may administer general anesthesia or deep sedation to a pediatric
21.18 patient who is eight years old or younger only after providing the board:

21.19 (1) a completed initial application;

21.20 (2) evidence of holding a current general anesthesia or deep sedation certificate
21.21 under subpart 16; and

22.1 (3) attestation of completing at least 12 cases of general anesthesia or deep
22.2 sedation on patients who are eight years old or younger within 12 months prior to the board's
22.3 receipt of the application for a pediatric endorsement.

22.4 B. A dentist administering general anesthesia or deep sedation to a pediatric patient
22.5 must have two additional licensed personnel who are currently certified in CPR and allied
22.6 sedation monitoring present during the administration.

22.7 C. Once a dentist possesses a valid endorsement for pediatric general anesthesia,
22.8 the dentist is not required to possess an additional endorsement for pediatric deep or pediatric
22.9 moderate sedation.

22.10 D. To renew an endorsement for pediatric general anesthesia, the dentist must
22.11 provide the board:

22.12 (1) a completed renewal application; and

22.13 (2) attestation of completing at least 12 cases of general anesthesia or deep
22.14 sedation on patients who are eight years old or younger within 12 months prior to the board's
22.15 receipt of the renewal application. The dentist must maintain proof of these cases upon
22.16 request by the board for up to two renewal periods.

22.17 E. A dentist who administers general anesthesia or deep sedation on patients who
22.18 are eight years old or younger without a pediatric general anesthesia endorsement is subject
22.19 to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and
22.20 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

22.21 Subp. 17. **Initial certification for moderate sedation; application and educational**
22.22 **training requirements for a dentist.**

22.23 A. A dentist may administer moderate sedation only after providing the board:

22.24 *[For text of subitems (1) to (4), see Minnesota Rules]*

(5) documentation of current CPR certification; and

(6) attestation of compliance with the practice and equipment requirements

in subpart 22.

[For text of item B, see Minnesota Rules]

**Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation;
application and educational training requirements for a dentist.**

A. A dentist may administer moderate sedation to a pediatric patient who is eight years old or younger only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate under subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program that requires clinical competency in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have two additional licensed personnel who are currently certified in CPR and allied sedation monitoring present during administration.

C. To renew an endorsement for pediatric moderate sedation, a dentist must provide the board:

(1) a completed application; and

(2) attestation of completing at least 12 cases of moderate sedation on patients who are eight years old or younger within 12 months prior to the board's receipt of the application. A dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

D. A dentist who administers moderate sedation on patients who are eight years old or younger without a pediatric moderate sedation endorsement is subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 18. **Board-issued certificates for general anesthesia and moderate sedation.**

[For text of items A to C, see Minnesota Rules]

D. To renew a general anesthesia or moderate sedation certificate, the dentist must provide the board:

[For text of subitems (1) to (4), see Minnesota Rules]

(5) attestation of compliance with the practice and equipment requirements in subpart 22;

(6) attestation of compliance with an on-site inspection described in subpart 23; and

(7) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

E. A dentist's general anesthesia or moderate sedation certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon expiration, the dentist is prohibited from administering general anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board issues a current general anesthesia or moderate sedation certificate to the dentist described

in subpart 19. If a dentist does not obtain a current general anesthesia or moderate sedation certificate within 30 days of the dentist's certificate expiring, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) If a dentist applies less than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (e), see Minnesota Rules]

(f) attestation of compliance with the practice and equipment requirements in subpart 22;

(g) attestation of compliance with an on-site inspection described in subpart 23; and

(h) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

(2) If a dentist applies more than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (d), see Minnesota Rules]

(e) documentation of current CPR certification;

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

[For text of items B and C, see Minnesota Rules]

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital or ambulatory surgery center, unless the dentist possesses the applicable contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

[For text of item C, see Minnesota Rules]

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) documentation of the dentist's current CPR certification; and

(7) attestation of compliance with the practice and equipment requirements in subpart 22.

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

27.1 Subp. 22. **Practice and equipment requirements.**

27.2 A. Dentists who administer general anesthesia, deep sedation, or moderate sedation
27.3 or who provide dental services to patients under general anesthesia, deep sedation, or
27.4 moderate sedation must ensure that the practice requirements in this item are followed.

27.5 (1) A dentist must be prepared and competent to diagnose, resolve, and prevent
27.6 any untoward reaction or medical emergency that may develop any time after the
27.7 administration of general anesthesia, deep sedation, or moderate sedation. A dentist must
27.8 apply the current standard of care to continuously monitor and evaluate a patient's blood
27.9 pressure, pulse, respiratory function, and cardiac activity. The current standard of care to
27.10 assess respiratory function requires the monitoring of tissue oxygenation or ventilation by
27.11 using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

27.12 *[For text of subitems (2) to (4), see Minnesota Rules]*

27.13 *[For text of item B, see Minnesota Rules]*

27.14 Subp. 23. **On-site inspection; requirements and procedures.** All offices in which
27.15 general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this
27.16 part must be in compliance with this subpart.

27.17 *[For text of items A to D, see Minnesota Rules]*

27.18 E. A dentist must make available all office equipment and emergency medications
27.19 and the record of at least one patient who received general anesthesia or moderate sedation
27.20 care within the past 12 months for evaluation by the sedation inspector.

27.21 F. The board must notify the dentist if an on-site inspection is required. The board
27.22 shall provide the dentist with the name of a sedation inspector or organization to arrange
27.23 and perform the on-site inspection. The dentist may have an on-site inspection performed
27.24 by another board-approved individual or board-approved organization. The dentist must
27.25 ensure that the inspection is completed within 30 calendar days of the board's notice.

G. Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

H. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

- (1) moderate sedation or general anesthesia and deep sedation;
- (2) medications and physical evaluation;
- (3) anesthesia emergencies and complications;
- (4) monitoring equipment and monitoring during anesthesia;
- (5) pharmacology of anesthetic drugs;
- (6) infection control related to anesthesia procedures; and
- (7) simulation courses involving anesthesia emergencies.

D. Professional development is credited on an hour-for-hour basis.

E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

(2) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(3) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity contents are directly related to dental care and treatment to patients or public safety and professionalism.

[For text of item B, see Minnesota Rules]

[For text of subparts 4 and 5, see Minnesota Rules]

30.1 **3100.5300 AUDIT PROCESS OF PORTFOLIO.**

30.2 *[For text of subparts 1 and 2, see Minnesota Rules]*

30.3 **Subp. 3. Failure of an audit.**

30.4 **A. Deficiencies causing audit failure include the following:**

30.5 (1) lack of proof of documentation or participation;

30.6 (2) credit hours earned outside of renewal period being audited;

30.7 (3) excess of earned hours in a category having a maximum if a deficiency
30.8 exists;

30.9 (4) lack of earned hours in a category having a minimum if a deficiency
30.10 exists;

30.11 (5) failure to submit the portfolio;

30.12 (6) unacceptable professional development sources; or

30.13 (7) fraudulently earned or reported hours.

30.14 **B. Upon failure of an audit, the board must grant the licensee up to three months**
30.15 **to comply with written requirements to resolve deficiencies in professional development**
30.16 **compliance.**

30.17 **If the licensee fails to comply with the professional development requirements by the**
30.18 **end of the three months, the board must initiate disciplinary proceedings against the licensee**
30.19 **on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section**
30.20 **150A.08, subdivision 1.**

30.21 *[For text of subparts 4 to 6, see Minnesota Rules]*

31.1 **3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL**
31.2 **OFFICES.**

31.3 *[For text of subparts 1 to 10, see Minnesota Rules]*

31.4 Subp. 11. **Infection control.** Dental health care personnel shall comply with the most
31.5 current infection control guidelines specified by the Centers for Disease Control and
31.6 Prevention. Infection control standards are subject to frequent change.

31.7 *[For text of subparts 12 to 15, see Minnesota Rules]*

31.8 **3100.8400 ASSISTANTS WITHOUT A LICENSE.**

31.9 Subpart 1. **Procedures under personal supervision.** An assistant without a license
31.10 may perform the following supportive procedures if the dentist or dental therapist is
31.11 personally treating a patient and concurrently authorizes the assistant without a license to
31.12 aid in treatment:

31.13 *[For text of items A and B, see Minnesota Rules]*

31.14 C. remove debris or water that is created during treatment rendered by a dentist
31.15 or dental therapist using suction devices; and

31.16 D. provide any assistance, including the placement of articles and topical
31.17 medication in a patient's oral cavity during dental treatment.

31.18 Subp. 1a. **Procedures under general supervision.** An assistant without a license
31.19 may apply fluoride varnish without the dentist or physician being present in the dental office
31.20 or facility or on the premises if the licensed practitioner with prescribing authority has prior
31.21 knowledge of and has consented to the procedure being performed and maintains appropriate
31.22 patient records of the treatment.

31.23 Subp. 1b. **Procedures under direct supervision.** An assistant without a license may
31.24 perform the following services if a dentist or dental therapist is in the dental office, personally

32.1 authorizes the procedure, and evaluates the performance of the assistant before dismissing
32.2 the patient:

32.3 A. take digital impressions;

32.4 B. take photographs extraorally or intraorally; and

32.5 C. aid dental hygienists and licensed dental assistants in the performance of their
32.6 delegated procedures defined in parts 3100.8500 and 3100.8700.

32.7 Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for
32.8 ensuring that any assistant working under the dentist's or dental therapist's supervision
32.9 pursuant to subparts 1 to 1b:

32.10 A. completes a CPR certification course and maintains current CPR certification
32.11 thereafter; and

32.12 B. complies with the most current infection control practices for a dental setting.

32.13 *[For text of subparts 2 and 3, see Minnesota Rules]*

32.14 **3100.8500 LICENSED DENTAL ASSISTANTS.**

32.15 *[For text of subparts 1 and 1a, see Minnesota Rules]*

32.16 Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may
32.17 perform the following services if a dentist is in the dental office, personally diagnoses the
32.18 condition to be treated, personally authorizes the procedure, and evaluates the performance
32.19 of the licensed dental assistant before dismissing the patient:

32.20 A. remove excess bond material from orthodontic appliances;

32.21 B. remove bond material from teeth with rotary instruments after removal of
32.22 orthodontic appliances;

32.23 *[For text of items C to I, see Minnesota Rules]*

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board;

K. place nonsurgical retraction material for gingival displacement; and

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

3100.8700 DENTAL HYGIENISTS.

Subpart 1. **Principal procedures under general supervision.** A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

Z. place nonsurgical retraction material for gingival displacement.

34.1 *[For text of subparts 2 to 3, see Minnesota Rules]*

34.2 **3100.9600 RECORD KEEPING.**

34.3 *[For text of subparts 1 to 5, see Minnesota Rules]*

34.4 Subp. 6. **Clinical examinations.** When a limited examination is performed, items A
34.5 to C pertain only to the area treated. When a comprehensive examination is performed,
34.6 dental records must include:

34.7 A. recording of existing oral health care status;

34.8 B. any radiographs and photographs used with the date the image is taken and the
34.9 patient's name; and

34.10 C. the results of any other diagnostic aids used.

34.11 *[For text of subparts 7 to 14, see Minnesota Rules]*

Exhibit M

(Not Enclosed: a notice of adopting substantially different rules that was sent to persons or groups who commented during the comment period and evidence that the notice was sent to those persons or groups. This is not enclosed because the Board did not adopt substantially different rules.)

Exhibit N
(Enclosed)

Minnesota Board of Dentistry

ORDER ADOPTING RULES

Adoption of Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

BACKGROUND INFORMATION

1. The Board of Dentistry has complied with all notice and procedural requirements in Minnesota Statutes, chapter 14, Minnesota Rules, chapter 1400, and other applicable law. The Board authorized proposing the rules at its meeting on October 13, 2023, and a quorum was present.

2. The Board of Dentistry responded to all received written comments and submissions on the rules. The Board did not receive any requests for a public hearing. The Board also did not receive any requests for notice of submission to the Office of Administrative Hearings.

3. The rules adopted by this order are needed and reasonable.

4. The Board adopted the rules at its meeting on January 12, 2024, a quorum was present, and the undersigned was authorized to sign this order.

ORDER

The above-named rules, in the Dual Notice published in the State Register on February 20, 2024, are adopted under my authority in Minnesota Statutes, section 150A.04.

Date

BRIDGETT ANDERSON, L.D.A., M.B.A.
Executive Director
Board of Dentistry

Exhibit O

(Not Enclosed: a notice of submission of rules to the Office of Administrative Hearings and a copy of a transmittal letter or certificate of mailing the notice of submission of rules to the Office of Administrative Hearings. No persons requested notification of the submission of the rules to the Office of Administrative Hearings.)

Exhibit P.1.
(Enclosed)

February 16, 2024

LEGISLATIVE COMMITTEES

House: Human Services Finance Committee

Rep. Mohamud Noor and Rep. Anne Neu Brindley

House: Human Services Policy Committee

Rep. Peter Fischer and Rep. Debra Kiel

House: Health Finance and Policy Committee

Rep. Tina Liebling and Rep. Joe Schomacker

Senate: Health and Human Services Committee

Sen. Melissa Wiklund and Sen. Paul Utke

Senate: Human Services Committee

Sen. John Hoffman and Sen. Jim Abeler

Legislative Coordinating Commission

lcc@lcc.mn.gov

Re: Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

Dear Legislators:

Executive Summary:

The Board's proposed rules relate to the following: the required CPR course is open to other vendors; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training.

Minnesota Statutes, section 14.116, states:

“14.116 NOTICE TO LEGISLATURE. When an agency mails notice of intent to adopt rules under section 14.14 or 14.22, the agency must send a copy of the same notice and a copy of the statement of need and reasonableness to the chairs and ranking minority party members of the legislative policy and budget committees with jurisdiction over the subject matter of the proposed rules and to the Legislative Coordinating Commission.

In addition, if the mailing of the notice is within two years of the effective date of the law granting the agency authority to adopt the proposed rules, the agency shall make reasonable efforts to send a copy of the notice and the statement to all sitting legislators who were chief house and senate authors of the bill granting the rulemaking authority. If the bill was amended to include this rulemaking authority, the agency shall make reasonable efforts to send the notice and the statement to the chief house and senate authors of the amendment granting rulemaking authority, rather than to the chief authors of the bill.”

We plan to publish a Dual Notice of Intent to Adopt Rules in the February 20, 2024, State Register and we are now mailing the Notice under section 14.14 or 14.22.

As required by section 14.116, the Minnesota Board of Dentistry is sending you a copy of the Dual Notice and the Statement of Need and Reasonableness. For your information, we are also enclosing a copy of the proposed rules.

If you have any questions about these rules, please contact me at (612) 548-2127 or bridgett.anderson@state.mn.us.

Yours very truly,



Bridgett Anderson, L.D.A., M.B.A.

Executive Director

Minnesota Board of Dentistry

Enclosures: Dual Notice of Intent to Adopt Rules
Statement of Need and Reasonableness
Proposed Rules

Exhibit P.2.
(Enclosed)

November 20, 2023

Hannah Millang
Executive Budget Officer
Minnesota Management and Budget
658 Cedar Street, Suite 400
St. Paul, MN 55155
hannah.millang@state.mn.us

Proposed Amendments to Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

Dear Hannah Millang:

Minnesota Statutes section 14.131, requires that an agency engaged in rulemaking consult with the Commissioner of Minnesota Management and Budget, "to help evaluate the fiscal impact and fiscal benefits of the proposed rule on units of local government."

Enclosed for your review are copies of the following documents on proposed rules relating to: the required CPR course is open to other vendors; a dentist must obtain a pediatric endorsement to administer general anesthesia or moderate sedation to younger children; a dentist who has a general anesthesia or moderate sedation certificate must complete additional professional development credits; an unlicensed dental assistant can perform new procedures including taking digital impressions and taking photographs; and a licensed dental assistant can administer local anesthesia after completing the required training.

1. The Governor's Office Proposed Rule and SONAR Form.
2. The November 9, 2023, Revisor's draft of the proposed rules.
3. The August 16, 2023, copy of the SONAR.

I also sent copies of these documents to the Governor's Office on this same date.

If you or any other representative of the Commissioner of Minnesota Management and Budget has questions about the proposed rules, please email me at bridgett.anderson@state.mn.us or call me at (612) 548-2127. Please send your correspondence about this matter to the Board's contact person, Kathy T. Johnson at kathy.t.johnson@state.mn.us or to the new address above.

Yours very truly,



Bridgett Anderson, L.D.A., M.B.A.
Executive Director



Date: December 5, 2023

To: Kathy T. Johnson
Legal Analyst
Minnesota Board of Dentistry

From: Hannah Millang
Executive Budget Officer
Minnesota Management and Budget (MMB)

Subject: M.S. 14.131 Review of Proposed Amendment to Rules Governing Dental Professionals and Assistants, Minnesota Rules Chapter 3100, Parts 0100, 1100, 1120, 1130, 1150, 1160, 1170, 1180, 1200, 1300, 1320, 1340, 1350, 1370, 1380, 1400, 3600, 5100, 5300, 6300, 8400, 8500, 8700, 9600.

RE: Dentistry Administrative Rule

Background

The Minnesota Board of Dentistry (referred to as “board” hereafter) proposes amendments to Minnesota Rules, chapter 3100, relating to a variety of rules governing dental professionals and assistants. Specifically, the proposed amendments are a result of the board completing a massive reorganization in the previous rulemaking. The board proposes minor housekeeping and clarification to accompany statute changes, affirm scope of practice related to nitrous oxide and sedation, allow renewal of a late emeritus active license, and eliminate the fundamental list and the requirement of completing two courses from this list for professional development. Pursuant to Minnesota Statutes 14.131, the board has requested Minnesota Management and Budget evaluate the proposed amendments for fiscal impact and/or fiscal benefits on units of local government.

Evaluation

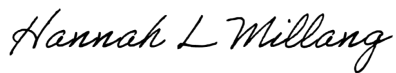
On behalf of the Commissioner of Minnesota Management and Budget, I have reviewed the proposed changes and the draft of the Statement of Need and Reasonableness (SONAR). In my evaluation, I found these changes will have no fiscal impact on local governments.

The board proposes revisions to allow all dental professionals to take CPR courses from other vendors, not limited to American Heart Association and the American Red Cross. Proposed revisions include modifications to ensure all dentists administering general anesthesia and sedation care on pediatric patients have advanced training in recognizing and managing pediatric emergencies to provide safe use of sedation and anesthesia. Changes also include an increased requirement in professional development credits for licensed dentists with a certificate to administer general anesthesia, deep sedation, or moderate sedation. Revisions also include allowing an unlicensed dental assistant to take digital impressions and photographs on patients, as these are

noninvasive procedures that can be taught with in-office training, as well as allowing licensed dental assistants to administer local anesthesia to patients under direct supervision of the dentist. The assistant must still comply with other stated requirements. In addition to the aforementioned revisions, the board also proposes to eliminate non-relevant or outdated language in the existing rules. The changes seek to make the rules clearer and more concise.

Considering the nature of the rule changes, the proposed revisions generally are less restrictive than current rules, which should not generate financial impact for the classes of persons affected by the proposed rules (i.e., all regulated dental professionals and unlicensed dental assistants). These rule changes have no state-mandated fiscal impacts on units of local government, nor would they have a material impact on any body in Minnesota.

Sincerely,

A handwritten signature in black ink, reading "Hannah L. Millang". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Hannah Millang
Executive Budget Officer (MMB)

CC: Ashley Reisenauer, Director of Budget Policy and Analysis (MMB)

Minnesota Board of Dentistry

ORDER ADOPTING RULES

Adoption of Rules Relating to Licensing and Administration of Sedation and Anesthesia, *Minnesota Rules* 3100.0100, 3100.1100, 3100.1120, 3100.1130, 3100.1150, 3100.1160, 3100.1170, 3100.1180, 3100.1200, 3100.1300, 3100.1320, 3100.1340, 3100.1350, 3100.1370, 3100.1380, 3100.1400, 3100.3600, 3100.5100, 3100.5300, 3100.6300, 3100.8400, 3100.8500, 3100.8700, and 3100.9600. Revisor's ID Number RD4813.

BACKGROUND INFORMATION

1. The Board of Dentistry has complied with all notice and procedural requirements in Minnesota Statutes, chapter 14, Minnesota Rules, chapter 1400, and other applicable law. The Board authorized proposing the rules at its meeting on October 13, 2023, and a quorum was present.

2. The Board of Dentistry responded to all received written comments and submissions on the rules. The Board did not receive any requests for a public hearing. The Board also did not receive any requests for notice of submission to the Office of Administrative Hearings.

3. The rules adopted by this order are needed and reasonable.

4. The Board adopted the rules at its meeting on January 12, 2024, a quorum was present, and the undersigned was authorized to sign this order.

ORDER

The above-named rules, in the Dual Notice published in the State Register on February 20, 2024, are adopted under my authority in Minnesota Statutes, section 150A.04.

April 29, 2024



Date

BRIDGETT ANDERSON, L.D.A., M.B.A.
Executive Director
Board of Dentistry

Office of the Revisor of Statutes

Administrative Rules



TITLE: Adopted Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia

AGENCY: Board of Dentistry

REVISOR ID: R-4813

MINNESOTA RULES: Chapter 3100

The attached rules are approved for
filing with the Secretary of State

A handwritten signature in cursive script, appearing to read "Alex Willi", is written over a horizontal line.

Alex Willi
Assistant Revisor

Document Number: 241355
Filed May 7, 2024
Office of the Minnesota
Secretary of State, Steve Simon

1.1 **Board of Dentistry**

1.2 **Adopted Permanent Rules Relating to Licensing and Administration of Sedation and**
1.3 **Anesthesia**

1.4 **3100.0100 DEFINITIONS.**

1.5 *[For text of subparts 1 and 2, see Minnesota Rules]*

1.6 Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support"
1.7 or "ACLS" refers to an advanced educational course and certification for a health care
1.8 provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care
1.9 in settings ranging from the prehospital environment to the hospital setting. The course must
1.10 include advanced airway management skills, cardiac drug usage, defibrillation, and
1.11 arrhythmia interpretation.

1.12 *[For text of subparts 2b to 9, see Minnesota Rules]*

1.13 Subp. 9a. **CPR.** "CPR" refers to a course and certification for a health care provider
1.14 that teaches basic life support for adults, children, and infants. The course must include both
1.15 hands-on practice and written examination and must address the following topics:

1.16 A. rapid assessment of the patient and provision of emergency care based upon
1.17 the patient's condition;

1.18 B. relief of foreign-body airway obstruction or choking;

1.19 C. basic life support giving chest compressions and delivering appropriate
1.20 ventilations;

1.21 D. early use of an automated external defibrillator (AED); and

1.22 E. effective coordination of multiple rescuers performing basic life support.

1.23 *[For text of subparts 9b to 15b, see Minnesota Rules]*

2.1 Subp. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life
2.2 support" or "PALS" refers to an advanced life support educational course and certification
2.3 for the pediatric health care provider that teaches the current certification standards of the
2.4 American Academy of Pediatrics or the American Heart Association.

2.5 Subp. 15d. **Pediatric patient.** During the administration of general anesthesia, deep
2.6 sedation, or moderate sedation, "pediatric patient" means a dental patient who is eight years
2.7 old or younger.

2.8 *[For text of subparts 16 to 22, see Minnesota Rules]*

2.9 **3100.1100 GENERAL DENTIST.**

2.10 Subpart 1. **Licensure application and examination requirements.** A person seeking
2.11 licensure to practice general dentistry in Minnesota must provide the board:

2.12 A. a completed application;

2.13 B. a form of current government-issued identification;

2.14 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

2.15 D. evidence of having graduated from a school of dentistry accredited by the
2.16 Commission on Dental Accreditation;

2.17 E. evidence of passing all parts of a national board examination for the practice
2.18 of dentistry within the past five years;

2.19 F. evidence of passing a board-approved clinical examination within the past five
2.20 years;

2.21 G. evidence of passing the board's jurisprudence examination within the past five
2.22 years;

2.23 H. documentation of current CPR certification; and

I. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 1a to 6, see Minnesota Rules]

3100.1120 SPECIALTY DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a specialty dentist in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having graduated from a school of dentistry;

E. evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;

F. evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;

G. evidence of passing all parts of a national board examination for the practice of dentistry;

H. evidence of completing a postdoctoral specialty program or evidence of completing at least 2,000 hours within the past 36 months of active practice in another United States jurisdiction, Canadian province, or United States government service;

I. evidence of passing the board's jurisprudence examination within the past five years;

J. documentation of current CPR certification; and

K. a criminal background check as required by Minnesota Statutes, section 214.075.

4.1 *[For text of subparts 2 to 6, see Minnesota Rules]*

4.2 **3100.1130 LIMITED GENERAL DENTIST.**

4.3 Subpart 1. **Credential review to determine educational equivalency and eligibility**
4.4 **to take a board-approved clinical examination for limited licensure.**

4.5 A. A person who is a graduate of a nonaccredited dental program seeking a limited
4.6 license to practice general dentistry in Minnesota must submit to a onetime credential review
4.7 by the board to determine educational equivalency and eligibility to take a board-approved
4.8 clinical examination. For the credential review, the applicant must provide the board:

4.9 *[For text of subitem (1), see Minnesota Rules]*

4.10 (2) a completed board-approved evaluation of any international education in
4.11 the applicant's graduating dental degree training program;

4.12 *[For text of subitems (3) to (7), see Minnesota Rules]*

4.13 (8) an original or notarized copy of other credentials in dentistry and, if
4.14 necessary, professional translation;

4.15 (9) completed board-approved infection control training; and

4.16 (10) evidence of passing all parts of a national board examination for the
4.17 practice of dentistry.

4.18 *[For text of items B to E, see Minnesota Rules]*

4.19 *[For text of subpart 1a, see Minnesota Rules]*

4.20 Subp. 1b. **Limited general license application and examination requirements.** After
4.21 passing a board-approved clinical examination, an applicant may apply for a limited general
4.22 license. The applicant must provide the board:

4.23 A. a completed application;

- 5.1 B. a form of current government-issued identification;
- 5.2 C. the application fee in Minnesota Statutes, section 150A.091, subdivision 9b,
- 5.3 clause (1);
- 5.4 D. evidence of passing a board-approved clinical examination within the past five
- 5.5 years;
- 5.6 E. evidence of passing the board's jurisprudence examination within the past five
- 5.7 years;
- 5.8 F. a written agreement between the applicant and a board-approved Minnesota
- 5.9 licensed supervising dentist. The written agreement must include:
- 5.10 (1) all information requested by the board relating to the applicant's written
- 5.11 agreement;
- 5.12 (2) any practice limitations; and
- 5.13 (3) an acknowledgment that the applicant agrees to practice clinical dentistry
- 5.14 at least 1,100 hours annually for a period of three consecutive years after beginning clinical
- 5.15 practice in Minnesota;
- 5.16 G. documentation of current CPR certification; and
- 5.17 H. a criminal background check as required by Minnesota Statutes, section 214.075.

5.18 **Subp. 2. Terms of limited licensure.**

- 5.19 A. Throughout the three consecutive years while practicing general dentistry in
- 5.20 Minnesota under the general supervision of a Minnesota licensed dentist, the limited license
- 5.21 dentist must maintain and comply with the requirements in this subpart:

5.22 *[For text of subitems (1) to (5), see Minnesota Rules]*

(6) maintain a professional development portfolio containing documentation of required hours in professional development activities.

[For text of item B, see Minnesota Rules]

C. A limited general dentist may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12. A limited general dentist must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

[For text of subitem (1), see Minnesota Rules]

(2) a form of current government-issued identification;

(3) the fee in Minnesota Statutes, section 150A.091, subdivision 2;

(4) documentation of current CPR certification;

(5) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

(6) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

[For text of items B and C, see Minnesota Rules]

7.1 **3100.1150 FACULTY DENTIST; FULL OR LIMITED.**

7.2 Subpart 1. **Licensure application and examination requirements.** A person seeking
7.3 licensure to practice as a faculty dentist who is not already licensed to practice dentistry in
7.4 Minnesota must provide the board:

7.5 A. a completed application;

7.6 B. a form of current government-issued identification;

7.7 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

7.8 D. evidence of passing the board's jurisprudence examination within the past five
7.9 years;

7.10 E. documentation of current CPR certification;

7.11 F. a criminal background check as required by Minnesota Statutes, section 214.075;

7.12 and

7.13 G. a letter from the dean or program director of a school of dentistry, dental
7.14 therapy, dental hygiene, or dental assisting or of a residency training program accredited
7.15 by the Commission on Dental Accreditation certifying that the person seeking licensure is
7.16 a faculty member of the school or residency program and practices dentistry. The original
7.17 letter must include:

7.18 (1) the applicant's full name;

7.19 (2) a statement that the applicant is a faculty member of the school or
7.20 residency program and practices dentistry within the school or residency program, or within
7.21 affiliated teaching facilities of the school or residency program, but only for purposes of
7.22 instruction or research; and

7.23 (3) the dates of the applicant's employment by the school of dentistry, dental
7.24 therapy, dental hygiene, or dental assisting or by the residency program.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a faculty member of a school of dentistry, dental therapy, dental hygiene, or dental assisting or of a residency program.

[For text of subparts 3 to 7, see Minnesota Rules]

3100.1160 RESIDENT DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a resident dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of having graduated from a dental school;
- E. evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation;
- F. evidence of passing the board's jurisprudence examination within the past five years;
- G. documentation of current CPR certification; and
- H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

Subp. 6. **Anesthesia and sedation.** A resident dentist may administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation as a part of their residency program without further general anesthesia or sedation

certification required from the board. The resident dentist remains subject to the requirements of part 3100.3600, subparts 1a and 22.

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice either as a resident dental therapist or resident dental hygienist must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;
- E. evidence of passing the board's jurisprudence examination within the past five years;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 5, see Minnesota Rules]

3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.

Subpart 1. **Dental therapist; licensure application and examination requirements.** A person seeking licensure to practice dental therapy in Minnesota must provide the board:

- A. a completed application;
- B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

E. evidence of passing a board-approved clinical examination in dental therapy within the past five years;

F. evidence of passing the board's jurisprudence examination within the past five years;

G. documentation of current CPR certification; and

H. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subparts 2 to 9, see Minnesota Rules]

3100.1200 DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental hygiene in Minnesota must provide the board:

A. a completed application;

B. a form of current government-issued identification;

C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

D. evidence of passing a national board examination for the practice of dental hygiene within the past five years;

E. evidence of passing a board-approved clinical examination within the past five years;

11.1 F. evidence of having graduated from a school of dental hygiene accredited by
11.2 the Commission on Dental Accreditation;

11.3 G. evidence of passing the board's jurisprudence examination within the past five
11.4 years;

11.5 H. documentation of current CPR certification; and

11.6 I. a criminal background check as required by Minnesota Statutes, section 214.075.

11.7 *[For text of subparts 2 to 8, see Minnesota Rules]*

11.8 **3100.1300 LICENSED DENTAL ASSISTANT.**

11.9 Subpart 1. **Licensure application and examination requirements.** A person seeking
11.10 licensure to practice dental assisting in Minnesota must provide the board:

11.11 A. a completed application;

11.12 B. a form of current government-issued identification;

11.13 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

11.14 D. evidence of having graduated from a school of dental assisting accredited by
11.15 the Commission on Dental Accreditation;

11.16 E. evidence of passing the board's state licensing examination within the past five
11.17 years;

11.18 F. evidence of passing a national board examination for the practice of dental
11.19 assisting within the past five years;

11.20 G. evidence of passing the board's jurisprudence examination within the past five
11.21 years;

11.22 H. documentation of current CPR certification; and

12.1 I. a criminal background check as required by Minnesota Statutes, section 214.075.

12.2 *[For text of subparts 2 to 8, see Minnesota Rules]*

12.3 **3100.1320 LIMITED RADIOLOGY REGISTRATION.**

12.4 Subpart 1. **Registration application and examination requirements.** A person
12.5 seeking registration in Minnesota to take dental radiographs under general supervision of
12.6 a dentist must provide the board:

12.7 A. a completed application;

12.8 B. a form of current government-issued identification;

12.9 C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;

12.10 D. evidence of having completed a board-approved course on dental radiology
12.11 offered through a school accredited by the Commission on Dental Accreditation;

12.12 E. evidence of passing a board-approved nationally recognized radiation
12.13 examination within the past five years;

12.14 F. evidence of passing the board's jurisprudence examination within the past five
12.15 years;

12.16 G. documentation of current CPR certification; and

12.17 H. a criminal background check as required by Minnesota Statutes, section 214.075.

12.18 *[For text of subparts 2 and 3, see Minnesota Rules]*

12.19 Subp. 4. **Reinstatement requirements.**

12.20 *[For text of item A, see Minnesota Rules]*

12.21 B. If the license was terminated six months ago or less, the person must provide
12.22 the board documentation of current CPR certification.

13.1 C. If the license was terminated more than six months but less than 24 months
13.2 ago, the person must provide the board:

13.3 (1) documentation of current CPR certification;

13.4 (2) evidence of passing the board's jurisprudence examination within 12
13.5 months prior to the board's receipt of the application; and

13.6 (3) a criminal background check if terminated more than one year ago as
13.7 required by Minnesota Statutes, section 214.075.

13.8 D. If the license was terminated 24 months or more ago, the person must provide
13.9 the board:

13.10 (1) documentation of current CPR certification;

13.11 (2) evidence of passing the board's jurisprudence examination within 12
13.12 months prior to the board's receipt of the application;

13.13 (3) a criminal background check if terminated more than one year ago as
13.14 required by Minnesota Statutes, section 214.075; and

13.15 (4) evidence of passing the radiation examination described in subpart 1, item
13.16 D, within 24 months prior to the board's receipt of the application.

13.17 *[For text of subpart 5, see Minnesota Rules]*

13.18 Subp. 6. **Compliance with infection control.** A person with a limited radiology
13.19 registration must maintain compliance with the most current infection control practices for
13.20 a dental setting.

14.1 **3100.1340 EMERITUS INACTIVE.**

14.2 Subpart 1. **Licensure application requirements.**

14.3 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
14.4 assisting in Minnesota who retires from active practice may apply for an emeritus inactive
14.5 license by providing the board:

14.6 (1) a completed application;

14.7 (2) a form of current government-issued identification; and

14.8 (3) the onetime application fee in Minnesota Statutes, section 150A.091,
14.9 subdivision 19.

14.10 *[For text of item B, see Minnesota Rules]*

14.11 *[For text of subpart 2, see Minnesota Rules]*

14.12 **3100.1350 EMERITUS ACTIVE.**

14.13 Subpart 1. **Licensure application requirements.**

14.14 A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental
14.15 assisting in Minnesota who retires from active practice may apply for an emeritus active
14.16 license by providing the board:

14.17 (1) a completed application;

14.18 (2) a form of current government-issued identification; and

14.19 (3) the application fee in Minnesota Statutes, section 150A.091, subdivision
14.20 20.

14.21 *[For text of item B, see Minnesota Rules]*

14.22 *[For text of subpart 2, see Minnesota Rules]*

15.1 Subp. 3. **Renewal and prohibition on reinstatement.**

15.2 A. An emeritus active license is renewed biennially and continues on with the
15.3 licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision
15.4 11. If the licensee fails to renew an emeritus active license by the deadline, the board shall
15.5 send a notice to the licensee. The notice must state the amount of the renewal and late fees.
15.6 The licensee must renew the emeritus active license within 30 days of the expiration date
15.7 of the license or the board shall administratively terminate the license and the right to
15.8 practice. The board must not consider an administrative termination of a license as a
15.9 disciplinary action against the licensee.

15.10 *[For text of item B, see Minnesota Rules]*

15.11 Subp. 4. **Professional development.** For each biennial professional development
15.12 cycle, the licensee must comply with the professional development requirements including
15.13 a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

15.14 *[For text of item A, see Minnesota Rules]*

15.15 B. Fundamental activities for each biennial cycle must include an infection control
15.16 course.

15.17 Subp. 5. **Anesthesia, sedation, and nitrous oxide.**

15.18 A. If an emeritus active licensee was licensed immediately prior to obtaining
15.19 emeritus active licensure to administer a pharmacological agent for the purpose of general
15.20 anesthesia, deep sedation, or moderate sedation, the emeritus active licensee may continue
15.21 to administer such treatment in compliance with the applicable requirements of part
15.22 3100.3600. If the emeritus active licensee was not licensed to administer such treatment
15.23 immediately prior to obtaining emeritus active licensure, an emeritus active licensee must
15.24 not administer general anesthesia, deep sedation, or moderate sedation.

B. An emeritus active licensee may administer nitrous oxide inhalation analgesia under part 3100.3600, subpart 12.

3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

- A. a completed application;
- B. a form of current government-issued identification;
- C. the fee in Minnesota Statutes, section 150A.091, subdivision 2;
- D. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;
- E. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed their guest license. The notice must state the amount of the guest license renewal fee. The licensee must renew their guest license within 30 days of the expiration date of the license or the board shall administratively terminate the guest license and the right to practice. The board must not consider an administrative termination of a guest license as a disciplinary action against the licensee.

17.1 *[For text of subparts 3 and 4, see Minnesota Rules]*

17.2 **3100.1380 GUEST VOLUNTEER LICENSE.**

17.3 Subpart 1. **Licensure application requirements.** A person who is currently a licensed
17.4 dentist, dental therapist, dental hygienist, or dental assistant in good standing in another
17.5 United States jurisdiction may apply for a guest volunteer license without compensation by
17.6 providing the board:

17.7 A. a completed application;

17.8 B. a form of current government-issued identification;

17.9 C. evidence of having graduated from either a school of dentistry, dental therapy,
17.10 dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

17.11 D. evidence that the clinic at which the licensee practices is a nonprofit organization
17.12 that is a public health setting; and

17.13 E. documentation of current CPR certification.

17.14 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license
17.15 must not practice more than ten days in a calendar year. A guest volunteer license may be
17.16 renewed annually after the end of the calendar year according to Minnesota Statutes, section
17.17 150A.06, subdivision 2c. The board shall send a notice to a licensee who has not renewed
17.18 their guest volunteer license. The licensee must renew their guest volunteer license within
17.19 30 days of the expiration date of the license or the board shall administratively terminate
17.20 the guest volunteer license and the right to practice. The board must not consider an
17.21 administrative termination of a guest volunteer license as a disciplinary action against the
17.22 licensee.

17.23 *[For text of subparts 3 to 5, see Minnesota Rules]*

18.1 **3100.1400 LICENSURE BY CREDENTIALS.**

18.2 Subpart 1. **Licensure application requirements for a dentist, dental therapist, or**
18.3 **dental hygienist.** A person who is currently a licensed dentist, dental therapist, or dental
18.4 hygienist in another United States jurisdiction or Canadian province seeking to be licensed
18.5 to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

18.6 A. a completed application;

18.7 B. a form of current government-issued identification;

18.8 C. the fee in Minnesota Statutes, section 150A.091, subdivision 9;

18.9 D. evidence of having graduated either:

18.10 (1) from a school of dentistry or dental hygiene accredited by the Commission
18.11 on Dental Accreditation; or

18.12 (2) with a baccalaureate degree or a master's degree from a dental therapy
18.13 education program that has been approved by the board or accredited by the Commission
18.14 on Dental Accreditation or another board-approved national accreditation organization;

18.15 E. proof of completing at least 2,000 hours within the past 36 months in active
18.16 practice in another United States jurisdiction, Canadian province, or United States
18.17 government service;

18.18 F. evidence of passing a clinical examination for licensure in another United States
18.19 jurisdiction or Canadian province;

18.20 G. evidence of passing all parts of a national board examination for the practice
18.21 of dentistry, dental therapy, or dental hygiene;

18.22 H. evidence of passing the board's jurisprudence examination within the past five
18.23 years;

18.24 I. documentation of current CPR certification; and

J. a criminal background check as required by Minnesota Statutes, section 214.075.

[For text of subpart 2, see Minnesota Rules]

**3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,
GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

[For text of subparts 1 to 11, see Minnesota Rules]

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist, a limited general dentist, or an emeritus active licensee.** A dentist licensed by the board, a limited general dentist under the general supervision of a supervising dentist, or an emeritus active licensee is allowed to administer nitrous oxide inhalation analgesia.

Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.**

[For text of items A and B, see Minnesota Rules]

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, administration and management of at least three individual cases of analgesia, and clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 14. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.**

[For text of items A and B, see Minnesota Rules]

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, administration and management of at least three individual cases of analgesia, and clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and

(3) documentation of current CPR certification.

Subp. 15. **Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed dental assistant.**

[For text of items A and B, see Minnesota Rules]

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

(1) a completed application;

(2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental

21.1 Accreditation. The course must be at least 12 hours total and contain didactic instruction,
21.2 administration and management of at least three individual cases of analgesia, and clinical
21.3 experience using fail-safe anesthesia equipment capable of positive pressure respiration;
21.4 and

21.5 (3) documentation of current CPR certification.

21.6 Subp. 16. **Initial certification for general anesthesia or deep sedation; application**
21.7 **and educational training requirements for a dentist.**

21.8 A. A dentist may administer general anesthesia or deep sedation only after
21.9 providing the board:

21.10 *[For text of subitems (1) to (4), see Minnesota Rules]*

21.11 (5) documentation of current CPR certification; and

21.12 (6) attestation of compliance with the practice and equipment requirements
21.13 in subpart 22.

21.14 *[For text of items B and C, see Minnesota Rules]*

21.15 Subp. 16a. **Initial and renewal endorsement for pediatric general anesthesia or**
21.16 **deep sedation; application and educational training requirements for a dentist.**

21.17 A. A dentist may administer general anesthesia or deep sedation to a pediatric
21.18 patient who is eight years old or younger only after providing the board:

21.19 (1) a completed initial application;

21.20 (2) evidence of holding a current general anesthesia or deep sedation certificate
21.21 under subpart 16; and

22.1 (3) attestation of completing at least 12 cases of general anesthesia or deep
22.2 sedation on patients who are eight years old or younger within 12 months prior to the board's
22.3 receipt of the application for a pediatric endorsement.

22.4 B. A dentist administering general anesthesia or deep sedation to a pediatric patient
22.5 must have two additional licensed personnel who are currently certified in CPR and allied
22.6 sedation monitoring present during the administration.

22.7 C. Once a dentist possesses a valid endorsement for pediatric general anesthesia,
22.8 the dentist is not required to possess an additional endorsement for pediatric deep or pediatric
22.9 moderate sedation.

22.10 D. To renew an endorsement for pediatric general anesthesia, the dentist must
22.11 provide the board:

22.12 (1) a completed renewal application; and

22.13 (2) attestation of completing at least 12 cases of general anesthesia or deep
22.14 sedation on patients who are eight years old or younger within 12 months prior to the board's
22.15 receipt of the renewal application. The dentist must maintain proof of these cases upon
22.16 request by the board for up to two renewal periods.

22.17 E. A dentist who administers general anesthesia or deep sedation on patients who
22.18 are eight years old or younger without a pediatric general anesthesia endorsement is subject
22.19 to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and
22.20 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

22.21 Subp. 17. **Initial certification for moderate sedation; application and educational**
22.22 **training requirements for a dentist.**

22.23 A. A dentist may administer moderate sedation only after providing the board:

22.24 *[For text of subitems (1) to (4), see Minnesota Rules]*

- 23.1 (5) documentation of current CPR certification; and
- 23.2 (6) attestation of compliance with the practice and equipment requirements
- 23.3 in subpart 22.

23.4 *[For text of item B, see Minnesota Rules]*

23.5 **Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation;**

23.6 **application and educational training requirements for a dentist.**

23.7 A. A dentist may administer moderate sedation to a pediatric patient who is eight

23.8 years old or younger only after providing the board:

- 23.9 (1) a completed initial application;
- 23.10 (2) evidence of holding a current moderate sedation certificate under subpart
- 23.11 17;
- 23.12 (3) evidence of completing a pediatric program accredited by the Commission
- 23.13 on Dental Accreditation or an equivalent residency program that requires clinical competency
- 23.14 in the administration of moderate sedation on pediatric patients; and
- 23.15 (4) attestation of completing at least 12 cases of moderate sedation on patients
- 23.16 who are eight years old or younger within 12 months prior to the board's receipt of the
- 23.17 application for a pediatric endorsement.

23.18 B. A dentist administering moderate sedation to a pediatric patient must have two

23.19 additional licensed personnel who are currently certified in CPR and allied sedation

23.20 monitoring present during administration.

23.21 C. To renew an endorsement for pediatric moderate sedation, a dentist must provide

23.22 the board:

- 23.23 (1) a completed application; and

24.1 (2) attestation of completing at least 12 cases of moderate sedation on patients
24.2 who are eight years old or younger within 12 months prior to the board's receipt of the
24.3 application. A dentist must maintain proof of these cases upon request by the board for up
24.4 to two renewal periods.

24.5 D. A dentist who administers moderate sedation on patients who are eight years
24.6 old or younger without a pediatric moderate sedation endorsement is subject to disciplinary
24.7 proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and
24.8 Minnesota Statutes, section 150A.08, subdivision 1.

24.9 Subp. 18. **Board-issued certificates for general anesthesia and moderate sedation.**

24.10 *[For text of items A to C, see Minnesota Rules]*

24.11 D. To renew a general anesthesia or moderate sedation certificate, the dentist must
24.12 provide the board:

24.13 *[For text of subitems (1) to (4), see Minnesota Rules]*

24.14 (5) attestation of compliance with the practice and equipment requirements
24.15 in subpart 22;

24.16 (6) attestation of compliance with an on-site inspection described in subpart
24.17 23; and

24.18 (7) attestation of compliance with the professional development requirement
24.19 in part 3100.5100, subpart 2, item C.

24.20 E. A dentist's general anesthesia or moderate sedation certificate expires if the
24.21 completed application and fee are not received by the board by the dentist's license renewal
24.22 date. Immediately upon expiration, the dentist is prohibited from administering general
24.23 anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board
24.24 issues a current general anesthesia or moderate sedation certificate to the dentist described

in subpart 19. If a dentist does not obtain a current general anesthesia or moderate sedation certificate within 30 days of the dentist's certificate expiring, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) If a dentist applies less than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (e), see Minnesota Rules]

(f) attestation of compliance with the practice and equipment requirements in subpart 22;

(g) attestation of compliance with an on-site inspection described in subpart 23; and

(h) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

(2) If a dentist applies more than 30 calendar days after the dentist's general anesthesia or moderate sedation certificate renewal date, the dentist must provide the board:

[For text of units (a) to (d), see Minnesota Rules]

(e) documentation of current CPR certification;

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with the professional development requirement in part 3100.5100, subpart 2, item C.

[For text of items B and C, see Minnesota Rules]

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital or ambulatory surgery center, unless the dentist possesses the applicable contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

[For text of item C, see Minnesota Rules]

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

[For text of subitems (1) to (5), see Minnesota Rules]

(6) documentation of the dentist's current CPR certification; and

(7) attestation of compliance with the practice and equipment requirements in subpart 22.

[For text of item E, see Minnesota Rules]

[For text of subpart 21, see Minnesota Rules]

27.1 **Subp. 22. Practice and equipment requirements.**

27.2 A. Dentists who administer general anesthesia, deep sedation, or moderate sedation
27.3 or who provide dental services to patients under general anesthesia, deep sedation, or
27.4 moderate sedation must ensure that the practice requirements in this item are followed.

27.5 (1) A dentist must be prepared and competent to diagnose, resolve, and prevent
27.6 any untoward reaction or medical emergency that may develop any time after the
27.7 administration of general anesthesia, deep sedation, or moderate sedation. A dentist must
27.8 apply the current standard of care to continuously monitor and evaluate a patient's blood
27.9 pressure, pulse, respiratory function, and cardiac activity. The current standard of care to
27.10 assess respiratory function requires the monitoring of tissue oxygenation or ventilation by
27.11 using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

27.12 *[For text of subitems (2) to (4), see Minnesota Rules]*

27.13 *[For text of item B, see Minnesota Rules]*

27.14 **Subp. 23. On-site inspection; requirements and procedures.** All offices in which
27.15 general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this
27.16 part must be in compliance with this subpart.

27.17 *[For text of items A to D, see Minnesota Rules]*

27.18 E. A dentist must make available all office equipment and emergency medications
27.19 and the record of at least one patient who received general anesthesia or moderate sedation
27.20 care within the past 12 months for evaluation by the sedation inspector.

27.21 F. The board must notify the dentist if an on-site inspection is required. The board
27.22 shall provide the dentist with the name of a sedation inspector or organization to arrange
27.23 and perform the on-site inspection. The dentist may have an on-site inspection performed
27.24 by another board-approved individual or board-approved organization. The dentist must
27.25 ensure that the inspection is completed within 30 calendar days of the board's notice.

G. Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

H. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

[For text of subpart 1, see Minnesota Rules]

Subp. 2. Professional development requirements.

[For text of items A and B, see Minnesota Rules]

C. In addition to the 50 hours required for a dentist under item B, a dentist with a certificate to administer general anesthesia, deep sedation, or moderate sedation under part 3100.3600, subpart 18, must earn at least 15 hours of professional development in any of the following areas:

- (1) moderate sedation or general anesthesia and deep sedation;
- (2) medications and physical evaluation;
- (3) anesthesia emergencies and complications;
- (4) monitoring equipment and monitoring during anesthesia;
- (5) pharmacology of anesthetic drugs;
- (6) infection control related to anesthesia procedures; and
- (7) simulation courses involving anesthesia emergencies.

D. Professional development is credited on an hour-for-hour basis.

E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

[For text of subitem (1), see Minnesota Rules]

(2) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(3) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity contents are directly related to dental care and treatment to patients or public safety and professionalism.

[For text of item B, see Minnesota Rules]

[For text of subparts 4 and 5, see Minnesota Rules]

30.1 **3100.5300 AUDIT PROCESS OF PORTFOLIO.**

30.2 *[For text of subparts 1 and 2, see Minnesota Rules]*

30.3 **Subp. 3. Failure of an audit.**

30.4 **A. Deficiencies causing audit failure include the following:**

30.5 (1) lack of proof of documentation or participation;

30.6 (2) credit hours earned outside of renewal period being audited;

30.7 (3) excess of earned hours in a category having a maximum if a deficiency
30.8 exists;

30.9 (4) lack of earned hours in a category having a minimum if a deficiency
30.10 exists;

30.11 (5) failure to submit the portfolio;

30.12 (6) unacceptable professional development sources; or

30.13 (7) fraudulently earned or reported hours.

30.14 **B. Upon failure of an audit, the board must grant the licensee up to three months**
30.15 **to comply with written requirements to resolve deficiencies in professional development**
30.16 **compliance.**

30.17 **If the licensee fails to comply with the professional development requirements by the**
30.18 **end of the three months, the board must initiate disciplinary proceedings against the licensee**
30.19 **on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section**
30.20 **150A.08, subdivision 1.**

30.21 *[For text of subparts 4 to 6, see Minnesota Rules]*

31.1 **3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL**
31.2 **OFFICES.**

31.3 *[For text of subparts 1 to 10, see Minnesota Rules]*

31.4 Subp. 11. **Infection control.** Dental health care personnel shall comply with the most
31.5 current infection control guidelines specified by the Centers for Disease Control and
31.6 Prevention. Infection control standards are subject to frequent change.

31.7 *[For text of subparts 12 to 15, see Minnesota Rules]*

31.8 **3100.8400 ASSISTANTS WITHOUT A LICENSE.**

31.9 Subpart 1. **Procedures under personal supervision.** An assistant without a license
31.10 may perform the following supportive procedures if the dentist or dental therapist is
31.11 personally treating a patient and concurrently authorizes the assistant without a license to
31.12 aid in treatment:

31.13 *[For text of items A and B, see Minnesota Rules]*

31.14 C. remove debris or water that is created during treatment rendered by a dentist
31.15 or dental therapist using suction devices; and

31.16 D. provide any assistance, including the placement of articles and topical
31.17 medication in a patient's oral cavity during dental treatment.

31.18 Subp. 1a. **Procedures under general supervision.** An assistant without a license
31.19 may apply fluoride varnish without the dentist or physician being present in the dental office
31.20 or facility or on the premises if the licensed practitioner with prescribing authority has prior
31.21 knowledge of and has consented to the procedure being performed and maintains appropriate
31.22 patient records of the treatment.

31.23 Subp. 1b. **Procedures under direct supervision.** An assistant without a license may
31.24 perform the following services if a dentist or dental therapist is in the dental office, personally

32.1 authorizes the procedure, and evaluates the performance of the assistant before dismissing
32.2 the patient:

32.3 A. take digital impressions;

32.4 B. take photographs extraorally or intraorally; and

32.5 C. aid dental hygienists and licensed dental assistants in the performance of their
32.6 delegated procedures defined in parts 3100.8500 and 3100.8700.

32.7 Subp. 1c. **Compliance with minimal requirements.** The dentist is responsible for
32.8 ensuring that any assistant working under the dentist's or dental therapist's supervision
32.9 pursuant to subparts 1 to 1b:

32.10 A. completes a CPR certification course and maintains current CPR certification
32.11 thereafter; and

32.12 B. complies with the most current infection control practices for a dental setting.

32.13 *[For text of subparts 2 and 3, see Minnesota Rules]*

32.14 **3100.8500 LICENSED DENTAL ASSISTANTS.**

32.15 *[For text of subparts 1 and 1a, see Minnesota Rules]*

32.16 Subp. 1b. **Procedures under direct supervision.** A licensed dental assistant may
32.17 perform the following services if a dentist is in the dental office, personally diagnoses the
32.18 condition to be treated, personally authorizes the procedure, and evaluates the performance
32.19 of the licensed dental assistant before dismissing the patient:

32.20 A. remove excess bond material from orthodontic appliances;

32.21 B. remove bond material from teeth with rotary instruments after removal of
32.22 orthodontic appliances;

32.23 *[For text of items C to I, see Minnesota Rules]*

J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board;

K. place nonsurgical retraction material for gingival displacement; and

L. administer local anesthesia limited to suprapariosteal and field block injections as prescribed by a dentist. Before administering local anesthesia, a licensed dental assistant must provide the board:

(1) evidence of at least one year of experience in general chairside dental assisting;

(2) evidence of completing a board-approved didactic and clinical course at a school accredited by the Commission on Dental Accreditation that requires clinical competency in the administration of local anesthesia;

(3) evidence of passing a board-approved, nationally recognized local anesthetic examination; and

(4) evidence of application for local anesthesia certification through the board.

[For text of subparts 1c to 3, see Minnesota Rules]

3100.8700 DENTAL HYGIENISTS.

Subpart 1. **Principal procedures under general supervision.** A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

[For text of items A to Y, see Minnesota Rules]

Z. place nonsurgical retraction material for gingival displacement.

34.1 *[For text of subparts 2 to 3, see Minnesota Rules]*

34.2 **3100.9600 RECORD KEEPING.**

34.3 *[For text of subparts 1 to 5, see Minnesota Rules]*

34.4 Subp. 6. **Clinical examinations.** When a limited examination is performed, items A
34.5 to C pertain only to the area treated. When a comprehensive examination is performed,
34.6 dental records must include:

34.7 A. recording of existing oral health care status;

34.8 B. any radiographs and photographs used with the date the image is taken and the
34.9 patient's name; and

34.10 C. the results of any other diagnostic aids used.

34.11 *[For text of subparts 7 to 14, see Minnesota Rules]*

Document Number: 241355
Filed May 7, 2024
Office of the Minnesota
Secretary of State, Steve Simon

**2023 Administrative Rule
Preliminary Proposal Form**

Revisor's ID Number: 4813

Submitting Agency: Minnesota Board of Dentistry

Date: August 15, 2023

Rule Contact: Kathy T. Johnson

E-mail Address: kathy.t.johnson@state.mn.us

Phone #: 612-548-2134

Type of Rule (must be one of the following):

☐

Exempt

☐

Expedited

☒

Permanent

Title: (Short descriptive title)	Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia
Chapter Number(s):	Minnesota Rules Chapter 3100
Supporters, opponents and possible controversies:	Supporters: Board members, statewide dental organizations and associations, and individual licensees. Opponents: Unknown. Controversies: Unknown.
Agency impact:	The proposed rules regarding the CPR course allows other vendors, a dentist must obtain a pediatric endorsement if sedating young children under GA/MS, a dentist who has GA/MS certificate must complete additional professional development credits, an unlicensed dental assistant can take digital impressions and photographs, and a licensed dental assistant can administer local anesthesia after completing the required training.
If Exempt or Expedited rule process:	Not applicable.
Describe the need for the rule and provide background information:	The need for each proposed rule is outlined within the section entitled Rule-By-Rule Analysis of the Board's Statement of Need and Reasonableness, which also includes the pertinent background information.
Rulemaking authority and relevant statutes:	Minnesota Statutes, section 150A.04, subdivision 5, authorizes the board to adopt rules to carry out and make effective the provisions and purposes of sections 150A.01 to 150A.12, in accordance with Chapter 14.

Fiscal Impact:

☐

Yes

☒

No

☐

Undetermined



August 15, 2023

Executive Director's Signature

Date

*** THIS SECTION TO BE COMPLETED BY THE GOVERNOR'S OFFICE***

I have reviewed the above information and approved the concept of this administrative rule.

Governor's Policy Advisor

Date

**2023 Administrative Rule
Proposed Rule and SONAR Form**

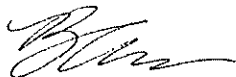
Revisor's ID Number: **4813**

Submitting Agency:	Minnesota Board of Dentistry	Date:	November 20, 2023
Rule Contact:	Kathy T. Johnson		
E-mail Address:	kathy.t.johnson@state.mn.us	Phone #:	612-548-2134

Title: (Short descriptive title)	Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia
Chapter number(s):	Minnesota Rules Chapter 3100
Comments received during Request for Comments:	Support Rules-9 comments. Oppose rules -9 comments— mainly the LDA and local anesthesia. Opposers misunderstand that required education for local anesthesia will be a separate course and same level as for dental hygienist.
Statement of Need and Reasonableness (SONAR) Executive Summary:	The proposed rules relates to: required CPR course is open to other vendors; a dentist must obtain a pediatric endorsement if sedating young children under GA/MS; a dentist who has GA/MS certificate must complete additional professional development credits; an unlicensed dental assistant can take digital impressions and photographs; and a licensed dental assistant can administer local anesthesia after completing the required training.
Supporters, opponents, and possible controversies:	<i>Supporters:</i> Board Members, Minnesota Dental Association, Minnesota Dental Therapist Association, Minnesota Dental Hygienists Association, Minnesota Dental Assistants Association, and numerous individual Licensees. <i>Opponents:</i> Nine licensees. <i>Controversies:</i> Administering local anesthesia by LDA after required training.
List significant changes from preliminary proposal:	No significant changes from preliminary proposal.
Other:	

Fiscal Impact:	Yes	No	<input checked="" type="checkbox"/> X	*If the Fiscal Impact determination has changed, please explain above.*
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AGENCY: Attach draft rules and SONAR.



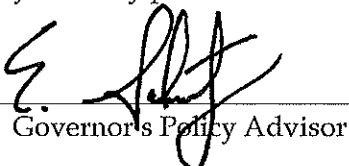
Executive Director's Signature

November 20, 2023

Date

THIS SECTION TO BE COMPLETED BY THE GOVERNOR'S OFFICE

I have reviewed the above information and have approved this administrative rule. The respective Agency may formally publish a Notice of Intent to Adopt Proposed Rules.



Governor's Policy Advisor

1/4/24
Date


2024 Administrative Rule Final Rule Form

Revisor's ID Number: 4813

Submitting Agency: Minnesota Board of DentistryDate: March 25, 2024Rule Contact: Kathy T. Johnson

Email Address: kathy.t.johnson@state.mn.us

Phone #: 612-548-2134

Title: (Short descriptive title)	Proposed Permanent Rules Relating to Licensing and Administration of Sedation and Anesthesia
Chapter number(s):	Minnesota Rules Chapter 3100
Comments/controversies received since Notice of Intent to Adopt:	Four comments received and responded to by the Board regarding sedation requirements and professional development.
If a hearing was requested explain why and attach ALJ Report:	No hearing requests received by the Board.
List changes from draft rules proposal:	No changes made to preliminary proposed rules.
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: right;"> <p>March 25, 2024</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>Executive Director's Signature</div> <div>Date</div> </div>	

THIS SECTION TO BE COMPLETED BY THE GOVERNOR'S OFFICE

I have reviewed the above information and have approved this administrative rule. The Agency may formally submit this rule to the Office of Administrative Hearings for approval and filing with the Office of Secretary of State.

Eamonn Schmitz
Governor's Policy Advisor

4/15/2024

Date _____