

OFFICIAL RULEMAKING RECORD

MINNESOTA BOARD OF DENTISTRY

ADOPTED PERMANENT RULES RELATING TO PROFESSIONAL LICENSURE, 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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

REPEALED PERMANENT RULES RELATING TO OBSOLETE, UNNECESSARY, OR DUPLICATIVE PROFESSIONAL LICENSURE, MINNESOTA RULES 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3.

REVISOR'S ID # 4672

MARCH 2021 TO FEBRUARY 2022

NOTICE OF ADOPTION PUBLISHED: FEBRUARY 7, 2022

EFFECTIVE DATE: FEBRUARY 14, 2022

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

- (1) Copies of all publications in the State Register pertaining to the rules. State Register publications include:
 - a. Request for Comments dated March 29, 2021 (45 SR 1055). [File #5]
 - b. Dual Notice of Intent to Adopt Rules dated November 29, 2021 (46 SR 669). [File #13]
 - c. Notice of Adoption dated February 7, 2022 (46 SR 908). [File #28]
- (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 received no comments or requests for a hearing for these rules.

- (3) The Statement of Need and Reasonableness (SONAR) dated March 17, 2021. [File #8b]

- (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 August 19, 2021, and the rules as adopted dated December 30, 2021, were submitted to the Administrative Law Judge under Minnesota Statutes, sections 14.22 to 14.28. [See items 8C and 8L below.]

- (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 January 21, 2022. [File #24]

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

Documents required by OAH Rules part 1400.2310 for rules adopted without a hearing:

- A. Request for Comments published in the State Register; [File #5]
- B. Not enclosed - rulemaking petition(s) – none submitted to Board;
- C. Proposed rules, including Revisor's approval certificate, dated August 19, 2021; [File #8a]
- D. Statement of Need and Reasonableness; [File #8b]
- E. Dual Notice of Hearing - State Register; [File #13]
- F. Order from Chief Administrative Law Judge authorizing the Board to omit the text of the proposed rules from Dual Notice in State Register; [File #10]
- G. Certificate of Mailing the Dual Notice and Accuracy of Rulemaking Mailing List; [File #14a]
- H. Certificate of Giving Additional Notice; and Judge Case's Order approving Additional Notice Plan dated October 29, 2021; [File #14b]
- I. Certificate of Mailing SONAR to Legislative Reference Library; [File #15]
- J. Not enclosed - Written Comments, Requests for Hearing, and Withdrawals received by Board – none received by the Board;
- K. Not enclosed – a notice of withdrawal of hearing request;
- L. Copy of Adopted Rules with modifications, including Revisor's approval certificate, dated December 30, 2021; [File #21]
- M. Not enclosed – a notice of adopting substantially different rules;
- N. Board's Unsigned Order Adopting Rules; [File #20]

- O. Not enclosed – a notice of submission of rules to OAH;
- P-1. Notice Letter to Legislators; and [File #16]
- P-2. Finance Consult with MMB + MMB’s Response. [File #9b]

(9) The Board’s Order Adopting Rules.

The Board’s Executive Director signed the Order Adopting Rules on January 21, 2022. [File #20]

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

The adopted rules dated December 30, 2021, were filed with the Secretary of State on January 26, 2022. [File #25]

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; [File #2]
- b. Proposed Rule and SONAR Form; and [File #9a]
- c. Final Rule Form. [File #19b]

(12) Governor’s Veto of Adopted Rules.

On January 31, 2022, the Governor’s office sent correspondence to the Board about not vetoing the Board’s adopted rules. [File #27]

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 Board of Dentistry

REQUEST FOR COMMENTS for Proposed Amendments to Permanent Rules Relating to Professional Licensure

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

Subject of Rules. The Minnesota Board of Dentistry requests comments on its proposed amendments to rules creating a more user-friendly guide listing all the different types of standard licensure or registration options in dentistry. Each standard licensure or registration option will be consistent throughout making for easy reading and interpretation. Moreover, each standard licensure or registration option lists other relevant information like renewal, reinstatement, and professional development. The proposed rules also focus on achieving a major housekeeping throughout by streamlining, eliminating all non-relevant requests, and updating areas.

Persons Affected. The amendments to the rules would affect dentists, dental therapists, dental hygienists, and licensed dental assistants.

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 May 28, 2021. 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 has prepared and posted a draft of the possible rule changes on the Board's official website. The website address is www.mn.gov/boards/dentistry. 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, University Park Plaza, 2829 University Avenue SE, Suite 450, Minneapolis, Minnesota 55414-3249, **phone:** (612) 548-2134 or (888) 240-4762 (outside metro), **FAX:** (612) 617-2260, or directed by **e-mail:** kathy.t.johnson@state.mn.us. Minnesota Relay Service for hearing impaired: (800) 627-3529.

Official Notices

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: March 29, 2021

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 Friday, April 9, 2021 at 1:00 p.m., or as soon thereafter as reasonable via teleconference on a proposal to provide funding through the Minnesota Job Creation Fund Program 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.

The Minnesota Department of Employment and Economic Development has determined that an in-person meeting is not practical because of the current health pandemic and ongoing peacetime emergency declared under Chapter 12 of Minnesota Statutes. As is permitted under the Open Meeting Law in these conditions, this public hearing to consider a potential Job Creation Fund (JCF) award and rebate to Boston Scientific Corporation for an expansion project in Arden Hills, Minnesota will be conducted via teleconference.

Description of Project and Proposed JCF Funding:

Boston Scientific Corporation may expand in Arden Hills (Ramsey County), Minnesota. The company is a worldwide developer, manufacturer and marketer of medical devices. The Arden Hills location is the primary site for the manufacturing of battery components for the company’s cardiac rhythm and neuromodulation devices. The proposed project would consist of adding 17,450 sf to an existing building on the Arden Hills campus in order to expand production capacity, as well as site improvements and the purchase of machinery and equipment related to the expansion. The total project cost is \$20,000,000. The company expects to create 150 jobs within three (3) years at an average cash wage of \$26.20 per hour. All jobs will qualify for a job creation award. The project is eligible for a job creation award of up to \$850,000, which may be reduced depending on the project’s final program evaluation score.

All interested persons may be heard at the time and accommodations 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 at least one day prior to the date of the hearing for instructions on how to participate in the conference call.

Interested persons may mail written comments via email to Tom Washa at the e-mail address set forth above or via U.S. Postal Service to Tom Washa, Office of Business Finance, MN DEED, 332 Minnesota Street, Suite E200, St. Paul, MN 55101. All comments should be mailed with sufficient time to ensure they are received prior to the date of the hearing set forth above. All persons who 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

requirements of Minnesota Statutes, sections 14.22 to 14.28 for rules adopted without a hearing, including the preparation of a statement of need and reasonableness and the opportunity for a hearing.

Modifications. The agency might modify its choice of these designated rules or parts proposed for repeal (e.g. fixing a typo or deciding not to repeal a rule because the rule is discovered not to be obsolete), based on comments and information submitted to the agency. If the final rules are identical to the rules originally published in the State Register, the agency will publish a notice of adopting the repealers in the State Register. If the final rules are different from the rules originally published in the State Register, the agency must publish a copy of the changes in the State Register. If the proposed repeal of obsolete rules affects you in any way, the agency encourages you to participate in the rulemaking process.

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 agency contact person at the address or telephone number listed above.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You may direct questions regarding this requirement to the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, Phone (651) 539-1180 or 1-800-657-3889.

Repeal and Review of Obsolete Rules. The agency may repeal the obsolete rules at the end of the comment period. The agency will then submit rules and supporting documents to the Office of Administrative Hearings for review for legality. You may ask to be notified of the date that the agency submits the rules. If you want to be so notified, or want to receive a copy of the repealed obsolete rules, or want to register with the agency to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

REPEALER. Minnesota Rules, parts 1500.0201, subpart 2; 1500.0601; 1500.0801; 1500.1900; 1510.0050; 1510.0060; 1510.0070; 1510.0080; 1510.0090; 1510.0100; 1510.0231; 1510.0261; 1510.0271; 1510.0320; and 1562.1100, subparts 1, 2, and 3, are repealed.

Minnesota Board of Dentistry

Proposed Permanent Rules Relating to Professional Licensure; 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 4672; OAH Docket No. 82-9033-37880

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3.

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 Wednesday, December 29, 2021, the Board will hold a public hearing on Thursday, January 27, 2022 starting at 9:30 am. Due to the Covid pandemic and social distancing

Proposed Rules

requirements, no in-person public attendees will be allowed. Instead, the public hearing will be held using Webex and the public can join from the event link: <https://minnesota.webex.com/join?siteurl=minnesota&eventnumber=24973656365&password=Zf2pTe4zRk3> and enter the event number/access code: 2497 365 6365 and password: Zf2pTe4zRk3. 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 December 29, 2021, and before January 27, 2022.

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 (888) 240-4762 (outside metro), fax: (651) 797-1373. TTY users may call the Board of Dentistry at (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. An executive summary of the subjects of the proposed rules, as follows:

3100.0100 DEFINITIONS.

Subparts 5, 9a, 9c, 12b, 13, and 16c – the changes made in these subparts reflect the changes made in other parts regarding allied dental personnel, CPR, dental assistant with a limited radiology registration, licensee, and registrant.

3100.1100 to 3100.1380.

Regarding 3100.1100 to 3100.1380, the Board decided to create a more user-friendly guide in Minnesota Rules, chapter 3100 for all dentists, dental therapists, dental hygienists, and licensed dental assistants regarding the standard license options that are available to them. Previously, some of the standard license options were only found in Minnesota statutes and now are included in the proposed rules. Each standard license option will still basically have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. In addition, each standard license option lists other key requirements pertaining to that license such as terms and renewal, reinstatement, and professional development to name a few. Furthermore, the Board has examined each standard license option and completed a major housekeeping of each license by eliminating non-relevant or outdated requests made by the Board's existing rules.

3100.1400 LICENSURE BY CREDENTIALS.

Numerous changes were made to 3100.1400 making it a logistical challenge to address each line change in detail. Overall, the Board updated all educational or examination requirements that are needed to pursue the licensure by credentials pathway. The Board also standardized the language to match other licensure paths by including the fee and CPR requirement. In addition, the Board completed major housekeeping of this rule by eliminating non-relevant or outdated language present in the Board's existing rules and streamlining the licensing by credentials process.

3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION; GENERAL.

Numerous changes were made to 3100.1700 including major housekeeping to eliminate non-relevant or outdated language that is present in the Board's existing rules. None of the actual terms or requirements for renewal of a license have changed but the format changes will make the Board's rules clearer and concise.

3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, OR RESIDENT DENTAL HYGIENIST.

Two substantial modifications were made to 3100.1750 include adding the resident dental therapist and resident dental hygienist to this group and adding a description of the Board process for those individuals who fail to renew their annual license. This process is the same as other license renewal requirements. The Board notifies the Licensee who must respond within a specified time period otherwise their license will be administratively terminated. All remaining changes to this rule are considered housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules.

3100.1850 REINSTATEMENT OF LICENSE.

Numerous changes were made to 3100.1850 below that includes major housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual reinstatement requirements for licensure for the various time periods of termination have changed but the format changes will make the Board's rules clearer and concise.

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

The many changes to 3100.3600 will reorganize the contents and revise the language regarding nitrous oxide, general anesthesia, and sedation. These changes aim to provide a more understandable guide for Licensees to find the information they need to acquire the skills to administer nitrous oxide, general anesthesia, and sedation. None of the actual educational requirements, equipment requirements, or inspection requirements for these services have changed in this part but are now better explained and simplified. The language regarding "Reporting of incidents required" has been moved to subpart 1a, the front of this part, so it is no longer buried in the middle, where the information is difficult for Licensees to find. For nitrous oxide, each profession is listed and represents what is required to administer this service. As for the certifications for dentists to administer general anesthesia/deep sedation and moderate sedation, or to obtain a certificate for a contracted sedation provider, the format is easier to follow with the application requirement listed, the types of certificates, and how to renew a certificate.

3100.5100 PROFESSIONAL DEVELOPMENT.

In 3100.5100, many changes were made including eliminating the self-assessment examination as part of professional development, which is supported by the Board and other licensed dental professionals. For 16 years, the Board required that Licensees complete the self-assessment as part of fundamental continuing education activities. It has been a challenge for the Board to produce a new self-assessment every two years due to the lack of new resources to create questions and the excessive amount of time required to manage the entire self-assessment project.

Regarding the core subject requirement, the Board is choosing not to use the phrase "core subjects" and go back to simply referring to these categories as "fundamental" courses. The list of fundamental courses will remain the same but will add HIPAA, as follows: Recordkeeping; Ethics; Patient Communications; Management of Medical Emergencies; Treatment and Diagnosis; and Health Insurance Portability and Accountability Act (HIPAA). One item that will NOT change is that the Board will still require that a Licensee complete at least two fundamental courses on the list for each initial or biennial professional development cycle. Other than these changes, the current professional development requirements will continue to remain the same.

Regarding CPR course/certification, Licensees will still be required to complete and maintain CPR as a requirement for licensure for each biennial cycle. However, the CPR course/certification will no longer be listed as a requirement under professional development. Therefore, the four or more hours obtained for taking either a CPR course or ACLS course can no longer be counted as a professional development credit toward the Licensee's required credit hours.

The Board also added language to the extenuating circumstances section giving a seven-day deadline before the end of a cycle and informing the Licensee that their license will be terminated if they do not comply with this or completion of professional development by the end of the granted extension period. The Board needed to establish some deadlines and inform Licensees of the possible consequences for their actions in these situations.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

In 3100.6200, the Board updated outdated rules that will simplify the language regarding rebates and split fees and more accurately capture the true violations that are occurring with sexual misconduct issues, billing, and communication. It has been many years since significant changes have been made to this part by the Board, and now is the time to move forward with these more progressive changes relating to unprofessional conduct.

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

In 3100.6600, some housekeeping changes were made 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 but will make the Board's rules clearer and concise.

Proposed Rules

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

Regarding 3100.6900, the Board still upholds the idea that a dentist shall not engage with a third party where a fee or compensation is involved for the referral of the patient for dental services. With that said, the Board has now added language that does allow a dentist to provide a gift to a patient or provide a credit for dental services. The Board acknowledges that dentists have been giving gifts to their patients for years now, and it was decided to change the rules to accommodate what was already happening out in dental practices.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

In 3100.7000, the Board eliminated the naming of all the specialty examining boards, which is unnecessary language. The Board only needs to list the actual specialty areas and added dental anesthesiology, oral medicine, and orofacial pain, which have all been recognized as specialty areas by the American Dental Association.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

In 3100.8400, some housekeeping changes were made by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual permissible procedures or compliance requirements have changed but these changes will make the Board's rules clearer and concise.

3100.8500 LICENSED DENTAL ASSISTANTS.

Numerous clarification changes were made throughout 3100.8500 where the changes mirror the current language used in the existing rules for dental hygienist's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental assistants have changed.

In subpart 2, the Board added language to clarify what type of education is required for each new delegated procedure added to the list over the years. If the procedure specifically states that additional education through a course is needed to perform that procedure, the licensed dental assistant must complete a course to perform that procedure. If the procedure is listed without any specific course requirements, this procedure is considered as an allowable delegated procedure within their scope of practice and can be performed by a licensed dental assistant after in-office training by a dentist in the practice if the procedure was not included in the curriculum of their dental assisting program.

In subpart 3, the Board moved the "Limited-license Permit" to a new part (See 3100.1320) and renamed it "Limited Radiology Registration" as part of creating an understandable guide regarding the standard license or registration options that are available from the Board. This registration option will still have similar application and examination requirements as before, but more detailed information has been provided for the applicant. In addition, this registration option lists other key requirements pertaining to registration, including terms and renewal, reinstatement, and professional development.

3100.8700 DENTAL HYGIENISTS.

Numerous clarification changes were made throughout 3100.8700 where the changes mirror the current language used in the rules for licensed dental assistant's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental hygienists have changed.

3100.9600 RECORD KEEPING.

Some minor housekeeping changes were made to 3100.9600 eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual components of recordkeeping have changed but these changes will make the Board's rules clearer and concise.

REPEALED RULES: 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. The Board's existing rules listed will be repealed because they were found to be either obsolete, unnecessary, or duplicative rules. In general, the Board found that these rules no longer serve a purpose or some of the information within a part was kept and relocated to a different part in the Board's proposed rules.

Proposed Rules

Statutory Authority. The statutory authority to adopt the rules is *Minnesota Statutes*, section 150A.04, subdivision 5 and section 150A.06, subdivision 9. On October 26, 2021, the Office of Administrative Hearings waived the publication of the full text of the proposed rules in the *State Register*. A copy of the entire proposed rules is available on the Board's website at www.mn.gov/boards/dentistry 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 Wednesday, December 29, 2021, 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 Wednesday, December 29, 2021. 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. 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 Thursday, January 27, 2022, 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 December 29, 2021, 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 Barbara Case is assigned to conduct the hearing. Judge Case's legal assistant, Michelle Severson can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, michelle.severson@state.mn.us, telephone (651) 361-7874, fax (651) 539-0310.

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

Proposed Rules

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 Case 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 www.mn.gov/boards/dentistry.

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 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: October 26, 2021

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

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.

Minnesota Board of Dentistry Adopted Permanent Rules Relating to Professional Licensure

The rules proposed and published at State Register, Volume 46, Number 22, pages 669-674, November 29, 2021 (46 SR 669), are adopted with the following modifications:

3100.1200 DENTAL HYGIENIST.

Subp. 5. **Emeritus license.** A dental ~~therapist~~ hygienist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A dental ~~therapist~~ hygienist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.

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

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

A. A dental therapist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

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

A. A dental hygienist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

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

A. A licensed dental assistant who administers nitrous oxide inhalation analgesia must be under the direct supervision of a licensed dentist.

Minnesota Board of Dentistry
STATEMENT OF NEED AND REASONABLENESS

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

INTRODUCTION

The Minnesota Board of Dentistry ("Board") is the state agency authorized to establish permanent rules for regulating dentists, dental therapists, dental hygienists, and licensed dental assistants in the State of Minnesota.

A major portion of the amendments in the Board's proposed rules create a more user-friendly guide listing all the different types of standard licensure or registration options in dentistry. Each standard licensure or registration option will still have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. Moreover, each standard licensure or registration option lists other relevant information such as terms and renewal, reinstatement, and professional development to name a few.

In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes in the following areas: licensure by credentials; terms and renewal of license or registration; reinstatement; administration of nitrous oxide inhalation analgesia, general anesthesia, deep sedation, and moderate sedation; professional development; conduct unbecoming a licensee; advertising; consideration for patient referral; assistants without a license; licensed dental assistants; dental hygienists; and recordkeeping.

Over the past year, various 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.

The decisions of the Board to propose an amendment to a rule in this rulemaking proceeding are explained and justified 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, 2829 University Avenue SE, Suite 450, Minneapolis, Minnesota 55414, (612) 548-2134, (612) 617-2250 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 Minnesota Statutes section 150A.04, subdivision 5, 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.

In addition, the Board's statutory authority to adopt the rules set forth is found in Minnesota Statutes section 150A.06, subdivision 9, which provides:

"150A.06 LICENSURE.

Subdivision 9. **Graduates of nonaccredited dental programs.** A graduate of a nonaccredited dental program who successfully completes the clinical licensure examination, and meets all other applicant requirements of the board shall be licensed to practice dentistry and granted a limited general dentist license by the board. The board shall place limitations on the licensee's authority to practice by requiring the licensee to practice under the general supervision of a Minnesota-licensed dentist approved by the board. A person licensed under this subdivision must practice for three consecutive years in Minnesota pursuant to a written agreement, approved by the board, between the licensee and a Minnesota-licensed dentist who may limit the types of services authorized. At the conclusion of the three-year period, the board shall grant an unlimited license without further restrictions if all supervising dentists who had entered into written agreements with the licensee during any part of the three-year period recommend unlimited licensure, and if no corrective action or disciplinary action has been taken by the board against the licensee."

Under Minnesota Statutes section 150A.04, subdivision 5 and section 150A.06, subdivision 9, the Board has the necessary statutory authority to adopt the proposed rules within part 3100.1130.

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 will be all regulated dental professionals: dentists, dental therapists, dental hygienists, and licensed dental assistants;

- Costs of proposed rules to all regulated dental professionals: No new regulatory requirements are being proposed by these rules, so regulated dental professionals will NOT be financially impacted by these changes; and
- Classes benefiting from proposed rules: All regulated dental professionals will benefit from the proposed rules because the entire chapter has been reformatted to create a more user-friendly guide for each profession to easily access information pertinent to them.

“(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”

- Regarding the proposed rules, the Board will NOT incur any increased costs beyond those currently associated with normal operating costs under the existing rules;
- The Board does NOT anticipate any probable costs to any other agency in the implementation and enforcement of the proposed rules; and
- The Board does NOT anticipate any change to net effect on state revenues.

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

- Less costly or less intrusive methods for achieving the purpose of the proposed rules, in this case do not appear to apply. This is because the majority, if not all, of the rules amendments are housekeeping in nature and are meant to reorganize and clarify existing statutes and rules that have been in place for many years.

“(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”

- No alternative methods were considered by the Board because these proposed rules amendments are mainly housekeeping in nature and do not warrant a debate over alternative methods to these rules. The amendments do not make substantive changes and are non-controversial for regulated dental professionals.

“(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 probable costs of complying with these rule amendments for regulated dental professionals is not really a factor because of the housekeeping nature of most of the amendments. No additional costs are expected because most of what is proposed is already required or supplements existing requirements made by the Board; and
- No other classes of government units, businesses, or individuals are expected to bear costs associated with the proposed rules amendments.

“(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 consequences of not adopting the proposed rules means keeping outdated and unclear language in the existing rules and not aligning the rules with the current statutes. These

consequences will cause confusion with the existing rules for regulated dental professionals, new dental applicants, Board staff, and the general public; and

- No other classes of government units or businesses will be affected by not adopting the proposed rules amendments.

“(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”

- None of the proposed rules amendments 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 has found no cumulative effect with its proposed rules amendments because the regulating of dental professionals is not addressed by federal law or other Minnesota state laws. Therefore, this consideration is not applicable for this rule.

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, as follows: (a) House: Human Services Finance and Policy Committee Chair and Lead; and Health Finance and Policy Committee Chair and Lead; and (b) Senate: Health and Human Services Finance and Policy Committee Chair and Ranking Minority Member; and Human Services Reform Finance and Policy Committee Chair and Ranking Minority Member.

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 2019, 2020, and 2021, several of the Board's Committees (e.g., Licensure and Credential, Policy, and Allied Dental Education) held numerous public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rules amendments. 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 amendments are distributed and reviewed by all individuals in attendance and input encouraged from all attendees. After these public meetings, the Board will review and approve the proposed rules amendments and proceed with the rulemaking process.
2. On March 18, 2021, the Board posted a draft copy of the proposed rules amendments on the Board's website at www.mn.gov/boards/dentistry making it accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public. This draft copy identified the Board rules that will be affected by the Board's proposed rules amendments.
3. On March 18, 2021, the Board posted a copy of the Request for Comments for publication in the State Register in the Board's newsletter and on the Board's website and Facebook page at www.mn.gov/boards/dentistry. This newsletter, website, and Facebook page are accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
4. On March 18, 2021, the Board posted its Statement of Need and Reasonableness ("SONAR") dated March 17, 2021, on the Board's website at www.mn.gov/boards/dentistry making this information accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
5. On March 22, 2021, 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 March 22, 2021, 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 March 22, 2021, the Board sent an electronic mass mailing using GovDelivery service to nearly 22,000 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 March 29, 2021, the Board's Request for Comments was published in the State Register, requesting that all comments be submitted to the Board by May 28, 2021. 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 by electronic mail a copy of the Dual Notice of Intent to Adopt Rules, the proposed rules, and the SONAR to the 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), and asked these representatives to disseminate this information to their member lists via newsletters, publications, or mailings.
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 22,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Dual Notice period, the proposed rules, and the 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 Lindsay Dean, the Board's Executive Budget Officer (EBO), at MMB and will later provide Lindsay Dean'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.

Subparts 5, 9a, 9c, 12b, 13, and 16c – the changes made in these subparts reflect the changes made in other parts regarding allied dental personnel, CPR, dental assistant with a limited radiology registration, licensee, and registrant. Thus, the Board considers these proposed changes to be necessary and reasonable.

3100.1100 to 3100.1380.

Regarding the list below of the Board's standard licensure options, the Board decided to create a more user-friendly guide in Minnesota Rules, chapter 3100 for all dentists, dental therapists, dental hygienists, and licensed dental assistants regarding the standard license options that are available to them. Previously, some of the standard license options were only found in Minnesota statutes and now are included in the proposed rules. Each standard license option will still basically have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. In addition, each standard license option lists other key requirements pertaining to that license such as terms and renewal, reinstatement, and professional development to name a few. Furthermore, the Board has examined each standard license option and completed a major housekeeping of each license by eliminating non-relevant or outdated requests made by the Board's existing rules. In the end, the Board believes in making the licensing process easier and considers these proposed changes to be necessary and reasonable.

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.

The Board has made numerous changes to part 3100.1400 making it a logistical challenge to address each line change in detail. Overall, the Board updated all educational or examination requirements that are needed to pursue the licensure by credentials pathway. The Board also standardized the language to match other licensure paths by including the fee and CPR requirement. In addition, the Board completed major housekeeping of this rule by eliminating non-relevant or outdated language present in the Board's existing rules. Furthermore, the Board supports streamlining the licensing by credentials process and considers these proposed changes to be necessary and reasonable.

3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.

Subpart 1. Licensure application requirements. A person who is ~~already~~ currently a licensed dentist, dental therapist, or dental hygienist in another ~~state~~ United States jurisdiction or Canadian province ~~desiring~~ seeking to be licensed to practice dentistry, dental therapy, or dental hygiene in Minnesota shall, ~~in order to demonstrate the person's knowledge of dental subjects and ability to practice dentistry or dental hygiene in Minnesota, comply with the requirements in items A to N.~~ must provide the board:

~~A. The applicant shall complete an~~ a completed application furnished by the board;

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

~~B C. The applicant shall furnish satisfactory evidence of having graduated from either a school of dentistry or dental hygiene, whichever the case may be, which has been accredited by the Commission on Dental Accreditation;~~

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 having graduated from a master's advanced dental therapy education program;

~~E F. An applicant for licensure as a dentist must have been proof of completing at least 2,000 hours within the past 36 months in active practice in another state United States jurisdiction, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application and must submit at least three references from other practicing dentists;~~

~~D. An applicant for licensure as a dental hygienist must have been in active practice in another state, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application. The applicant must submit at least two character references from dentists and two references from practicing dental hygienists.~~

~~E G. An applicant must provide evidence of having passed passing a clinical examination for licensure in another state United States jurisdiction or Canadian province, where the licensure requirements are substantially equivalent to that of Minnesota;~~

~~F H. An applicant shall include a physician's statement attesting to the applicant's physical and mental condition and a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity. evidence of passing all parts of a national board examination for the practice of dentistry, dental therapy, or dental hygiene;~~

~~G. An applicant must submit with the application a fee as prescribed in Minnesota Statutes, section 150A.091, subdivision 9.~~

~~H. For identification purposes, the applicant shall furnish submit one notarized unmounted passport type photograph, three inches by three inches, taken not more than six months before the date of application.~~

~~I. In advance of the appearance required by item J, an applicant for licensure by credentials as a dentist shall submit complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the five years preceding the date of application. The number of records requested of the applicant shall be established by resolution of the board. The records submitted shall be reasonably representative of the treatment typically provided by the applicant.~~

~~J. An applicant must appear before the board and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice dentistry or dental hygiene pursuant to Minnesota Statutes, section 150A.06, subdivision 4. Questions may be based on the records submitted pursuant to item I.~~

~~K I. An applicant shall successfully complete an evidence of passing the board's jurisprudence examination designed to test knowledge of Minnesota laws relating to the practice of dentistry and the rules of the board within the past five years; and~~

~~L. If the board adopts simulated dental patient examinations as part of the application process, applicants shall complete simulated dental patient examinations designed to test their knowledge of dental subjects.~~

~~M. An applicant shall provide adequate documentation of attained professional development or continuing dental education for the 60 months preceding the date of application.~~

~~N. An applicant may apply for licensure by credentials only once within any five year period of time.~~

J. documentation of current CPR certification.

Subp. 2. **Disciplinary action.** A person seeking licensure under subpart 1 must not be subject to any pending or final disciplinary action in another United States jurisdiction or Canadian province.

3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION; GENERAL.

The Board has made numerous changes to part 3100.1700, including major housekeeping to eliminate non-relevant or outdated language that is present in the Board's existing rules. None of the actual terms or requirements for renewal of a license have changed. These format changes will make the Board's rules clearer and concise, therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.1700 TERMS AND RENEWAL OF LICENSE OR ~~PERMIT~~ REGISTRATION; GENERAL.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of a license or ~~limited license permit of an applicant other than a limited faculty or resident dentist registration.~~ The requirements for the terms and renewal of licensure as a limited faculty dentist, ~~or resident dentist, resident dental therapist, or resident dental hygienist~~ are specified in part 3100.1750.

Subp. 1a. **Initial term.** An initial license or ~~permit~~ registration issued by the board is valid from the date issued until the last day of the licensee's or registrant's birth month in either the following even-numbered year for an even-numbered birthdate year or the following odd-numbered year for an odd-numbered birthdate year, or terminated according to the procedures in this part.

Subp. 1b. **Biennial term.** A properly renewed license or ~~permit~~ registration issued by the board is valid from the first day of the month following expiration for 24 months until renewed or terminated according to the procedures in this part.

Subp. 1c. **Fees.** The initial, biennial renewal, and late fee amounts are in Minnesota Statutes, section 150A.091, subdivisions 3, 5, and 7.

Subp. 2. **Biennial renewal applications.** Each licensee ~~shall~~ or registrant must submit an application for biennial renewal of a license or ~~permit together with~~ registration by paying the necessary required fee to the board no later than the last day of the licensee's or registrant's birth month, which is the application deadline. ~~An application for renewal is deemed timely if received by the board or postmarked no later than the last day of the licensee's birth month.~~ The application form must ~~provide a place for the renewal applicant's signature certifying compliance with the applicable professional development requirements including~~ require the licensee or registrant to certify compliance with maintaining a consecutive and current CPR certification ~~and information including the applicant's office address or addresses, the license number, whether the licensee has~~

been engaged in the active practice of dentistry during the two years preceding the period for which renewal is sought as a licensee, and if so, whether within or without the state, and any other information that may be reasonably requested by the board. Failure by a licensee or registrant to maintain a consecutive and current CPR certification subjects the licensee or registrant to disciplinary proceedings under parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 3. **Failure to submit biennial renewal application.** ~~The procedures in this subpart shall be followed by the board for all licensees who have failed to submit the biennial renewal application according to subpart 2 and applicable fees, except as provided in subpart 5.~~

~~A. Any time~~ If a licensee or registrant fails to biennially renew their license or registration, the board shall, after the application deadline, the board will send, to the last address on file with the board, a notice to a the licensee who has not made application for the renewal of a license or permit or registrant. The notice will must state that licensee has failed to make application for renewal; the amount of the renewal and late fees; that.

B. A licensee may voluntarily or registrant must renew their license or registration within 30 days of the license's or registration's expiration date.

C. If the licensee or registrant fails to renew their license or registration according to item B, the board shall administratively terminate the license or permit by notifying the board; and that failure to respond to the notice by the date specified, which date must be at least 33 days after the notice is sent out by the board either by submitting the renewal application and applicable fees, or by notifying the board that licensee has voluntarily terminated the license or permit will result in the expiration of the license or permit and termination of the registration and the right to practice. The board shall not consider an administrative termination of a license or registration to be a disciplinary action against the licensee or registrant.

B.D. If the application for renewal, including the applicant's signature certifying compliance with the applicable professional development requirements, and the applicable biennial and late fees or notice of voluntary termination is not received by the board by the date specified in the notice, a licensee or registrant elected not to renew the license or registration, the licensee or registrant may:

(1) voluntarily terminate the license or permit will expire and the licensee's right to practice will terminate as of the date specified in the notice. The expiration and termination will not be considered a disciplinary action against the licensee registration; or

(2) apply for an emeritus inactive or emeritus active license through the board, except for individuals with a limited radiology registration.

Subp. 4. **Reinstatement.** ~~A license which has expired according to terminated in~~ this part may be reinstated according to part 3100.1850. A limited radiology registration terminated in subpart 3 may be reinstated according to part 3100.1320.

Subp. 5. ~~**Contested case proceedings Repealed.** The board, in lieu of the process in subpart 3, may initiate a contested case hearing to revoke or suspend a license or permit for failure to submit the fees or provide the applicant's signature certifying compliance with the applicable professional development requirements on the renewal application, at the same time that it initiates disciplinary proceedings against the licensee for other grounds specified in Minnesota Statutes, section 150A.08, subdivision 1, and parts 3100.6100 to 3100.7200 and 3100.8100.~~

3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, OR RESIDENT DENTAL HYGIENIST.

The two substantial modifications made to part 3100.1750 below include adding the resident dental therapist and resident dental hygienist to this group and adding a description of the Board process for those individuals who fail to renew their annual license. This process is the same as other license renewal requirements. The Board notifies the Licensee and the Licensee must respond within a specified time period. If they do not, the Licensee's license will be administratively terminated. The Licensee must be aware of the Board's process in order to comply with this rule. All remaining changes to this rule are considered housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules. For this reason, the Board considers these proposed changes to be necessary and reasonable.

3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY AND DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT DENTAL HYGIENIST.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of licensure as a limited faculty ~~or dentist, resident dentist, resident dental therapist, or resident dental hygienist.~~

Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued until renewed or terminated in accordance with the procedures specified in this part. An annually renewed license ~~issued by the board~~ is valid from July 1 ~~of the year for which it was issued~~ until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.

Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are in Minnesota Statutes, section 150A.091, subdivisions 4 and 6.

Subp. 3. **Annual license renewal applications.**

~~A. A limited faculty or dentist, resident dentist, resident dental therapist, or resident dental hygienist must complete and submit to the board an application form furnished by the board, together with the applicable annual renewal~~ annually renew their license by paying the required fee; no later than June 30 for the 12-month period for which licensure renewal is requested. Applications for renewal will be considered timely if received by the board no later than June 30 or postmarked on June 30. If the postmark is illegible, the application will be considered timely if received in the board office via United States first class mail on the first workday after June 30. The renewal requires maintaining a consecutive and current CPR certification.

~~B. An applicant must submit on the application form the following:~~

- ~~(1) the applicant's signature;~~
- ~~(2) the applicant's institutional addresses;~~
- ~~(3) the applicant's license number; and~~
- ~~(4) any additional information requested by the board.~~

Subp. 4. ~~**Application fees Repealed.**~~ Each applicant for initial licensure as a limited faculty or resident dentist shall submit with a license application the fee in Minnesota Statutes, section 150A.091, subdivision 2.

Subp. 5. ~~**Annual license fees Repealed.**~~ Each limited faculty or resident dentist shall submit with an annual license renewal application the fee in Minnesota Statutes, section 150A.091, subdivision 4.

Subp. 6. ~~**Annual license late fee Repealed.**~~ Applications for renewal of any license received after the time specified in this part shall be assessed a late fee equal to 50 percent of the annual renewal fee.

Subp. 7. **Failure to submit annual license renewal.** After a license for a limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires, the board shall send a notice to the licensee who has not renewed their license. The notice must state the amount of the renewal and late fees. The licensee must renew 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 shall not consider an administrative termination of a license to be a disciplinary action against the licensee.

3100.1850 REINSTATEMENT OF LICENSE.

The Board has made numerous changes to part 3100.1850 below that includes major housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual reinstatement requirements for licensure for the various time periods of termination have changed. The format changes will make the Board's rules clearer and concise, therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.1850 REINSTATEMENT OF LICENSE.

Subpart 1. **Requirements.** ~~A.~~ A person ~~desiring the~~ seeking reinstatement of a license after the board has terminated the license according to part 3100.1700, subpart 3, or the person has voluntarily terminated the license, must:

A. (1) submit to provide the board a completed reinstatement application ~~provided by the board;~~

B. (2) submit with provide the board the biennial renewal and reinstatement application ~~the fees specified in Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and~~

~~(3) include with the reinstatement application a letter stating the reasons for applying for reinstatement; and~~

C. (4) comply with the applicable provisions of subparts 2 to 5 3.

~~B. Once the requirements of this subpart have been reviewed by the board, the board shall officially notify the applicant by letter as to whether the reinstatement of a license has been denied or granted by the board. If granted reinstatement, the person shall be assigned to the biennial term to which the licensee was assigned prior to termination of the license. An applicant denied~~

reinstatement of a license may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

Subp. 2. ~~Expiration or voluntary termination of~~ **If terminated for six months or less.** ~~An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license six months or less previous to the application for reinstatement~~ **If the person's license is terminated for six months or less, the person must provide the board:**

A. ~~provide evidence of having completed~~ **completing** the professional development requirements described under part 3100.5200 ~~that would have applied to the applicant had the license not expired. Professional development requirements must have been completed~~ **3100.5100** within 24 months prior to the board's receipt of the application; and

~~B. pay the biennial renewal fee and file a reinstatement application specified in subpart 1.~~

B. documentation of current CPR certification.

Subp. 2a. ~~Expiration or voluntary termination of~~ **If terminated for more than six months but less than 24 months.** ~~An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license more than six months but less than 24 months previous to the application for reinstatement~~ **If the person's license is terminated for more than six months but less than 24 months, the person must provide the board:**

A. ~~provide evidence of having completed~~ **completing** the professional development requirements in part 3100.5200 ~~that would have applied to the applicant had the license not expired. Professional development requirements must have been completed~~ **under part 3100.5100** within 24 months prior to the board's receipt of the application;

~~B. pay the biennial renewal fee and file a reinstatement application specified in subpart 1;~~

B. documentation of current CPR certification;

C. ~~submit evidence of having successfully completed the~~ **passing** the board's jurisprudence examination ~~of the laws of Minnesota relating to dentistry and the rules of the board. The examination must have been completed within 12 months prior to the board's receipt of the application; and~~

D. a criminal background check if terminated more than one year as required by Minnesota Statutes, section 214.075.

~~D. submit evidence of having had a complete physical examination to include a physician's statement attesting to the applicant's physical and mental condition. The physical examination must have been completed within 12 months prior to the board's receipt of the application; and~~

~~E. submit evidence of having had a complete optical examination and having complied with required optical prescriptions. The optical examination must have been completed within 12 months prior to the board's receipt of the application.~~

Subp. 3. ~~Expiration or voluntary termination of~~ **If terminated for 24 months or more.** ~~An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license 24 months or more previous to the application for reinstatement~~ **If the person's license is terminated for 24 months or more, the person must provide the board:**

~~A. comply with subpart 2a;~~

A. evidence of completing the professional development requirements under part 3100.5100 within 24 months prior to the board's receipt of the application;

B. documentation of current CPR certification;

C. evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;

D. a criminal background check as required by Minnesota Statutes, section 214.075; and

B-E. submit either evidence of passing the following examinations within 24 months prior to the board's receipt of the application:

~~(1) evidence of having successfully completed part II of the national board examination or the clinical examination in part 3100.1100, subpart 2, for dentists; the examinations in Minnesota Statutes, section 150A.106, subdivision 1, clauses (2) and (6), for advanced dental therapists; the clinical examination in Minnesota Statutes, section 150A.06, subdivision 1d, for dental therapists; the national board examination or the clinical examination in part 3100.1200, item C, for dental hygienists; and the two examinations in part 3100.1300, item C, for licensed dental assistants. The examination must have been completed within 24 months prior to the board's receipt of the application; or~~

~~(2) evidence of having successfully completed applicable board approved coursework with minimal hour requirements directly relating to the practice of dentistry, advanced dental therapy, dental therapy, dental hygiene, or dental assisting as indicated in the reinstatement application. The board approved coursework must have been completed within 24 months prior to the board's receipt of the application. The coursework completed under this subpart may not be used to fulfill any of the applicable professional development requirements in part 3100.5100. and~~

(1) a nationally recognized objective structured clinical examination for general dentists;

(2) a written specialty board examination or a nationally recognized objective structured clinical examination for specialty dentists;

(3) a nationally recognized objective structured clinical examination for dental therapists;

(4) a nationally recognized objective structured clinical examination for dental hygienists; and

(5) the examination in part 3100.1300, subpart 1, item D, for licensed dental assistants.

~~C. be available for an interview with the appropriate board committee to determine the applicant's knowledge of dental subjects and ability to practice dentistry, dental therapy, dental hygiene, or dental assisting under this subpart.~~

Subp. 4. [Repealed, 20 SR 2316]

Subp. 4a. Board review and appeals.

A. Once the requirements of subpart 1 have been reviewed by the board, the board shall notify the applicant as to whether the reinstatement of a license has been denied or granted by the

board. If granted reinstatement, the person shall be assigned to the biennial term to which the licensee was assigned prior to termination of the license.

B. An applicant denied reinstatement of a license may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

Subp. 5. **Scope.** Nothing in this part prohibits a dentist, dental therapist, or dental hygienist from applying for licensure by credentials according to part 3100.1400.

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

The Board has made many changes to part 3100.3600 below. These changes reorganize the contents and revise the language regarding nitrous oxide, general anesthesia, and sedation. These changes aim to provide a more understandable guide for Licensees to find the information they need to acquire the skills to administer nitrous oxide, general anesthesia, and sedation. None of the actual educational requirements, equipment requirements, or inspection requirements for these services have changed in this part but are now better explained and simplified. The language regarding "Reporting of incidents required" has been moved to subpart 1a, the front of this part, so it is no longer buried in the middle, where the information is difficult for Licensees to find. For nitrous oxide, each profession is listed and represents what is required to administer this service. As for the certifications for dentists to administer general anesthesia/deep sedation and moderate sedation, the format is easier to follow with the application requirement listed, the types of certificates, and how to renew a certificate. The same goes for obtaining a certificate for a contracted sedation provider. With these improvements, the Board considers these proposed changes to be necessary and reasonable.

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

Subpart 1. **Prohibitions.** A dental therapist, dental hygienist, or licensed dental assistant ~~may~~ must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

Subp. 1a. Reporting of incidents required.

A. A dentist, dental therapist, dental hygienist, or licensed dental assistant must report to the board any incident that arises from the administration of nitrous oxide inhalation analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia, or minimal sedation that results in:

(1) a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body systems;
or

(2) minimal sedation unintentionally becoming moderate sedation, deep sedation, or general anesthesia when the licensee does not have a certificate for administering general anesthesia or moderate sedation described in subparts 18 and 20.

B. The report required under item A must be submitted to the board on forms provided by the board within ten business days of the incident by the dentist, dental therapist, dental hygienist, or licensed dental assistant. The requirements of this subpart apply even when another licensed

health care professional who, under contract or employment with the dentist, was the actual person administering the analgesia or pharmacological or nonpharmacological method. A licensee who fails to comply with this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 2. **Repealed**, Subp. 3. **Repealed**, Subp. 4. **Repealed**, Subp. 5. **Repealed**, Subp. 6. **Repealed**, Subp. 7. **Repealed**, Subp. 8. **Repealed**, Subp. 9. **Repealed**, Subp. 9a. **Repealed**, Subp. 9b. **Repealed**, Subp. 10. **Repealed**, Subp. 11. **Repealed**,

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist.** A dentist licensed by the board is allowed to administer nitrous oxide inhalation analgesia.

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

A. A dental therapist who administers nitrous oxide inhalation analgesia must be under the supervision of a licensed dentist.

B. A dental therapist who graduated from a board-approved dental therapy program in Minnesota after August 1, 2013, may administer nitrous oxide inhalation analgesia without completing any further requirements.

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.

A. A dental hygienist who administers nitrous oxide inhalation analgesia must be under the supervision of a licensed dentist.

B. A dental hygienist who graduated from a dental hygiene program in Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia without completing any further requirements.

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 dental assistant.

A. A licensed dental assistant who administers nitrous oxide inhalation analgesia must be under the supervision of a licensed dentist.

B. A licensed dental assistant who graduated from a dental assisting program in Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia without completing any further requirements.

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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed:

(a) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or

(b) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

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

C. A dentist who administers general anesthesia or deep sedation without a general anesthesia certificate shall be 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed a course of education resulting in the dentist becoming clinically competent in the administration of moderate sedation. The course must include a minimum of 60 hours of didactic education in both enteral and parenteral administration and personal administration and management of at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient simulation manikin;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be 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 or moderate sedation

A. The board shall issue the following certificates for general anesthesia and moderate sedation:

(1) general anesthesia, which authorizes a dentist to either administer general anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation; and

(2) moderate sedation, which authorizes a dentist to either administer moderate sedation or to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist administers general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate general anesthesia or moderate sedation certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

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

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) documentation of current certification in ACLS or PALS;
- (4) documentation of current CPR certification;
- (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.

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, 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, must provide the board:

- (a) a completed renewal application;
- (b) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091, subdivision 11a;
- (d) documentation of current certification in ACLS or PALS;
- (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 an on-site inspection described in subpart 23.

(2) A dentist whose anesthesia or moderate sedation certificate that, for more than 30 calendar days prior, expired or was terminated by the board, must provide the board:

(a) a completed recertification application;

(b) the nonrefundable recertification fee in Minnesota Statutes, section 150A.091, subdivision 11b;

(c) the dentist's written attestation that the dentist has successfully completed the educational requirements for either general anesthesia described in subpart 16 or moderate sedation described in subpart 17;

(d) documentation of current certification in ACLS or PALS;

(e) documentation of current CPR certification; and

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

B. Upon receipt of a recertification application for general anesthesia or moderate sedation, the board shall require that the dentist undergo an on-site inspection described in subpart 23.

C. A dentist whose anesthesia or moderate sedation certificate has expired or been terminated must not administer general anesthesia, deep sedation, or moderate sedation until the board issues a renewed or recertified general anesthesia or moderate sedation certificate to the dentist.

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, 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, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

C. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under moderate sedation by a contracted sedation provider, the dentist is not required to possess an additional certificate for contracting with a sedation provider but is limited to moderate sedation.

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

(1) a completed application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) a copy of the contracted healthcare professional's current license;

(4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;

(5) documentation of the contracted healthcare professional's current CPR certification;

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

(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.

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 21. Board-issued certificates to provide dentistry with contracted sedation provider.

A. The board shall issue the following certificates to provide dentistry with a contracted sedation provider:

(1) dentistry with contracted sedation services: general anesthesia, which authorizes a dentist to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep sedation, or moderate sedation; and

(2) dentistry with contracted sedation services: moderate sedation, which authorizes a dentist to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist provides dental services to patients under general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate contracted sedation services certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

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

(1) a completed application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) a copy of the contracted healthcare professional's current license;

(4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;

(5) documentation of the contracted healthcare professional's current CPR certification;

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

(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.

E. A dentist's contracted sedation services certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon the certificate's expiration, the dentist must not provide dental services to patients under general anesthesia, deep sedation, or moderate sedation until the board issues a current contracted sedation services certificate to the dentist under item F.

F. To renew a contracted sedation services certificate within 30 calendar days of the certificate's expiration, a dentist must provide the board:

- (1) a completed renewal application;
- (2) the nonrefundable renewal fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) the nonrefundable late fee in Minnesota Statutes, section 150A.091, subdivision 11a;
- (4) a copy of the contracted healthcare professional's current license;
- (5) documentation of the contracted healthcare professional's current certification in ACLS or PALS;
- (6) documentation of the contracted healthcare professional's current CPR certification;
- (7) documentation of the dentist's current CPR certification;
- (8) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (9) attestation of compliance with an on-site inspection described in subpart 23.

G. The board shall terminate an expired contracted sedation services certificate that is not renewed under item F. The dentist may still apply for a contracted sedation services certificate by completing the application requirements in subpart 20, item D.

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.

(2) A dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation, including a dentist, nurse anesthetist, or physician anesthesiologist, must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the facilities, equipment, emergency supplies, and a record of all general anesthesia, deep sedation, or moderate sedation procedures performed in the facility.

(3) An individual qualified to administer general anesthesia, deep sedation, or moderate sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Prior to discharge, an individual qualified to administer anesthesia or sedation must assess the patient to ensure that the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

(4) A dentist administering general anesthesia, deep sedation, or moderate sedation to a patient must have in attendance personnel who are currently certified in CPR.

B. 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 offices in which it is conducted have:

(1) an immediately accessible automated external defibrillator or immediately accessible full-function defibrillator;

(2) a positive pressure oxygen delivery system and a backup system;

(3) a functional suctioning device and a backup suction device;

(4) auxiliary lighting;

(5) a gas storage facility;

(6) a recovery area;

(7) a method to monitor respiratory function; and

(8) an emergency cart or kit that must be available and readily accessible and includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

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.

A. A dentist who applies for an initial general anesthesia or moderate sedation certificate or who provides dental services to patients under general anesthesia, deep sedation, or moderate sedation must have an on-site inspection conducted at one primary office facility within 12 months following receipt of a certificate from the board. Thereafter, a dentist must have an on-site inspection conducted at one primary office facility at least once every five years.

B. A dentist must have an on-site inspection conducted at one primary office facility if the board receives a complaint alleging violation of this part and the board finds the complaint warrants further investigation.

C. If a dentist fails to meet the on-site inspection requirements of item A and, if applicable, item B because of extenuating circumstances, the dentist may apply for an extension of time to complete the requirements by making a written request to the board. If the board grants an extension, the board shall establish the length of the extension to obtain the on-site inspection requirements.

D. A dentist must pay all costs associated with an on-site inspection.

E. 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. 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. 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.

The Board has made many changes to part 3100.5100 below that includes eliminating the self-assessment examination as part of professional development. This is supported by the Board and other licensed dental professionals. For 16 years, the Board has required that Licensees complete the self-assessment as part of fundamental continuing education activities. It has been a challenge for the Board to produce a new self-assessment every two years due to the lack of new resources to create questions and the excessive amount of time required to manage the entire self-assessment project. The Board will allow credit for an alternative activity with similar educational content should Licensees choose.

Regarding the change to the core subject requirement, the Board is choosing not to use the phrase "core subjects" and go back to simply referring to these categories as "fundamental" courses. The list of fundamental courses will remain the same and also include HIPAA, as follows: Recordkeeping; Ethics; Patient Communications; Management of Medical Emergencies; Treatment and Diagnosis; and Health Insurance Portability and Accountability Act (HIPAA). One item that will NOT change is that the Board will still require that a Licensee complete at least two fundamental courses on the list for each initial or biennial professional development cycle. Other than these changes, the current professional development requirements will continue to remain the same.

Regarding CPR course/certification, Licensees will still be required to complete and maintain CPR as a requirement for licensure for each biennial cycle. However, the CPR course/certification will no longer be listed as a requirement under professional development. Therefore, the four or more hours obtained for taking a CPR course can no longer be counted as a professional development credit toward the Licensee's required credit hours. The same applies to an ACLS course/certification.

In addition, the Board added language to the extenuating circumstances section giving a seven-day deadline before the end of a cycle and informing the Licensee that their license will be terminated if they do not comply with this or completion of professional development by the end of the granted extension period. The Board needed to establish some deadlines and inform Licensees of the possible consequences for their actions in these situations.

Overall, there are some major housekeeping changes throughout this part eliminating non-relevant or outdated language that is present in the Board's existing rules. Due to the aforementioned reasons, the Board considers these proposed changes to be necessary and reasonable.

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

Subpart 1. Professional development cycles.

A. The initial professional development cycle ~~must coincide with the initial licensure period for each dentist, dental therapist, dental hygienist, or licensed dental assistant. The initial cycle for each licensee~~ begins on the date of initial licensure is granted by the board and ends on the last day of the licensee's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies in the number of months depending on the date of initial licensure ~~for each licensee~~ is granted.

B. A biennial professional development cycle coincides with the biennial ~~licensure periods for each dentist, dental therapist, dental hygienist, or licensed dental assistant~~ renewal period. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous professional development cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

Subp. 2. Professional development requirements.

A. ~~For the initial professional development requirements, e~~Each dentist, dental therapist, dental hygienist, and licensed dental assistant licensee shall establish a portfolio to record, monitor, and retain acceptable documentation of fundamental and elective professional development activities, CPR certification, and self-assessments.

B. The minimum number of required hours of fundamental and elective ~~professional development 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. ~~Each dentist, dental therapist, dental hygienist, and licensed dental assistant shall establish a portfolio to record, monitor, and retain acceptable documentation of fundamental and elective professional development activities, CPR certification, and self-assessments. Any professional development hours earned in excess of the required hours for an initial or biennial cycle must not be carried forward to the subsequent next biennial cycle. The requirements for the fundamental and elective professional development activities are described in subitems (1) and (2).~~

(1) ~~Each~~ Of the 50 hours required for a dentist, and dental therapist, ~~dental hygienist, and licensed dental assistant must complete a minimum of 60 percent of the required biennial hours in fundamental activities directly related to the provision of clinical dental services as follows: a minimum of at least 30 hours for dentists and dental therapists, and a minimum of 15 hours for dental hygienists and licensed dental assistants~~ must be fundamental activities and no more than 20 hours can be elective activities. A licensee may earn all required biennial hours in fundamental activities only.

(2) ~~Dentists, dental therapists,~~ Of the 25 hours required for a dental hygienist, and licensed dental assistants are allowed a maximum of 40 percent of the required biennial hours in elective activities directly related to, or supportive of, the practice of dentistry, dental therapy,

dental hygiene, or dental assisting as follows: ~~a maximum of 20~~ at least 15 hours for dentists and dental therapists, and a maximum of must be fundamental activities and no more than ten hours for dental hygienists and licensed dental assistants can be elective activities.

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

D. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may ~~apply for request to the board in writing~~ request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle to complete the requirements by making a written request to the board. The licensee's written request ~~shall include a complete explanation of~~ must explain the circumstances, the renewal period, ~~the number of hours earned,~~ and the licensee's plan for completing ~~the balance of the requirement.~~ If ~~an extension is granted after review~~ the board grants the extension, the board shall ~~establish the length~~ notify the licensee of the extension ~~to obtain the professional development requirements which must be completed concurrently with the subsequent renewal period.~~ 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 include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional's life.~~ Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities ~~include, but are not limited to, clinical subjects, core subjects, CPR training, and the self-assessment examination.~~ Examples of fundamental activities for an initial or biennial cycle ~~are described in subitems (1) to (6).~~ must directly relate to clinical dental services to patients. Fundamental activities include:

(1) clinical subjects. Clinical subjects are those covered through seminars, webinars, symposiums, lectures, college courses pertaining to basic sciences, or programs whose contents directly relate to the provision of dental care and treatment to patients. College course credit is limited to five hours for each college course completed within a cycle with a maximum of 15 college credit hours per cycle.

(2) ~~Core subjects are those~~ other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs that relate to public safety and professionalism. Each licensee shall ~~complete a minimum of two of the categories of core subjects~~ must complete at least two courses out of the following list for each initial or biennial cycle. ~~Examples of core subject categories include, but are not limited to:~~

- (a) record keeping;
- (b) ethics;
- (c) patient communications;
- (d) management of medical emergencies; ~~and~~
- (e) treatment and diagnosis; and
- (f) Health Insurance Portability and Accountability Act (HIPAA).

~~(3) A CPR certification course is mandatory for each licensee to maintain licensure. The CPR course must be the American Heart Association healthcare provider course or the American Red Cross professional rescuer course. The licensee must maintain a consecutive and current CPR certificate when renewing a license or permit each biennial term.~~

~~(4)~~ (3) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course ~~will~~ must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

~~(5) A licensee must complete one self-assessment examination obtainable through the board for each cycle.~~

~~(6)~~ (4) ~~The board shall approve other additional fundamental activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity to be a seminar, symposium, lecture, or program whose contents are directly related to dental care and treatment to patients or public safety and professionalism.~~

B. Elective activities for an initial or biennial cycle ~~include, but are not limited to, the examples described in subitems (1) to (7)~~ must directly relate to or support dentistry and include:

(1) general attendance at a multiday state or national dental convention for a maximum of three credit hours per convention;

(2) volunteerism or community service directly relating to ~~the practice of dentistry; dental therapy, dental hygiene, or dental assisting~~ such as international or national mission work, voluntary clinic work, or dental health presentations to students or groups;

(3) professional reading of published articles or other forms of self-study directly relating to ~~the practice of dentistry, dental therapy, dental hygiene, or dental assisting~~;

(4) scholarly activities ~~include, but are not limited to~~, including:

(a) teaching a professional course directly related to ~~the practice of dentistry, dental therapy, dental hygiene, or dental assisting~~; or presenting a continuing dental education program;

(b) presenting a table clinic directly related to ~~the practice of dentistry; dental therapy, dental hygiene, or dental assisting~~;

(c) authoring a published dental article or text in a recognized publication;

(d) participating in test construction for an accredited state or nationally recognized dental association or organization; ~~and~~

(e) participating in a scientific dental research program from an accredited institution or program or an evidence-based clinical study; and

(f) similar academic activities relating to dentistry;

(5) dental practice management courses ~~include, but are not limited to, computer, insurance claims or billing, and Health Insurance Portability and Accountability Act (HIPAA) training~~;

(6) leadership or committee involvement with ~~the~~ a dental board or a dental professional association for a maximum of three credit hours per cycle; ~~or and~~

(7) ~~the board shall approve other additional~~ elective activities approved by the board. Elective activities under this subitem shall be approved by the board only if the board finds the contents of the activity ~~to be directly related~~ relates to, or supportive of, the practice of supports dentistry, dental therapy, dental hygiene, or dental assisting.

Subp. 4. **Acceptable Documentation of professional development activities.** A licensee must record or obtain ~~acceptable~~ documentation of hours in professional development activities for the licensee's portfolio. ~~Acceptable~~ Documentation includes:

~~A. a completed self-assessment examination;~~

~~B. a copy of the front and back of a completed CPR card from the American Heart Association or the American Red Cross;~~

~~€ A.~~ confirming documentation from the presenting organization that provides the attendee's name, ~~license number~~, name of organization or presenter, course date, number of credit hours, subject matter, or program title; ~~and~~

~~Ð B.~~ a personal log of published articles read by the licensee including title of the article, name of author, name of journal or periodical, and date of published article-; and

C. similar documentation of professional development activities.

Subp. 5. **Retention of documentation.** A licensee must keep ~~acceptable~~ documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for 24 months after each the current biennial renewal period has ended cycle and the previous completed biennial cycle for purposes of an audit by the appropriate board committee.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

In part 3100.6200 below, the Board has chosen to update outdated language by changing its existing rules. The Board's changes will simplify the language regarding rebates and split fees and more accurately capture the true violations that are occurring with sexual misconduct issues, billing, and communication. It has been many years since significant changes have been made to this part by the Board, and now is the time to move forward with these more progressive changes relating to unprofessional conduct. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

"Conduct unbecoming a person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting, or conduct contrary to the best interests of the public," as used in Minnesota Statutes, section 150A.08, subdivision 1, clause (6), ~~shall include the act of~~ includes a dentist, dental therapist, dental hygienist, licensed dental assistant, or applicant ~~in~~:

A. engaging in personal conduct that brings discredit to the profession of dentistry;

B. demonstrating gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;

C. making ~~suggestive, lewd, lascivious,~~ inappropriate sexual remarks or ~~improper~~ advances toward a patient or colleague;

~~D. dentists charging a patient an unconscionable fee or charging billing patients for unnecessary services or services not rendered or inaccurately documenting services;~~

~~E. performing unnecessary services; failing to communicate an accurate treatment plan and financial information;~~

~~F. dental therapists, hygienists, or licensed dental assistants performing services as a dental therapist, dental hygienist, or licensed dental assistant not authorized by the dentist under this chapter or Minnesota Statutes, chapter 150A;~~

~~G. accepting or offering rebates, split fees, or, applicable to dentists only, commissions from any source associated with the service for services rendered to a patient; provided, however, that the sharing of profits in a dental partnership or association, or dental professional firm approved by and registered with the board, shall not be construed as splitting fees nor shall compensating allied dental personnel on the basis of a percentage of the fee received for the overall service be deemed accepting a commission from or to any person other than a partner, employee, employer, associate in a dental professional firm, or a professional subcontractor or consultant authorized to practice in dentistry;~~

~~H. falsifying records relating to payment for services rendered, participation in a CDE course; or other records with respect to licensure, CDE, and the practice of dentistry;~~

~~I. perpetrating committing fraud upon patients, third-party payers, or others relating to the practice of dentistry;~~

~~J. failing to cooperate with the board, its agents, or those working on behalf of the board required by part 3100.6350;~~

~~K. failing to maintain adequate safety and sanitary conditions for a dental office specified in part 3100.6300; and~~

~~L. failing to provide access to and transfer of medical and dental records prescribed by Minnesota Statutes, sections 144.291 to 144.298.~~

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

In part 3100.6600 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.

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

Subpart 1. **Routine services.** If the following routine dental services are advertised, either the advertised service must include the listed components, or the advertisement must disclose the components which are not included.

A. Examination: a study documented diagnosis by the dentist ~~of all the structures~~ of the oral cavity, including ~~the appropriate recording or charting of the condition of all such structures and appropriate history thereof, the identification of periodontal disease, and occlusal discrepancies, the detection of caries, and oral abnormalities,~~ and the development of a treatment plan. If there is ~~a~~ are additional charges in addition to besides the examination fee for radiographs

~~and/or the provision to the patient of a written opinion of the items found in the examination (i.e., diagnosis) or of a written itemized treatment plan, recommendation and itemized fee (i.e., treatment plan), such fact shall~~ these charges must be disclosed in the advertisement.

B. Radiographs (X-rays): adequate X-rays of the oral structures to provide necessary radiographic study.

C. Denture: either a complete maxillary or complete mandibular replacement of the natural dentition with artificial teeth. If the service advertised is for a denture which is partially prefabricated, intended for a partial replacement of the natural dentition, intended to be used as an emergency or temporary denture, or if any advertised fee does not include a reasonable number of readjustments, ~~such facts shall~~ this information must be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus (~~tartar~~) and stains from the clinically exposed surfaces of the teeth.

E. Extractions: the removal of nonimpacted teeth, including necessary X-rays, anesthesia, preoperative, and postoperative care.

Subp. 2. [Repealed, 10 SR 1613]

Subp. 2a. **Set fees.** Set fees may be advertised for any service where the dentist intends to charge a standard price for the service.

Subp. 3. **Identification of related services and additional fees.** Related services which may be required in conjunction with the advertised services, and for which additional fees will be charged, must be identified as such in the advertisement.

Subp. 4. **Range of fees.** When a range of fees is advertised, the advertisement must disclose the basic factors on which the actual fees will be determined.

Subp. 5. **Time period of advertised fees.** Advertised fees must be honored for those seeking the advertised services during the entire time period stated in the advertisement, whether or not the services are actually rendered in that time. If no time period is stated, the advertised fees shall be so honored for 30 days or until the next scheduled publication, whichever is later.

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

Regarding part 3100.6900 below, the Board still upholds the idea that a dentist shall not engage with a third party where a fee or compensation is involved for the referral of the patient for dental services. On the other hand, the Board has now added language that does allow a dentist to provide a gift to a patient or provide a credit for dental services. The Board acknowledges that dentists have been giving gifts to their patients for years now, and it was decided to change the rules to accommodate what was already happening out in dental practices. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.6900 CONSIDERATION COMPENSATION FOR PATIENT REFERRAL.

A ~~person~~ licensee shall not ~~directly or indirectly~~ offer, give, receive, or agree to receive any fee or other ~~consideration~~ compensation to or from a third party for the referral of a patient ~~in connection with the performance of professional~~ for dental services. Nothing contained in this part shall prohibit a dentist from providing a gift to a patient, or from providing a credit for dental services to a patient.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Regarding part 3100.7000 below, the Board made changes that combined subparts 1 and 2 and eliminated the naming of all the specialty examining boards, which is unnecessary language. The Board only needs to list the actual specialty areas in its rules. The Board added dental anesthesiology, oral medicine, and orofacial pain, which have all been recognized as specialty areas by the American Dental Association. For these reasons, the Board considers these proposed changes to be necessary and reasonable.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized as suitable for the announcement of specialty dental practices:

- A. dental anesthesiology;
- A B. dental public health;
- ~~B~~ C. endodontics (endodontist);
- ~~C~~ D. oral and maxillofacial pathology (oral pathologist);
- ~~D~~ E. oral and maxillofacial radiology (oral radiologist);
- ~~E~~ F. oral and maxillofacial surgery (oral surgeon/oral and maxillofacial surgeon);
- G. oral medicine;
- H. orofacial pain;
- ~~F~~ I. orthodontics and dentofacial orthopedics (orthodontist);
- ~~G~~ J. pediatric dentistry (pediatric dentist/pedodontist pedodontist);
- ~~H~~ K. periodontics (periodontist); and
- ~~I~~ L. prosthodontics (prosthodontist).

Subp. 2. ~~**Specialty announcement**~~ **Education criteria.** ~~Only~~ A licensed dentist ~~who has successfully completed~~ may advertise as a specialist in an area if the dentist has evidence of graduating from a postdoctoral course of study approved specialty program accredited by the Commission on Dental Accreditation in any of the designated specialty areas, or who has announced a limitation of practice prior to 1967, or who has successfully completed certification by any of the following specialty examining boards may announce each specialty area and may advertise as a specialist in that area: of subpart 1.

- ~~A. American Board of Dental Public Health;~~
- ~~B. American Board of Endodontics;~~
- ~~C. American Board of Oral and Maxillofacial Pathology;~~
- ~~D. American Board of Oral and Maxillofacial Radiology;~~
- ~~E. American Board of Oral and Maxillofacial Surgery;~~
- ~~F. American Board of Orthodontics;~~
- ~~G. American Board of Pediatric Dentistry;~~

~~H. American Board of Periodontology; and~~

~~I. American Board of Prosthodontics.~~

Subp. 3. **Restricting practice.** Subpart 2 does not prohibit a dentist who does not meet the above education or experience criteria from restricting a practice to one or more specific areas of dentistry. These dentists ~~may~~ must not use the terms "specialist," "specialty," "specializing," or "limited to." The advertising must state that the services are being provided by a general dentist.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

With part 3100.8400 below, the Board made numerous housekeeping changes by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual permissible procedures or compliance requirements have changed. These changes will make the Board's rules clearer and concise, therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible ~~duties~~ procedures.** Assistants ~~under this subpart~~ without a license may:

~~A. perform all those duties not directly related with performing dental treatment or services on patients;~~

~~B~~ A. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;

~~C~~ B. assist with the placement or removal of ~~a rubber dam and accessories used for its placement and retention devices or materials for isolation purposes~~, as directed by ~~an operating the dentist or dental therapist during the course of a dental operation treatment~~;

~~D~~ C. remove debris ~~by the use of vacuum devices, compressed air, mouthwash, and or water that is normally created or accumulated during the course of treatment rendered by a licensed dentist or dental therapist using suction devices~~;

~~E~~ D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity, ~~in response to a specific direction by a licensed dentist who is physically engaged in performing a dental operation as defined in the act and who is physically in a position to give during dental treatment under the personal supervision to the assistant of a dentist or dental therapist~~;

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

~~G~~ 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.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1 ~~complies with items A and B~~:

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

B. ~~compliance~~ complies with the most current infection control ~~recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified in the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR)~~ practices for a dental setting.

Subp. 2. [Repealed, 10 SR 1612]

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

3100.8500 LICENSED DENTAL ASSISTANTS.

The Board made numerous changes throughout part 3100.8500 below. The language changes mirror the current language used in the existing rules for dental hygienist's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental assistants have changed.

As for subpart 2, the Board added language to clarify what type of education is required for each new delegated procedure added to the list over the years. If the procedure specifically states that additional education through a course is needed to perform that procedure, the licensed dental assistant must complete a course to perform that procedure. If the procedure is listed without any specific course requirements, this procedure can be performed by a licensed dental assistant only after in-office training by a dentist in the practice if the procedure was not included in the curriculum of their dental assisting program, and is considered an allowable delegated procedure within their scope of practice. Therefore, the Board considers these proposed changes to be necessary and reasonable.

As for subpart 3, the Board moved the "Limited-license Permit" to a new part (See 3100.1320) and renamed it "Limited Radiology Registration" as part of creating an understandable guide regarding the standard license or registration options that are available from the Board. This registration option will still have similar application and examination requirements as before, but more detailed information has been provided for the applicant. In addition, this registration option lists other key requirements pertaining to registration, including terms and renewal, reinstatement, and professional development. The Board considers these proposed changes to be necessary and reasonable.

3100.8500 LICENSED DENTAL ASSISTANTS.

Subpart 1. **Procedures under general supervision.** A licensed dental assistant may perform the following procedures without the dentist being present in the dental office or on the premises if the dentist has prior knowledge of and has consented to the procedures being performed ~~are with prior knowledge and consent of the dentist:~~

- A. cut arch wires on orthodontic appliances;
- B. remove loose bands on orthodontic appliances;
- C. remove loose brackets on orthodontic appliances;
- D. re-cement intact temporary crowns or restorations;

- E. place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges;
- F. take radiographs;
- G. take impressions and bite registration;
- H. fabricate and deliver ~~vacuum formed orthodontic retainers~~ custom fitted trays;
- I. place and remove elastic orthodontic separators;
- J. complete preliminary charting of the oral cavity and surrounding structures with the exception of ~~periodontal probing and assessment of the periodontal structure~~ structures;
- K. take photographs extraorally or intraorally;
- L. take vital signs such as pulse rate and blood pressure as directed by a dentist;
- M. obtain informed consent, according to part 3100.9600, subpart 9, for treatments authorized by the supervising dentist pursuant to the licensed dental assistant's scope of practice;
- N. remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances; and
- O. apply topical fluoride, including foam, gel, or varnish.

Subp. 1a. **Procedures under indirect supervision.** A licensed dental assistant, in addition to the services performed by an assistant described in part 3100.8400, subpart 1, may perform the following services if a dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed:

- A. apply topical medications including bleaching agents, desensitizing agents, and cavity varnishes as prescribed by a dentist;
- B. place and remove ~~rubber dam~~ devices or materials for isolation purposes;
- C. remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only;
- D. perform mechanical polishing to clinical crowns not including ~~instrumentation~~. the removal of calculus by instrumentation must be done by a dentist or dental hygienist before mechanical polishing;
- E. preselect orthodontic bands;
- F. place and remove periodontal dressings;
- G. remove sutures;
- H. monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia;
- I. place initial arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;
- J. dry root canals with paper points;
- K. place cotton pellets and temporary restorative materials into endodontic access openings;

L. etch appropriate enamel surfaces; and apply and adjust pit and fissure sealants. ~~Before the application of pit and fissure sealants, a licensed dental assistant must have successfully completed a course in pit and fissure sealants at a dental, dental hygiene, or dental assisting school accredited by the Commission on Dental Accreditation;~~

M. perform restorative procedures as permitted in Minnesota Statutes, section 150A.10, subdivision 4;

N. maintain and remove intravenous lines while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before managing and removing intravenous lines, 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

O. monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors, and capnography while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, 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.

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. ~~The course must be one that is presented by a dental, dental hygiene, or dental assisting school~~ through a school accredited by the Commission on Dental Accreditation;

C. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;

D. fabricate, place, replace, cement, and adjust temporary crowns or restorations ~~extraorally or intraorally~~;

E. remove temporary restorations with hand instruments only;

F. place and remove matrix ~~bands~~ bands systems and wedges;

G. administer nitrous oxide inhalation analgesia according to part 3100.3600, ~~subparts 4 and 5~~ subpart 15;

H. attach prefabricated and preadjusted orthodontic appliances;

I. remove fixed orthodontic bands and brackets;

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 ~~dental, dental hygiene, or dental assisting~~ school accredited by the Commission on Dental Accreditation.

Subp. 1c. **Procedures under personal supervision.** A licensed dental assistant may concurrently perform supportive services if the dentist holds a valid general anesthesia or moderate sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line. Before administering any medications or agents, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of general anesthesia and moderate sedation training and be certified by the board.

Subp. 2. **Other Procedures requiring more coursework or in-office training and procedures prohibited.**

A. If any delegated procedure within this part specifically indicates a requirement to complete additional coursework, the licensed dental assistant must complete the coursework to perform the procedure. All remaining delegated procedures listed are within the scope of practice for a licensed dental assistant with, if necessary, some required in-office training by the supervising dentist.

B. A licensed dental assistant ~~may~~ must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

Subp. 3. **Limited license permit Repealed.** ~~A dental assistant, who by virtue of academic achievement which is equal to or greater than that of a licensed dental assistant, and is currently qualified in Minnesota in an allied health profession may take dental radiographs under the general supervision of a dentist if the person complies with the requirements of this subpart. The person shall file with the board a completed application furnished by the board and the fee prescribed in Minnesota Statutes, section 150A.091, subdivision 2. In addition, the person shall submit evidence of the successful completion of a course on dental radiographs and of passing an examination. The course must be board approved. The course shall be equivalent to the dental radiograph courses offered by dental assisting courses approved by the board under part 3100.1300, item B. The examination must be the radiograph part of the examination which is required of licensed dental assistant applicants.~~

3100.8700 DENTAL HYGIENISTS.

The Board made numerous changes throughout part 3100.8700 below. The language changes mirror the current language used in the rules for licensed dental assistant's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental hygienists have changed. The Board considers these proposed changes to be necessary and reasonable.

3100.8700 DENTAL HYGIENISTS.

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

A. perform preliminary charting of the oral cavity and surrounding structures, including case histories; perform initial and periodic examinations and assessments to determine periodontal status; and ~~creation of~~ create a dental hygiene treatment plan in coordination with a dentist's treatment plan;

B. obtain informed consent, according to part 3100.9600, subpart 9, for treatments authorized by the supervising dentist pursuant to the dental hygienist's scope of practice;

C. take photographs extraorally or intraorally;

D. take vital signs, including pulse rate and blood pressure;

E. make referrals to dentists, physicians, and other practitioners in consultation with a dentist;

F. complete debridement, prophylaxis, and nonsurgical periodontal therapy;

G. etch enamel surfaces, ~~application and apply~~ and adjustment of adjust pit and fissure sealants;

H. administer local anesthesia. Before administering local anesthesia, a dental hygienist must have successfully completed a didactic and clinical program sponsored by a dental or dental hygiene school accredited by the Commission on Dental Accreditation, resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia;

I. administer nitrous oxide inhalation analgesia according to part 3100.3600, ~~subparts 4 and 5~~ subpart 14;

J. take radiographs;

K. apply topical medications, including topical fluoride, bleaching agents, cavity varnishes, and desensitizing agents;

L. place subgingival medicaments;

M. take impressions and bite registration;

N. ~~fabrication and delivery of~~ fabricate and deliver custom fitted trays;

O. provide nutritional counseling;

P. perform salivary analysis;

Q. remove marginal overhangs;

R. remove sutures;

S. place and remove periodontal dressings;

T. place and remove ~~isolation~~ devices or materials for ~~restorative~~ isolation purposes;

U. polish restorations;

V. remove excess cement from inlays, crowns, bridges, or orthodontic appliances;

~~W. fabrication, placement, replacement, cementation, and adjustment of fabricate, place, replace, cement, and adjust~~ temporary crowns or restorations;

X. remove temporary crowns or restorations with hand instruments only;

Y. place and remove matrix systems and wedges; and

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 ~~dental, dental hygiene, or dental assisting~~ school accredited by the Commission on Dental Accreditation.

Subp. 2. Restorative procedures under indirect supervision. A dental hygienist may perform restorative procedures pursuant to Minnesota Statutes, section 150A.10, subdivision 4, and under indirect supervision, as defined in part 3100.0100, subpart 21, item C, if the dental hygienist has ~~fulfilled either item A or B:~~

A. successfully graduated from a Minnesota dental hygiene program accredited by the Commission on Dental Accreditation that included training for restorative procedures and received a restorative procedures certificate from the program; or

B. successfully completed a board-approved course on restorative procedures and received a restorative procedures certificate from the course sponsor.

Subp. 2a. Orthodontic procedures under general, indirect, or direct supervision. If a dental hygienist has fulfilled the requirements of item A, subitems (1), (2), or (3), the dental hygienist may perform the procedures listed in item B under the level of supervision indicated, as defined in part 3100.0100, subpart 21, items B, C, and D.

A. A dental hygienist must have:

(1) been granted a Minnesota dental hygiene license from the board prior to September 1, 2019;

(2) successfully graduated from a Minnesota dental hygiene program accredited by the Commission on Dental Accreditation after September 1, 2019, that included training for orthodontic procedures and received an orthodontic procedures certificate from the program; or

(3) successfully completed a board-approved course comprised of orthodontic procedures and received an orthodontic procedures certificate from the course sponsor.

B. The dental hygienist may perform the following procedures under:

(1) general supervision:

(a) cut arch wires on orthodontic appliances;

(b) remove loose bands on orthodontic appliances;

(c) remove loose brackets on orthodontic appliances;

(d) remove excess bond material from orthodontic appliances;

(e) preselect orthodontic bands;

(f) place and remove elastic orthodontic separators; and

(g) remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances; ~~and~~

~~(h) deliver vacuum-formed orthodontic retainers;~~

(2) indirect supervision: place initial arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;

(3) direct supervision:

(a) etch enamel surfaces before bonding of orthodontic appliances by a dentist;

- (b) remove bond material from teeth with rotary instruments after removal of orthodontic appliances;
- (c) attach prefrit and preadjusted orthodontic appliances; and
- (d) remove fixed orthodontic bands and brackets.

Subp. 2b. **Sedation monitoring and intravenous procedures under indirect, direct, or personal supervision.** If a dental hygienist has successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and ~~submitted to the board documentation of completion to receive a certificate from the board~~ is certified by the board, the dental hygienist may perform the following procedures under either indirect, direct, or personal supervision, as defined in part 3100.0100, subpart 21, items A, B, and C, for a dentist who holds a valid general anesthesia or moderate sedation certificate:

A. indirect supervision:

- (1) maintain and remove intravenous lines;
- (2) monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation, including pulse oximeters, electrocardiograms, blood pressure monitors, and capnography;

B. direct supervision: initiate and place an intravenous line in preparation for intravenous medications and sedation;

C. personal supervision: aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line.

Subp. 3. **Other procedures prohibited.** A dental hygienist ~~may~~ must not perform any dental treatment or procedure on patients not authorized by this chapter.

3100.9600 RECORD KEEPING.

The Board made a number of minor housekeeping changes to part 3100.9600 below by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual components of recordkeeping have changed. These changes will make the Board's rules clearer and concise. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.9600 RECORD KEEPING.

Subpart 1. **Definitions.** For the purposes of this part, "patient" means a natural person who has received dental ~~care services~~ treatment from a provider ~~for treatment of a dental condition~~. In the case of a minor who has received dental ~~care services~~ treatment pursuant to Minnesota Statutes, sections 144.341 to 144.347, the patient includes a parent or guardian, ~~or a person acting as a parent or guardian in the absence of a parent or guardian~~.

Subp. 2. **Dental records.** Dentists shall maintain dental records on each patient. The records must contain the components specified in subparts 3 to 10.

Subp. 3. **Personal data.** At a minimum, dental records must include ~~at least the following information the patient's~~:

- A. ~~the patient's~~ name;
- B. ~~the patient's~~ address;
- C. ~~the patient's~~ date of birth;
- D. ~~if the patient is a minor, the name of the patient's parent or guardian~~ parent's or guardian's name, if the patient is a minor;
- E. ~~the name and telephone number of a person to contact in case of an emergency~~ contact; and
- F. ~~the name of the patient's insurance~~ information ~~carrier and insurance identification number, if applicable.~~

Subp. 4. **Patient's reasons for visit.** When a patient presents with a chief complaint, dental records must include the patient's stated oral health care reasons for visiting the dentist.

Subp. 5. **Dental and medical history.** Dental records must include information from the patient or the patient's parent or guardian on the patient's dental and medical history. The information must include a sufficient amount of data to support the recommended treatment plan. The dental and medical history must be updated to reflect the current status of the patient.

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

- A. recording of existing oral health care status;
- B. any radiographs used; and
- C. the ~~facsimiles or~~ results of any other diagnostic aids used.

Subp. 7. **Diagnosis.** Dental records must include a diagnosis.

Subp. 8. **Treatment plan.** Dental records must include an agreed upon written and dated treatment plan except for routine dental care ~~such as preventive services.~~ The treatment plan must be updated to reflect the current status of the patient's oral health and treatment.

Subp. 9. **Informed consent.** Dental records must include a notation that:

- A. the dentist, advanced dental therapist, dental therapist, dental hygienist, or licensed dental assistant discussed with the patient the treatment options and the prognosis, benefits, and risks of each treatment that is within the scope of practice of the respective licensee; and
- B. the patient has consented to the treatment chosen.

Subp. 10. **Progress notes.** ~~Dental~~ Patient records must ~~be legible and~~ include a chronology of the patient's progress throughout the course of all treatment ~~and postoperative visits.~~ All written progress notes must be legible and written in ink. The chronology must include:

- A. all treatment provided;
- B. all medications and anesthetics used ~~and materials placed;~~
- C. all dental materials placed;
- € D. the treatment provider by license number, name, or initials;

~~D~~ E. when applicable, the identity of the collaborating dentist authorizing treatment by license number; and

E F. administration information for nitrous oxide inhalation analgesia, including indication for use, dosage, duration of administration, posttreatment oxygenation period prior to discharge, and patient status at discharge.

Subp. 11. **Corrections Amendments to of records.** ~~Notations must be legible, written in ink, and contain no erasures or "white outs."~~ If incorrect information is placed in ~~the a written record~~, it must be ~~crossed~~ amended by crossing out with one single line and initialed by ~~a dental health care worker the provider~~. The provider initialing the record must identify who the provider is on the written record. In an electronic health record, an amendment to the record must be electronically time and date stamped by the provider.

Subp. 12. **Retention of records.**

A. For an adult patient with an active file, the dentist must maintain the patient's entire dental record. For an adult patient with an inactive file, the A dentist shall must maintain a the patient's dental records for at least seven years beyond the time the dentist last treated the patient patient's last date of treatment by the dentist.

~~B. In the case of~~ For a minor patient with an active file, the dentist must maintain the patient's entire dental record. For a minor patient with an inactive file, the a dentist shall must maintain a the patient's dental records for at least seven years past the age of majority until the patient is 25 years old.

Subp. 13. **Transfer of records.** A patient's dental records must be transferred according to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's account. Digital radiographs shall be transferred by compact or optical disc, or electronic communication, ~~or printing on high quality photographic paper.~~ All transferred film or digital radiographs must reveal images of diagnostic quality ~~using proper exposure settings and processing procedures.~~

Subp. 14. **Electronic record keeping.**

A. The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means.

B. When electronic records are kept, a dentist must ~~keep either a duplicate hard copy record or~~ use an unalterable electronic record.

REPEALED. The Board's existing rules listed below will be repealed because they were found to be either obsolete, unnecessary, or duplicative rules. In general, the Board found that these rules no longer serve a purpose or some of the information within a part was kept and relocated to a different part in the Board's proposed rules.

3100.0100, subpart 8b (Core subject) and subpart 18b (Self-assessment) – these subparts are obsolete because this language has been eliminated from the Board's proposed rules related to professional development.

3100.0100, subpart 15 (National board) – this subpart is obsolete because the language gives the Board too much discretion regarding examinations.

3100.1100, subpart 2 (Clinical skills examination), subpart 4 (Photograph), and subpart 5 (Certification of character) – subpart 2 is unnecessary because this same information regarding clinical skills examination was moved to a new subpart within this part; subpart 4 is obsolete because the Board is no longer requiring the applicant's photograph as part of the licensure application; subpart 5 is obsolete because the Board does not find this character information necessary during the licensure application process.

3100.1500 INCOMPLETE APPLICATIONS – this part is obsolete because an incomplete application received by the Board is no longer processed this way since the application and fee are not returned to the applicant. Instead, the Board is moving toward an electronic application and fees along with directly contacting the applicant.

3100.1600 ADDITIONAL INFORMATION FROM ALL APPLICANTS – this part is unnecessary and duplicative because all the application and educational requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.1700, subpart 5 (Contested case proceedings) – this subpart is unnecessary because the Board already has the right to terminate the license according to another subpart.

3100.1750, subpart 4 (Application fees), subpart 5 (Annual license fees), and subpart 6 (Annual license late fee) – these subparts are unnecessary and duplicative because this same information regarding fees was moved to a new subpart within this part.

3100.3100 CONDUCT OF EXAMINATIONS – this part is obsolete because the Board does not actually conduct the written examinations for licensure; instead, the examinations are now administered by other testing agencies.

3100.3200 CLINICAL EXAMINATIONS - this part is obsolete because the Board does not actually conduct the clinical examinations for licensure. Instead, the examinations are now conducted by Board members that contract directly with the examining company as dental examiners.

3100.3300 EXAMINATION OF DENTISTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3350 EXAMINATION OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3400 EXAMINATION OF DENTAL HYGIENISTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3500 EXAMINATION OF LICENSED DENTAL ASSISTANTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3600, subpart 2 (General anesthesia or deep sedation; educational training requirements) - this subpart is unnecessary because this same information regarding general anesthesia or deep sedation was moved to a new subpart within this part.

3100.3600, subpart 3 (Moderate sedation; educational training requirements) - this subpart is unnecessary because this same information regarding moderate sedation was moved to a new subpart within this part.

3100.3600, subpart 4 (Nitrous oxide inhalation analgesia; educational training requirements) - this subpart is unnecessary because all the application and educational requirements for nitrous oxide inhalation analgesia have been separated into new subparts for each licensed dental professional.

3100.3600, subpart 5 (Notice to board) - this subpart is unnecessary because all the application and educational requirements for nitrous oxide inhalation analgesia have been separated into new subparts for each licensed dental professional.

3100.3600, subpart 6 (Analgesia) – this subpart is obsolete because the dentist is not the only licensed dental professional that can administer local anesthesia.

3100.3600, subpart 7 (Minimal sedation) – this subpart is unnecessary because a dentist is the only licensed dental professional that can administer minimal sedation.

3100.3600, subpart 8 (Reporting of incidents required) - this subpart is unnecessary because this same information regarding reporting of an incident was moved to a new subpart within this part.

3100.3600, subpart 9 (General anesthesia or moderate sedation certificate) - this subpart is unnecessary because this same information regarding certificates was moved to a new subpart within this part.

3100.3600, subpart 9a (Expiration or termination of general anesthesia or moderate sedation certificate; requirements) - this subpart is unnecessary because this same information regarding expiration or termination of a certificate was moved to a new subpart within this part.

3100.3600, subpart 9b (Certificate to provide dentistry with contracted sedation provider) - this subpart is unnecessary because this same information regarding a contracted sedation provider was moved to a new subpart within this part.

3100.3600, subpart 10 (Practice and equipment requirements) - this subpart is unnecessary and duplicative because this same information regarding practice and equipment requirements was moved to a new subpart within this part.

3100.3600, subpart 11 (On-site inspection; requirements and procedures) - this subpart is unnecessary and duplicative because this same information regarding on-site inspections was moved to a new subpart within this part.

3100.5400 PROFESSIONAL DEVELOPMENT TRANSITION – this part is obsolete because it explained the previous process of switching from the Board tracking continuing education credits earned to having the licensed dental professional track their own credits for professional development.

3100.6325 VOLUNTARY TERMINATION OF LICENSE – this part is unnecessary because the Board has the right to take disciplinary action against a licensed dental professional.

3100.7200 FAILURE TO RESPOND TO ADVERTISING COMPLAINT – this part is unnecessary and duplicative because the Board already has the authority under other statutes and rules to act regarding advertising complaints.

3100.8500, subpart 3 (Limited-license permit) – this subpart is unnecessary and duplicative because this same information regarding the application and examination requirements for applicants to become registered by the Board can now be found under the renamed title of Limited Radiology Registration.

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: March 17, 2021



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

Executive Director

Minnesota Board of Dentistry

January 21, 2022

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 Professional Licensure; Revisor's ID No. R-4672

OAH 82-9033-37880; Revisor 4672

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 (2020). 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 will then receive from the Revisor's office three copies of the Notice of Adoption of the rules.

The Board'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 (2020).

Kathy T. Johnson
January 21, 2022
Page 2

If you have any questions regarding this matter, please contact Denise Collins at (651) 361-7875, denise.collins@state.mn.us or via facsimile at (651) 539-0310.

Sincerely,

A handwritten signature in black ink that reads "Michelle Severson". The signature is written in a cursive, flowing style.

MICHELLE SEVERSON
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
Professional Licensure

**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 the Board adopted pursuant to Minn. Stat. § 14.26 (2020). On January 13, 2022, the Board filed all documents required by Minn. Stat. § 14.26 and Minn. R. 1400.2310 (2021) with the Office of Administrative Hearings (OAH).

Based upon a review of the written submissions and filings, Minnesota Statutes, Minnesota Rules,


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 Minn. Stat. §§ 14.01-.69 (2020) and Minn. R. 1400.2000-.8612 (2021).
3. The modifications to the rules made by the Board following publication of the Dual Notice in the *State Register* do not result in a substantially different rule within the meaning of Minn. Stat. §§ 14.05, subd. 2, .24 (2020).
4. The record demonstrates the rules are needed and reasonable.

IT IS HEREBY ORDERED THAT:

The rules are **APPROVED**.

Dated: January 21, 2022


Barbara J. Case
Administrative Law Judge

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
ADMINISTRATIVE LAW SECTION
PO BOX 64620
600 NORTH ROBERT STREET
ST. PAUL, MINNESOTA 55164

CERTIFICATE OF SERVICE

In the Matter of the Proposed Amendments to Permanent Rules of the Minnesota Board of Dentistry Relating to Professional Licensure; Revisor's ID No. R-4672	OAH 82-9033-37880 Revisor 4672
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Nichole Helmueller certifies that on January 21, 2022 she served a true and correct copy of the attached Order by placing it in the United States mail or by courier service with postage prepaid, addressed to the following individuals:

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

Legislative Coordinating Commission
lcc@lcc.leg.mn

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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 Board of Dentistry

REQUEST FOR COMMENTS for Proposed Amendments to Permanent Rules Relating to Professional Licensure

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

Subject of Rules. The Minnesota Board of Dentistry requests comments on its proposed amendments to rules creating a more user-friendly guide listing all the different types of standard licensure or registration options in dentistry. Each standard licensure or registration option will be consistent throughout making for easy reading and interpretation. Moreover, each standard licensure or registration option lists other relevant information like renewal, reinstatement, and professional development. The proposed rules also focus on achieving a major housekeeping throughout by streamlining, eliminating all non-relevant requests, and updating areas.

Persons Affected. The amendments to the rules would affect dentists, dental therapists, dental hygienists, and licensed dental assistants.

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 May 28, 2021. 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 has prepared and posted a draft of the possible rule changes on the Board's official website. The website address is www.mn.gov/boards/dentistry. 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, University Park Plaza, 2829 University Avenue SE, Suite 450, Minneapolis, Minnesota 55414-3249, **phone:** (612) 548-2134 or (888) 240-4762 (outside metro), **FAX:** (612) 617-2260, or directed by **e-mail:** kathy.t.johnson@state.mn.us. Minnesota Relay Service for hearing impaired: (800) 627-3529.

Official Notices

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: March 29, 2021

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 Friday, April 9, 2021 at 1:00 p.m., or as soon thereafter as reasonable via teleconference on a proposal to provide funding through the Minnesota Job Creation Fund Program 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.

The Minnesota Department of Employment and Economic Development has determined that an in-person meeting is not practical because of the current health pandemic and ongoing peacetime emergency declared under Chapter 12 of Minnesota Statutes. As is permitted under the Open Meeting Law in these conditions, this public hearing to consider a potential Job Creation Fund (JCF) award and rebate to Boston Scientific Corporation for an expansion project in Arden Hills, Minnesota will be conducted via teleconference.

Description of Project and Proposed JCF Funding:

Boston Scientific Corporation may expand in Arden Hills (Ramsey County), Minnesota. The company is a worldwide developer, manufacturer and marketer of medical devices. The Arden Hills location is the primary site for the manufacturing of battery components for the company’s cardiac rhythm and neuromodulation devices. The proposed project would consist of adding 17,450 sf to an existing building on the Arden Hills campus in order to expand production capacity, as well as site improvements and the purchase of machinery and equipment related to the expansion. The total project cost is \$20,000,000. The company expects to create 150 jobs within three (3) years at an average cash wage of \$26.20 per hour. All jobs will qualify for a job creation award. The project is eligible for a job creation award of up to \$850,000, which may be reduced depending on the project’s final program evaluation score.

All interested persons may be heard at the time and accommodations 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 at least one day prior to the date of the hearing for instructions on how to participate in the conference call.

Interested persons may mail written comments via email to Tom Washa at the e-mail address set forth above or via U.S. Postal Service to Tom Washa, Office of Business Finance, MN DEED, 332 Minnesota Street, Suite E200, St. Paul, MN 55101. All comments should be mailed with sufficient time to ensure they are received prior to the date of the hearing set forth above. All persons who 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.

1.1 **Minnesota Board of Dentistry**

1.2 **Proposed Permanent Rules Relating to Professional Licensure**

1.3 **3100.0100 DEFINITIONS.**

1.4 *[For text of subparts 1 to 2a, see Minnesota Rules]*

1.5 Subp. 2b. **Analgesia.** "Analgesia" means the diminution or elimination of pain as a
1.6 result of the administration of an agent including, but not limited to, local anesthetic, nitrous
1.7 oxide, and pharmacological and nonpharmacological methods.

1.8 *[For text of subparts 2c to 4, see Minnesota Rules]*

1.9 Subp. 5. **Allied dental personnel.** "Allied dental personnel" means an advanced dental
1.10 therapist, dental therapist, dental hygienist, licensed dental assistant, dental assistant with
1.11 a ~~limited-license permit~~ limited radiology registration, assistant without a license or permit,
1.12 and dental technician.

1.13 *[For text of subparts 5a to 8a, see Minnesota Rules]*

1.14 Subp. 8b. [See repealer.]

1.15 *[For text of subpart 9, see Minnesota Rules]*

1.16 Subp. 9a. **CPR.** "CPR" refers to a comprehensive, hands-on course for a health care
1.17 provider that includes: cardiopulmonary resuscitation on an adult, child, and infant;
1.18 two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction;
1.19 and automated external defibrillation. ~~A The CPR course and certificate shall be obtained~~
1.20 must be for healthcare professionals through the American Heart Association ~~health care~~
1.21 ~~provider course~~ or the American Red Cross ~~professional rescuer course~~.

1.22 *[For text of subpart 9b, see Minnesota Rules]*

1.23 Subp. 9c. **Dental assistant with a ~~limited-license permit~~ limited radiology**
1.24 **registration.** "Dental assistant with a ~~limited-license permit~~ limited radiology registration"

means a person holding a ~~limited-license permit as a dental assistant under part 3100.8500,~~
~~subpart 3~~ limited radiology registration to take dental radiographs.

[For text of subparts 9d to 12a, see Minnesota Rules]

Subp. 12b. **Hospital.**

A. "Hospital" means an institution licensed by the state commissioner of health
that:

~~A.~~ (1) is adequately and properly staffed and equipped;

~~B.~~ (2) provides services, facilities, and beds for use beyond 24 hours by individuals
requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality,
disease, or pregnancy; and

~~C.~~ (3) regularly provides clinical laboratory services, diagnostic x-ray services,
and treatment facilities for surgery or obstetrical care, or other definitive medical treatment
of similar extent.

B. For the purposes of this chapter, diagnostic or treatment centers, physicians'
offices or clinics, or dentists' offices or clinics are not hospitals.

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

Subp. 13. **Licensee.** "Licensee" means a dentist, dental therapist, dental hygienist, or
licensed dental assistant, ~~or dental assistant with a limited-license permit.~~

[For text of subparts 13a to 14a, see Minnesota Rules]

Subp. 15. [See repealer.]

[For text of subparts 15a to 16a, see Minnesota Rules]

Subp. 16b. **Professional development.** "Professional development" means activities that include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional's life.

Subp. 16c. **Registrant.** "Registrant" means a dental assistant with a limited radiology registration.

[For text of subparts 17 to 18a, see Minnesota Rules]

Subp. 18b. [See repealer.]

[For text of subparts 19 to 22, see Minnesota Rules]

3100.1100 ~~APPLICATIONS FOR LICENSE TO PRACTICE DENTISTRY~~
GENERAL DENTIST.

Subpart 1. ~~Form, credentials, and certification~~ **Licensure application and examination requirements.** A person seeking licensure to practice general dentistry within in Minnesota must ~~present to the board an application and credentials, as determined by the board, and meet the following requirements:~~ provide the board:

A. ~~The~~ a completed application ~~must be on a form furnished by the board and must be completely filled out;~~

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

~~B. C. The applicant shall furnish satisfactory evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation;~~

~~C. D. The applicant must furnish certification evidence of having passed~~ passing all parts of a national board examination ~~as defined in part 3100.0100, subpart 15.~~ for the practice of dentistry within the past five years;

~~D. An applicant who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to administer nitrous oxide inhalation analgesia must comply with part 3100.3600.~~

E. evidence of passing a board-approved clinical 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.

Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 1, the applicant must not retake the clinical examination until the applicant successfully completes additional education provided by an institution accredited by the Commission on Dental Accreditation. The education must cover all of the subject areas failed by the applicant in each of the two clinical examinations. The applicant may retake the examination only after the institution provides the board information specifying the areas failed in the previous examinations and the education provided to address the areas failed, and certifies that the applicant has successfully completed the education. The applicant must take the additional education required in this subpart each time the applicant fails the clinical examination twice.

Subp. 2. [See repealer.]

Subp. 2a. **Terms and renewal of license.** A general dentist may renew a general dentist license according to the terms of renewal under part 3100.1700.

Subp. 3. [Repealed, 18 SR 2042]

5.1 Subp. 4. [See repealer.]

5.2 Subp. 4a. **Reinstatement of license.** To reinstate a terminated general dental license,
5.3 the applicant must comply with the requirements of part 3100.1850.

5.4 Subp. 5. [See repealer.]

5.5 Subp. 5a. **Emeritus license.** A general dentist who wishes to apply for an emeritus
5.6 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
5.7 active license under part 3100.1350.

5.8 Subp. 5b. **Professional development.** A general dentist must complete professional
5.9 development requirements including maintaining a professional portfolio under parts
5.10 3100.5100 to 3100.5300.

5.11 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a general
5.12 dental license to practice dentistry or a dentist already licensed who wants the authority
5.13 under the license to administer a pharmacological agent for the purpose of general anesthesia,
5.14 deep sedation, or moderate sedation or to administer nitrous oxide inhalation analgesia must
5.15 comply with the applicable requirements of part 3100.3600.

5.16 **3100.1120 SPECIALTY DENTIST.**

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

5.19 A. a completed application;

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

5.21 C. evidence of having graduated from a school of dentistry;

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

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

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

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

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

6.10 I. documentation of current CPR certification; and

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

6.12 Subp. 2. **Terms and renewal of license.** A specialty dentist may renew a specialty
6.13 dental license according to the terms of renewal under part 3100.1700.

6.14 Subp. 3. **Reinstatement of license.** To reinstate a terminated specialty dental license,
6.15 the applicant must comply with the requirements of part 3100.1850.

6.16 Subp. 4. **Emeritus license.** A specialty dentist who wishes to apply for an emeritus
6.17 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
6.18 active license under part 3100.1350.

6.19 Subp. 5. **Professional development.** A specialty dentist must complete professional
6.20 development requirements including maintaining a professional portfolio under parts
6.21 3100.5100 to 3100.5300.

6.22 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a specialty
6.23 dental license who wants the authority under the license to administer a pharmacological
6.24 agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to

7.1 administer nitrous oxide inhalation analgesia must comply with the applicable requirements
7.2 of part 3100.3600.

7.3 **3100.1130 ~~LICENSE TO PRACTICE DENTISTRY AS A LIMITED GENERAL~~**
7.4 **~~DENTIST.~~**

7.5 Subpart 1. ~~Initial requirements~~ Credential review to determine educational
7.6 equivalency and eligibility to take a board-approved clinical examination for limited
7.7 licensure.

7.8 A. A person who is a graduate of a nonaccredited dental program ~~will be granted~~
7.9 ~~seeking~~ a limited license to practice general dentistry ~~within in~~ Minnesota ~~upon successfully~~
7.10 ~~complying with the requirements in items A to E.~~

7.11 ~~A.~~ The applicant must ~~initially~~ submit to a onetime credential review by the board
7.12 ~~and pay the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 9a to~~
7.13 determine educational equivalency and eligibility to take a board-approved clinical
7.14 examination. For the credential review the applicant shall must provide the following
7.15 documentation board:

7.16 (1) the credential review fee in Minnesota Statutes, section 150A.091,
7.17 subdivision 9a;

7.18 ~~(1)~~ (2) a completed board-approved evaluation of all international education;

7.19 ~~(2)~~ (3) an original or notarized copy of passing board-approved language
7.20 testing within the previous two years if English is not the applicant's primary language;

7.21 ~~(3)~~ (4) an original affidavit of licensure;

7.22 ~~(4)~~ (5) a completed dental questionnaire;

7.23 ~~(5)~~ (6) a personal ~~letter/curriculum vitae/resume~~ letter, curriculum vitae, or
7.24 resume;

8.1 ~~(6)~~ (7) an original or notarized copy of dental diploma and, if necessary,
8.2 professional translation;

8.3 ~~(7)~~ (8) proof of clinical practice in dentistry;

8.4 ~~(8)~~ (9) an original or notarized copy of other credentials in dentistry and, if
8.5 necessary, professional translation;

8.6 ~~(9)~~ (10) completed board-approved infection control training; and

8.7 ~~(10)~~ (11) ~~an original or notarized copy of evidence of passing all parts of a~~
8.8 ~~national board dental examinations report – Part I and Part II examination for the practice~~
8.9 ~~of dentistry.~~

8.10 ~~The applicant is allowed to submit to one credential review by the board.~~

8.11 B. ~~Once a credential review has been completed by~~ If, after reviewing the
8.12 applicant's credentials, the board determines the applicant's credentials are nonequivalent,
8.13 ~~the board, the committee shall officially notify the applicant by letter as to whether permission~~
8.14 ~~to take the regional clinical examination has been denied or granted by the board~~ deny the
8.15 application to take a board-approved clinical examination for limited licensure. The board
8.16 ~~may also request that the applicant schedule an interview with the credential review~~
8.17 ~~committee, then notify the applicant by letter as to whether permission to take the regional~~
8.18 ~~clinical examination has been denied or granted by the committee.~~ shall notify the applicant
8.19 of the denial. An applicant denied permission to take ~~the regional~~ a board-approved clinical
8.20 ~~examination has the option to~~ may appeal the decision to the board within 60 days from the
8.21 notification date.

8.22 C. If, after reviewing the applicant's credentials, the board determines the
8.23 applicant's credentials are equivalent, the board shall require that the applicant complete
8.24 one or more of the following requirements:

8.25 (1) schedule and complete an interview with the board;

9.1 (2) submit a specified number of patient records to the board; or

9.2 (3) take a board-approved dental simulation course to test competency.

9.3 D. After the applicant completes the requirements in item C, the board shall notify
9.4 the applicant as to whether permission to take a board-approved clinical examination for
9.5 limited licensure has been denied or granted. An applicant denied permission to take a
9.6 board-approved clinical examination may appeal the decision to the board within 60 days
9.7 from the notification date.

9.8 E. If the applicant is granted permission by the board to take the regional a
9.9 board-approved clinical examination, the applicant must take a board-approved regional
9.10 clinical examination, successfully pass the regional board-approved clinical examination,
9.11 and submit evidence of the results of the regional passing the board-approved clinical
9.12 examination within 18 months from the receipt date of the board's notification letter granting
9.13 permission to take the regional board-approved clinical examination.

9.14 Subp. 1a. **Additional education for two failed clinical examinations.** D. When If
9.15 an applicant fails twice any part of a board-approved regional clinical examination, the
9.16 applicant may must not take it again retake the clinical examination until the applicant
9.17 successfully completes additional education provided by an institution accredited by the
9.18 Commission on Dental Accreditation. The education must cover all of the subject areas
9.19 failed by the applicant in each of the two clinical examinations. The applicant may retake
9.20 the examination only after the institution provides to the board information specifying the
9.21 areas failed in the previous examinations and the instruction education provided to address
9.22 the areas failed, and certifies that the applicant has successfully completed the instruction
9.23 education. The applicant shall be allowed to retake the clinical examination one time
9.24 following this additional educational instruction. If the applicant fails the clinical examination
9.25 for a third time, the applicant is prohibited from retaking the clinical examination.

10.1 E. ~~An applicant must complete and submit a limited license application for review~~
10.2 ~~by an appropriate committee of the board. The application must include:~~

10.3 (1) ~~the initial and annual application fees in Minnesota Statutes, section~~
10.4 ~~150A.091, subdivision 9b;~~

10.5 (2) ~~evidence of having passed a board-approved regional clinical examination~~
10.6 ~~within five years preceding the limited license application;~~

10.7 (3) ~~evidence of having passed an examination designed to test knowledge of~~
10.8 ~~Minnesota laws relating to the practice of dentistry and the rules of the board within five~~
10.9 ~~years preceding the limited license application;~~

10.10 (4) ~~an acceptable written agreement between the applicant and a~~
10.11 ~~board-approved Minnesota licensed supervising dentist. The written agreement shall include~~
10.12 ~~all information requested by the board. The written agreement shall also include any practice~~
10.13 ~~limitations, and an acknowledgment that the applicant agrees to practice clinical dentistry~~
10.14 ~~at least 1,100 hours annually, for a period of three consecutive years after clinical practice~~
10.15 ~~in Minnesota begins;~~

10.16 (5) ~~documentation of current CPR certification;~~

10.17 (6) ~~a statement from a licensed physician attesting to the applicant's physical~~
10.18 ~~and mental condition completed within 12 months preceding the limited license application;~~
10.19 ~~and~~

10.20 (7) ~~a statement from a licensed ophthalmologist or optometrist attesting to the~~
10.21 ~~applicant's visual acuity completed within 12 months preceding the limited license~~
10.22 ~~application.~~

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

- 11.1 A. a completed application;
- 11.2 B. the application fee in Minnesota Statutes, section 150A.091, subdivision 9b,
11.3 clause (1);
- 11.4 C. evidence of passing a board-approved clinical examination within the past five
11.5 years;
- 11.6 D. evidence of passing the board's jurisprudence examination within the past five
11.7 years;
- 11.8 E. a written agreement between the applicant and a board-approved Minnesota
11.9 licensed supervising dentist. The written agreement must include:
- 11.10 (1) all information requested by the board relating to the applicant's written
11.11 agreement;
- 11.12 (2) any practice limitations; and
- 11.13 (3) an acknowledgment that the applicant agrees to practice clinical dentistry
11.14 at least 1,100 hours annually for a period of three consecutive years after beginning clinical
11.15 practice in Minnesota;
- 11.16 F. documentation of current CPR certification; and
- 11.17 G. a criminal background check as required by Minnesota Statutes, section 214.075.

11.18 **Subp. 2. Terms of limited licensure.**

- 11.19 A. Throughout the three consecutive years while practicing general dentistry in
11.20 Minnesota under the general supervision of a Minnesota licensed dentist, the limited license
11.21 dentist must maintain and comply with the requirements in ~~items A to F~~ this subpart:
- 11.22 ~~A. (1) submit annual payment of the renewal fee in Minnesota Statutes, section~~
11.23 150A.091, subdivision 9b, clause (2);

12.1 ~~B. (2)~~ maintain a consecutive and current CPR certification ~~as required to renew~~
12.2 ~~a limited license;~~

12.3 ~~C. (3)~~ submit written correspondence and agreement to the board requesting
12.4 approval of a subsequent supervising dentist and written agreement, within 14 days prior
12.5 to employment start date with subsequent supervising dentist. The written agreement ~~shall~~
12.6 must include;

12.7 (a) all information requested by the board. ~~The written agreement shall~~
12.8 ~~also include~~ relating to the applicant's written agreement;

12.9 (b) any practice limitations; and

12.10 (c) an acknowledgment that the limited license dentist agrees to practice
12.11 clinical dentistry at least 1,100 hours annually; for a period of three consecutive years or
12.12 any remaining portion thereof;

12.13 ~~D. (4)~~ within seven business days of an unforeseen event, submit written
12.14 correspondence for review by an appropriate committee of the board regarding the unforeseen
12.15 circumstance that may interrupt the three consecutive years of supervision;

12.16 ~~E. (5)~~ maintain with the board a correct and current mailing address and electronic
12.17 mail address and properly notify the board within 30 days of any changes as described in
12.18 Minnesota Statutes, section 150A.09, subdivision 3; and

12.19 ~~F. (6)~~ maintain a professional development portfolio containing:

12.20 ~~(1)~~ (a) ~~acceptable~~ documentation of required hours in professional
12.21 development activities; and

12.22 ~~(2)~~ (b) ~~a minimum of at least two different core subjects~~ fundamental courses
12.23 as part of the fundamental activities;

12.24 ~~(3) one completed self-assessment examination; and~~

13.1 ~~(4) a consecutive and current CPR certification.~~

13.2 B. The total required hours of professional development activities required in item
13.3 A, subitem (6), is 75 hours with ~~a minimum of~~ at least 45 hours in fundamental activities
13.4 and ~~a maximum of~~ no more than 30 hours in elective activities. Completing at least 25 hours
13.5 each year ~~towards~~ toward the total of 75 hours is required for compliance.

13.6 Subp. 3. **Terms of supervising dentist.** A supervising dentist must be licensed in
13.7 Minnesota and provide general supervision to a limited license dentist. The supervising
13.8 dentist is not required to be present in the office or on the premises when supervising the
13.9 limited license dentist, but does require the supervising dentist to have knowledge and
13.10 authorize the procedures being performed by the limited license dentist. For the three
13.11 consecutive years or any portion thereof, the supervising dentist must be eligible to participate
13.12 and comply with the requirements in items A to I.

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

13.14 C. A supervising dentist must have ~~an acceptable~~ a written agreement between
13.15 the limited license dentist and the supervising dentist, and the supervising dentist may only
13.16 supervise one limited license dentist for the duration of the agreement. The written agreement
13.17 ~~shall~~ must include:

13.18 (1) all information requested by the board. ~~The written agreement shall also~~
13.19 ~~include~~ relating to the applicant's written agreement;

13.20 (2) any practice limitations; and

13.21 (3) an acknowledgment that the limited license dentist agrees to practice
13.22 clinical dentistry at least 1,100 hours annually; for a period of three consecutive years.

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

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

14.2 A. Upon completion of the three consecutive years, a dentist with a limited license
14.3 to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry
14.4 in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly
14.5 expired limited license may apply for a dental license to practice general dentistry in
14.6 Minnesota by ~~presenting a license application to the board and meeting the following~~
14.7 ~~requirements in subitems (1) to (6).~~ An applicant providing the board:

14.8 (1) ~~must submit~~ a completed application for a dental license in Minnesota no
14.9 sooner than 90 days preceding the expiration date of the applicant's limited license or no
14.10 later than one year after the expiration date of the applicant's limited license;

14.11 (2) ~~must submit with the application~~ the ~~nonrefundable~~ fees in Minnesota
14.12 Statutes, section 150A.091, subdivisions 2 and 3;

14.13 (3) ~~must submit required~~ documentation of a ~~consecutive and~~ current CPR
14.14 certification;

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

14.18 (5) ~~must submit~~ a written performance evaluation from each supervising
14.19 dentist regarding the applicant while practicing as a limited license dentist; ~~and~~.

14.20 B. (6) A dentist applying for a dental license under item A must not have been
14.21 subject to corrective or disciplinary action by the board while holding a limited license
14.22 during the three consecutive years.

14.23 ~~B. C.~~ An applicant whose license application has been denied may appeal the
14.24 denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

15.1 **3100.1150 ~~LICENSE TO PRACTICE DENTISTRY AS A FACULTY DENTIST;~~**
15.2 **FULL OR LIMITED.**

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

15.6 ~~A. In order to practice dentistry, a faculty member must be licensed by the board.~~

15.7 ~~B. The board must license a person to practice dentistry as a faculty dentist if:~~

15.8 ~~A. (1) the person completes and submits to the board an~~ a completed application
15.9 furnished by the board;

15.10 ~~(2) the person is not otherwise licensed to practice dentistry in Minnesota;~~

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

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

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

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

15.17 ~~F. (3) a letter from the dean or program director of a school of dentistry accredited~~
15.18 ~~by the Commission on Dental Accreditation certifies to the board, in accordance with the~~
15.19 ~~requirements of item C, dental therapy, dental hygiene, or dental assisting certifying that~~
15.20 the person seeking licensure is a member of the school's faculty and practices dentistry;
15.21 and. The original letter must include:

15.22 ~~(4) the person has not engaged in behavior for which licensure may be~~
15.23 suspended, revoked, limited, modified, or denied on any of the grounds specified in

16.1 ~~Minnesota Statutes, sections 150A.08, 214.17 to 214.25, 214.33, subdivision 2, or part~~
16.2 ~~3100.6100, 3100.6200, or 3100.6300.~~

16.3 ~~C. The board must accept an applicant as a faculty dentist if the dean of a school~~
16.4 ~~of dentistry accredited by the Commission on Dental Accreditation provides to the board~~
16.5 ~~the following information:~~

16.6 (1) the applicant's full name;

16.7 (2) ~~the applicant's Social Security number;~~

16.8 (3) ~~the applicant's home and work address;~~

16.9 (4) (2) a statement that the applicant is a member of the faculty and practices
16.10 dentistry within the school or its affiliated teaching facilities, but only for purposes of
16.11 instruction or research; and

16.12 (5) (3) the dates of the applicant's employment by the school of dentistry;
16.13 dental therapy, dental hygiene, or dental assisting.

16.14 (6) ~~a statement that the applicant has been notified of the need to be licensed~~
16.15 ~~by the board as a faculty dentist; and~~

16.16 (7) ~~a statement that the information provided is accurate and complete.~~

16.17 Subp. 2. **Termination of licensure.**

16.18 A. The board shall terminate a person's license to practice dentistry as a faculty
16.19 dentist ~~is terminated~~ when the person is no longer practicing dentistry as a member of the
16.20 faculty of a school of dentistry.

16.21 B. ~~A person licensed to practice dentistry as a faculty dentist must inform the~~
16.22 ~~board when the licensee is no longer practicing dentistry as a member of the faculty of a~~
16.23 ~~school of dentistry.~~

~~C. A person who fails to inform the board as required in item B is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).~~

Subp. 3. **Terms and renewal of license.** A full faculty dentist may renew a full faculty license according to the terms of renewal under part 3100.1700. A limited faculty dentist may renew a limited faculty license under part 3100.1750.

Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not reinstate a terminated faculty license.

Subp. 5. **Emeritus license.** A full or limited faculty dentist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340. A full or limited faculty dentist cannot apply for an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A full faculty dentist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300. A limited faculty dentist is not required to complete the professional development requirements under part 3100.5100.

Subp. 7. **Anesthesia, sedation, and nitrous oxide.** A person applying for a faculty license who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to administer nitrous oxide inhalation analgesia must comply with the applicable requirements of part 3100.3600.

3100.1160 ~~LICENSE TO PRACTICE DENTISTRY AS A 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. In order to practice dentistry as directly related to a respective graduate or advanced educational clinical experience, an enrolled graduate student or a student of an advanced education program must be licensed by the board.~~

~~B. The board must license a person to practice dentistry as a resident dentist if:~~

A. (1) the person completes and submits to the board an completed application furnished by the board;

~~(2) the person is not otherwise licensed to practice dentistry in Minnesota;~~

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

C. (3) the person provides evidence of having graduated from a dental school accredited by the Commission on Dental Accreditation;

D. (4) the person provides evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation; and

~~(5) the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, section 150A.08.~~

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.

Subp. 2. Termination of licensure.

A. The board shall terminate a person's license to practice dentistry as a resident dentist is terminated when the person is no longer an enrolled graduate student or a student

of an advanced dental education program accredited by the Commission on Dental Accreditation.

~~B. A person licensed to practice dentistry as a resident dentist must inform the board when the licensee is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation.~~

~~C. A person who fails to inform the board as required in item B is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).~~

Subp. 3. **Terms and renewal of license.** A resident dentist may renew a resident dental license according to the terms of renewal under part 3100.1750.

Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not reinstate a terminated resident dental license.

Subp. 5. **Professional development.** A resident dentist is not required to meet the professional development requirements referenced in part 3100.5100.

3100.1170 ~~LICENSE TO PRACTICE AS A 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. In order to practice dental therapy or dental hygiene as directly related to a respective graduate or advanced educational clinical experience, an enrolled graduate student or a student of an advanced education program must be licensed by the board.~~

~~B. The board must license a person to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist if:~~

20.1 A. (1) the person completes and submits to the board an a completed application
20.2 furnished by the board;

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

20.4 C. (2) the person provides evidence of being an enrolled graduate student or a
20.5 student of an advanced dental education program approved by the board or accredited by
20.6 the Commission on Dental Accreditation or another board-approved national accreditation
20.7 organization; and

20.8 ~~(3) the person has not engaged in behavior for which licensure may be~~
20.9 ~~suspended, revoked, limited, modified, or denied on any of the grounds specified in~~
20.10 ~~Minnesota Statutes, section 150A.08.~~

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

20.13 E. documentation of current CPR certification; and

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

20.15 Subp. 2. **Termination of licensure.**

20.16 ~~A. The board shall terminate a person's license to practice dental therapy or dental~~
20.17 ~~hygiene as a resident dental therapist or resident dental hygienist is terminated when the~~
20.18 ~~person is no longer an enrolled graduate student or a student of an advanced dental education~~
20.19 ~~program approved by the board or accredited by the Commission on Dental Accreditation~~
20.20 ~~or another board-approved national accreditation organization.~~

20.21 ~~B. A person licensed to practice dental therapy or dental hygiene as a resident~~
20.22 ~~dental therapist or resident dental hygienist must inform the board when the licensee is no~~
20.23 ~~longer an enrolled graduate student or a student of an advanced dental education program~~
20.24 ~~approved by the board.~~

~~C. A person who fails to inform the board as required in item B within 30 days of no longer being enrolled as a student or graduate student in a program approved by the board, is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).~~

Subp. 3. **Terms and renewal of license.** A resident dental therapist or resident dental hygienist may renew a resident license for dental therapy or dental hygiene according to the terms of renewal under part 3100.1750.

Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not reinstate a terminated resident license for dental therapy or dental hygiene.

Subp. 5. **Professional development.** A resident dental therapist or resident dental hygienist is not required to meet the professional development requirements referenced in part 3100.5100.

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

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

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

22.3 F. documentation of current CPR certification; and

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

22.5 Subp. 2. **Additional education for two failed clinical examinations.** If an applicant
22.6 fails twice any part of the clinical examination required by Minnesota Statutes, section
22.7 150A.06, subdivision 1d, the applicant must not retake the examination until the applicant
22.8 successfully completes additional education provided by an institution approved by the
22.9 board. The education must cover all of the subject areas failed by the applicant in the clinical
22.10 examination. The applicant may retake the examination only after the institution provides
22.11 information to the board specifying the areas failed in the previous examinations and the
22.12 education provided to address the areas failed, and certifies that the applicant has successfully
22.13 completed the education. The applicant must take the additional education provided above
22.14 each time the applicant fails the clinical examination twice.

22.15 Subp. 3. **Advanced dental therapist; certification requirements.** A person who is
22.16 currently licensed as a dental therapist in Minnesota and seeking certification to practice as
22.17 an advanced dental therapist in Minnesota must provide the board:

22.18 A. a completed application;

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

22.20 C. evidence of having completed at least 2,000 hours of dental therapy clinical
22.21 practice under direct or indirect supervision;

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

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

23.3 F. evidence of passing a board-approved certification examination in advanced
23.4 dental therapy.

23.5 Subp. 4. **Terms and renewal of license.** A dental therapist may renew a dental therapy
23.6 license according to the terms of renewal under part 3100.1700. The onetime certification
23.7 for an advanced dental therapist does not require renewal once obtained.

23.8 Subp. 5. **Reinstatement of license.** To reinstate a terminated dental therapy license,
23.9 the applicant must comply with the requirements of part 3100.1850.

23.10 Subp. 6. **Emeritus license.** A dental therapist who wishes to apply for an emeritus
23.11 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
23.12 active license under part 3100.1350.

23.13 Subp. 7. **Professional development.** A dental therapist must complete professional
23.14 development requirements including maintaining a professional portfolio under parts
23.15 3100.5100 to 3100.5300.

23.16 Subp. 8. **Nitrous oxide.** A person applying for a dental therapy license who wants
23.17 the authority under the license to administer nitrous oxide inhalation analgesia must comply
23.18 with the requirements of part 3100.3600, subpart 13.

23.19 Subp. 9. **Delegated procedures.** A dental therapist can perform the delegated
23.20 procedures indicated within Minnesota Statutes, section 150A.105. An advanced dental
23.21 therapist can perform the delegated procedures indicated within Minnesota Statutes, sections
23.22 150A.105 and 150A.106.

24.1 **3100.1200 APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE**
24.2 **HYGIENIST.**

24.3 Subpart 1. Licensure application and examination requirements. A person seeking
24.4 licensure to practice dental hygiene in Minnesota must ~~present an application and credentials~~
24.5 ~~as determined by the board and meet the following requirements of~~ provide the board.:

24.6 A. ~~The a completed~~ application ~~must be on a form furnished by the board and~~
24.7 ~~must be completely filled out.;~~

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

24.9 B. C. ~~The applicant must furnish certification of having passed the~~ evidence of
24.10 passing a national board examination as defined in part 3100.0100, subpart 15. for the
24.11 practice of dental hygiene within the past five years;

24.12 C. D. ~~The applicant shall submit evidence of satisfactorily passing a board~~
24.13 ~~approved~~ clinical examination ~~designed to determine the applicant's level of clinical skills.~~
24.14 within the past five years;

24.15 D. E. ~~The applicant shall furnish satisfactory evidence of having been granted a~~
24.16 ~~diploma or certificate in dental hygiene~~ graduated from a school of dental hygiene accredited
24.17 by the Commission on Dental Accreditation.;

24.18 E. F. ~~For identification purposes, the applicant shall furnish one notarized~~
24.19 ~~unmounted passport-type photograph, three inches by three inches, taken not more than six~~
24.20 ~~months before the date of the application.~~ evidence of passing the board's jurisprudence
24.21 examination within the past five years;

24.22 F. G. ~~The applicant shall furnish evidence of good moral character satisfactory~~
24.23 ~~to the board and certification from the Board of Dental Examiners in the state or Canadian~~
24.24 ~~province in which the applicant is already licensed.~~ documentation of current CPR
24.25 certification; and

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

25.2 Subp. 2. **Additional education for two failed clinical examinations.** If an applicant
25.3 fails twice any part of the clinical examination required by Minnesota Statutes, section
25.4 150A.06, subdivision 2, the applicant must not retake the examination until the applicant
25.5 successfully completes additional education provided by an institution accredited by the
25.6 Commission on Dental Accreditation. The education must cover all of the subject areas
25.7 failed by the applicant in each of the two clinical examinations. The applicant may retake
25.8 the examination only after the institution provides to the board information specifying the
25.9 areas failed in the previous examinations and the education provided to address the areas
25.10 failed, and certifies that the applicant has successfully completed the education. The applicant
25.11 must take the additional education provided above each time the applicant fails the clinical
25.12 examination twice.

25.13 Subp. 3. **Terms and renewal of license.** A dental hygienist may renew a dental
25.14 hygiene license according to the terms of renewal under part 3100.1700.

25.15 Subp. 4. **Reinstatement of license.** To reinstate a terminated dental hygiene license,
25.16 the applicant must comply with the requirements of part 3100.1850.

25.17 Subp. 5. **Emeritus license.** A dental therapist who wishes to apply for an emeritus
25.18 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
25.19 active license under part 3100.1350.

25.20 Subp. 6. **Professional development.** A dental therapist must complete professional
25.21 development requirements including maintaining a professional portfolio under parts
25.22 3100.5100 to 3100.5300.

25.23 Subp. 7. **Nitrous oxide.** A person applying for a dental hygiene license who wants
25.24 the authority under the license to administer nitrous oxide inhalation analgesia must comply
25.25 with the requirements of part 3100.3600, subpart 14.

26.1 Subp. 8. Delegated procedures. A dental hygienist can perform the delegated
26.2 procedures indicated within part 3100.8700.

26.3 **3100.1300 APPLICATION FOR LICENSE TO PRACTICE LICENSED DENTAL**
26.4 **ASSISTING ASSISTANT.**

26.5 Subpart 1. Licensure application and examination requirements. A person ~~desiring~~
26.6 ~~to be licensed as a~~ seeking licensure to practice dental assistant shall submit to the board
26.7 ~~an application and credentials as prescribed by the act and shall conform to the following~~
26.8 assisting in Minnesota must provide the board:

26.9 A. ~~An a completed~~ application ~~on a form furnished by the board shall be completely~~
26.10 ~~filled out;~~

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

26.12 ~~B. C. The applicant shall furnish a certified copy or its equivalent of a diploma~~
26.13 ~~or certificate of satisfactory completion of a training program approved~~ evidence of having
26.14 graduated from a school of dental assisting accredited by the Commission on Dental
26.15 Accreditation ~~or other program which, in the judgment of the board, is equivalent.~~ If the
26.16 curriculum of the ~~training program~~ school does not include training in the expanded duties
26.17 procedures specified in part 3100.8500, the applicant must successfully complete a
26.18 board-approved course in these functions ~~which has been approved by the board.~~ procedures;

26.19 ~~C. D. Submission of evidence of satisfactorily passing both the board's state~~
26.20 ~~licensing examination and the board-approved nationally recognized examination designed~~
26.21 ~~to determine the applicant's knowledge of the clinical duties in part 3100.8500, subparts 1~~
26.22 ~~to 1b.~~ within the past five years;

26.23 ~~D. E. For identification purposes, the applicant shall furnish one notarized~~
26.24 ~~unmounted passport-type photograph, three inches by three inches, taken not more than six~~

27.1 ~~months before the date of the application.~~ evidence of passing a national board examination
27.2 for the practice of dental assisting within the past five years;

27.3 ~~E. F. The applicant shall furnish evidence of good moral character satisfactory to~~
27.4 ~~the board.~~ evidence of passing the board's jurisprudence examination within the past five
27.5 years;

27.6 ~~F. A dental assistant who received and maintained registration in Minnesota prior~~
27.7 ~~to January 1, 2010, will continue to practice as a licensed dental assistant thereafter without~~
27.8 ~~completing any further examinations as required by this part. The licensed dental assistant~~
27.9 ~~must submit the applicable fee for an original license to the board at the time of the~~
27.10 ~~subsequent biennial renewal as specified in the board's notice. If the applicable fee for the~~
27.11 ~~original license is not received by the board, the licensee's registration will expire and the~~
27.12 ~~licensee's right to practice as a licensed dental assistant will be terminated by the board.~~

27.13 G. documentation of current CPR certification; and

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

27.15 Subp. 2. Additional education for two failed board's state licensing examinations. If
27.16 an applicant fails twice any part of the board's state licensing examination required by
27.17 Minnesota Statutes, section 150A.06, subdivision 2a, the applicant must not retake the
27.18 examination until the applicant successfully completes additional education provided by an
27.19 institution accredited by the Commission on Dental Accreditation or an independent instructor
27.20 approved by the board. The education must cover all of the subject areas failed by the
27.21 applicant in each of the two examinations. The applicant may retake the examination only
27.22 after the institution or independent instructor provides to the board information specifying
27.23 the areas failed in the previous examinations and the education provided to address the areas
27.24 failed, and certifies that the applicant has successfully completed the education. The applicant
27.25 must take the additional education required in this subpart each time the applicant fails the
27.26 board's state licensing examination twice.

28.1 Subp. 3. **Terms and renewal of license.** A licensed dental assistant may renew a
28.2 dental assisting license according to the terms of renewal under part 3100.1700.

28.3 Subp. 4. **Reinstatement of license.** To reinstate a terminated dental assisting license,
28.4 the applicant must comply with the requirements of part 3100.1850.

28.5 Subp. 5. **Emeritus license.** A licensed dental assistant who wishes to apply for an
28.6 emeritus license may apply for an emeritus inactive license under part 3100.1340 or an
28.7 emeritus active license under part 3100.1350.

28.8 Subp. 6. **Professional development.** A licensed dental assistant must complete
28.9 professional development requirements including maintaining a professional portfolio under
28.10 parts 3100.5100 to 3100.5300.

28.11 Subp. 7. **Nitrous oxide.** A person applying for a dental assisting license who wants
28.12 the authority under the license to administer nitrous oxide inhalation analgesia must comply
28.13 with the requirements of part 3100.3600, subpart 15.

28.14 Subp. 8. **Delegated procedures.** A licensed dental assistant can perform the delegated
28.15 procedures indicated within part 3100.8500.

28.16 **3100.1320 LIMITED RADIOLOGY REGISTRATION.**

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

28.20 A. a completed application;

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

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

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

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

29.5 F. documentation of current CPR certification; and

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

29.7 Subp. 2. **Grandfather provision.** The requirements of subpart 1 do not apply to an
29.8 individual who was registered in Minnesota to take dental radiographs under general
29.9 supervision of a dentist prior to January 1, 2021.

29.10 Subp. 3. **Terms and renewal of registration.** A person with a limited radiology
29.11 registration may renew the limited radiology registration according to the terms of renewal
29.12 under part 3100.1700.

29.13 Subp. 4. **Reinstatement requirements.**

29.14 A. A person seeking reinstatement of a registration terminated by the board
29.15 according to part 3100.1700, subpart 3, or voluntarily terminated by the person must:

29.16 (1) provide the board a completed reinstatement application;

29.17 (2) provide the board the biennial renewal and reinstatement fees in Minnesota
29.18 Statutes, section 150A.091, subdivisions 5 and 10; and

29.19 (3) comply with the applicable provisions of items B to D.

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

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

30.1 (2) documentation of current CPR certification.

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

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

30.6 (2) documentation of current CPR certification;

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

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

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

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

30.15 (2) documentation of current CPR certification;

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

30.18 (4) a criminal background check if terminated more than one year as required
30.19 by Minnesota Statutes, section 214.075;

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

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

31.1 Subp. 5. **Emeritus prohibition.** A person with a limited radiology registration cannot
31.2 apply for an emeritus inactive or an emeritus active license in parts 3100.1340 and 3100.1350.

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

31.6 **3100.1340 EMERITUS INACTIVE.**

31.7 Subpart 1. **Licensure application requirements.**

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

31.11 (1) a completed application; and

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

31.14 B. A person applying under this subpart must not currently be subject to any
31.15 disciplinary action resulting in suspension, revocation, disqualification, condition, or
31.16 restriction of the person's license.

31.17 Subp. 2. **Terms of emeritus inactive license.**

31.18 A. An emeritus inactive license is not a license to practice dentistry, dental therapy,
31.19 dental hygiene, or dental assisting. This formal license recognizes the completion of a
31.20 licensee's dental career in good standing.

31.21 B. An emeritus inactive license is not renewable according to Minnesota Statutes,
31.22 section 150A.06, subdivision 10.

C. Once an emeritus inactive license is issued by the board, the licensee cannot seek reinstatement of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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) the application fee in Minnesota Statutes, section 150A.091, subdivision 20.

B. A person applying under this subpart must not currently be subject to any disciplinary action resulting in suspension, revocation, disqualification, condition, or restriction of the person's license.

Subp. 2. Right to practice. An emeritus active license allows the applicant to engage in:

A. pro bono or volunteer dental practice;

B. paid practice not to exceed 500 hours per calendar year for the exclusive purpose of providing licensing supervision to meet the board's requirements; and

C. paid consulting services not to exceed 500 hours per calendar year.

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.

B. If an emeritus active license is terminated, the licensee cannot seek reinstatement of that license or of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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

A. For each biennial cycle, instead of the requirements under part 3100.5100, subpart 2, the required number of hours of fundamental and elective activities is 25 hours for a dentist and dental therapist and 13 hours for a dental hygienist and licensed dental assistant, delineated as follows:

(1) of the 25 hours for a dentist and dental therapist, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities; and

(2) of the 13 hours for a dental hygienist and licensed dental assistant, at least seven hours must be fundamental activities and no more than six hours can be elective activities.

B. Fundamental activities for each biennial cycle must include:

(1) at least two different fundamental courses; and

(2) an infection control course.

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

34.1 in the practice of dentistry in another United States jurisdiction may apply for a guest license
34.2 by providing the board:

34.3 A. a completed application;

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

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

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

34.9 E. documentation of current CPR certification; and

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

34.11 Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the
34.12 end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c.

34.13 Subp. 3. **Professional development.** A person holding a guest license must complete
34.14 professional development requirements under part 3100.5100.

34.15 Subp. 4. **Anesthesia, sedation, and nitrous oxide.** A person applying for a guest
34.16 license to practice dentistry, dental therapy, dental hygiene, or dental assisting who wants
34.17 the authority under the license to administer a pharmacological agent for the purpose of
34.18 general anesthesia, deep sedation, or moderate sedation or to administer nitrous oxide
34.19 inhalation analgesia must comply with the applicable requirements of part 3100.3600.

34.20 **3100.1380 GUEST-VOLUNTEER LICENSE.**

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

35.1 A. a completed application;

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

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

35.6 D. documentation of current CPR certification.

35.7 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license
35.8 must not practice more than ten days in a calendar year. The license expires December 31
35.9 according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed.

35.10 Subp. 3. **Professional development.** A licensed guest-volunteer is not required to
35.11 meet the professional development requirements referenced in part 3100.5100.

35.12 Subp. 4. **Nitrous oxide.** A person applying for a guest-volunteer license to practice
35.13 dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under
35.14 the license to administer nitrous oxide inhalation analgesia must comply with the applicable
35.15 requirements of part 3100.3600.

35.16 Subp. 5. **Mini licenses.** The board shall provide a licensed guest volunteer a free mini
35.17 license under this part.

35.18 **3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.**

35.19 Subpart 1. **Licensure application requirements.** A person who is ~~already~~ currently
35.20 a licensed dentist, dental therapist, or dental hygienist in another ~~state~~ United States
35.21 jurisdiction or Canadian province ~~desiring~~ seeking to be licensed to practice dentistry, dental
35.22 therapy, or dental hygiene in Minnesota ~~shall, in order to demonstrate the person's knowledge~~
35.23 ~~of dental subjects and ability to practice dentistry or dental hygiene in Minnesota, comply~~
35.24 ~~with the requirements in items A to N.~~ must provide the board:

36.1 A. ~~The applicant shall complete an~~ a completed application furnished by the
36.2 ~~board;~~

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

36.4 ~~B. C. The applicant shall furnish satisfactory evidence of having graduated from~~
36.5 ~~either a school of dentistry, or dental hygiene, whichever the case may be, which has been~~
36.6 ~~accredited by the Commission on Dental Accreditation;~~

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

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

36.13 C. F. ~~An applicant for licensure as a dentist must have been~~ proof of completing
36.14 at least 2,000 hours within the past 36 months in active practice in another state United
36.15 States jurisdiction, Canadian province, or United States government service for at least
36.16 ~~2,000 hours within 36 months prior to the board receiving a completed application and must~~
36.17 ~~submit at least three references from other practicing dentists;~~

36.18 D. ~~An applicant for licensure as a dental hygienist must have been in active practice~~
36.19 ~~in another state, Canadian province, or United States government service for at least 2,000~~
36.20 ~~hours within 36 months prior to the board receiving a completed application. The applicant~~
36.21 ~~must submit at least two character references from dentists and two references from practicing~~
36.22 ~~dental hygienists.~~

36.23 E. G. ~~An applicant must provide evidence of having passed~~ passing a clinical
36.24 examination for licensure in another state United States jurisdiction or Canadian province;
36.25 ~~where the licensure requirements are substantially equivalent to that of Minnesota;~~

37.1 ~~F. H. An applicant shall include a physician's statement attesting to the applicant's~~
37.2 ~~physical and mental condition and a statement from a licensed ophthalmologist or optometrist~~
37.3 ~~attesting to the applicant's visual acuity. evidence of passing all parts of a national board~~
37.4 ~~examination for the practice of dentistry, dental therapy, or dental hygiene;~~

37.5 ~~G. An applicant must submit with the application a fee as prescribed in Minnesota~~
37.6 ~~Statutes, section 150A.091, subdivision 9.~~

37.7 ~~H. For identification purposes, the applicant shall furnish one notarized unmounted~~
37.8 ~~passport-type photograph, three inches by three inches, taken not more than six months~~
37.9 ~~before the date of application.~~

37.10 ~~I. In advance of the appearance required by item J, an applicant for licensure by~~
37.11 ~~credentials as a dentist shall submit complete records on a sample of patients treated by the~~
37.12 ~~applicant. The sample must be drawn from patients treated by the applicant during the five~~
37.13 ~~years preceding the date of application. The number of records requested of the applicant~~
37.14 ~~shall be established by resolution of the board. The records submitted shall be reasonably~~
37.15 ~~representative of the treatment typically provided by the applicant.~~

37.16 ~~J. An applicant must appear before the board and satisfactorily respond to questions~~
37.17 ~~designed to determine the applicant's knowledge of dental subjects and ability to practice~~
37.18 ~~dentistry or dental hygiene pursuant to Minnesota Statutes, section 150A.06, subdivision~~
37.19 ~~4. Questions may be based on the records submitted pursuant to item I.~~

37.20 ~~K. I. An applicant shall successfully complete an evidence of passing the board's~~
37.21 ~~jurisprudence examination designed to test knowledge of Minnesota laws relating to the~~
37.22 ~~practice of dentistry and the rules of the board. within the past five years; and~~

37.23 ~~L. If the board adopts simulated dental patient examinations as part of the~~
37.24 ~~application process, applicants shall complete simulated dental patient examinations designed~~
37.25 ~~to test their knowledge of dental subjects.~~

~~M. An applicant shall provide adequate documentation of attained professional development or continuing dental education for the 60 months preceding the date of application.~~

~~N. An applicant may apply for licensure by credentials only once within any five-year period of time.~~

J. documentation of current CPR certification.

Subp. 2. **Disciplinary action.** A person seeking licensure under subpart 1 must not be subject to any pending or final disciplinary action in another United States jurisdiction or Canadian province.

3100.1700 TERMS AND RENEWAL OF LICENSE OR PERMIT REGISTRATION; GENERAL.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of a license or ~~limited license permit of an applicant other than a limited faculty or resident dentist registration.~~ The requirements for the terms and renewal of licensure as a limited faculty ~~or dentist~~, resident dentist, resident dental therapist, or resident dental hygienist are specified in part 3100.1750.

Subp. 1a. **Initial term.** An initial license or permit registration issued by the board is valid from the date issued until the last day of the licensee's or registrant's birth month in either the following even-numbered year for an even-numbered birthdate year or the following odd-numbered year for an odd-numbered birthdate year, or terminated according to the procedures in this part.

Subp. 1b. **Biennial term.** A properly renewed license or permit registration issued by the board is valid from the first day of the month following expiration for 24 months until renewed or terminated according to the procedures in this part.

39.1 Subp. 1c. **Fees.** The initial, biennial renewal, and late fee amounts are in Minnesota
39.2 Statutes, section 150A.091, subdivisions 3, 5, and 7.

39.3 Subp. 2. **Biennial renewal applications.** Each licensee ~~shall~~ or registrant must submit
39.4 an application for biennial renewal of a license or ~~permit together with~~ registration by paying
39.5 ~~the necessary~~ required fee to the board no later than the last day of the licensee's or registrant's
39.6 birth month, which is the application deadline. ~~An application for renewal is deemed timely~~
39.7 ~~if received by the board or postmarked no later than the last day of the licensee's birth month.~~
39.8 The application form must ~~provide a place for the renewal applicant's signature certifying~~
39.9 ~~compliance with the applicable professional development requirements including~~ require
39.10 the licensee or registrant to certify compliance with maintaining a consecutive and current
39.11 CPR certification ~~and information including the applicant's office address or addresses, the~~
39.12 ~~license number, whether the licensee has been engaged in the active practice of dentistry~~
39.13 ~~during the two years preceding the period for which renewal is sought as a licensee, and if~~
39.14 ~~so, whether within or without the state, and any other information that may be reasonably~~
39.15 ~~requested by the board.~~ Failure by a licensee or registrant to maintain a consecutive and
39.16 current CPR certification subjects the licensee or registrant to disciplinary proceedings
39.17 under parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision
39.18 1.

39.19 Subp. 3. **Failure to submit biennial renewal application.** ~~The procedures in this~~
39.20 ~~subpart shall be followed by the board for all licensees who have failed to submit the biennial~~
39.21 ~~renewal application according to subpart 2 and applicable fees, except as provided in subpart~~
39.22 ~~5.~~

39.23 A. ~~Any time~~ If a licensee or registrant fails to biennially renew their license or
39.24 registration, the board shall, after the application deadline, ~~the board will send, to the last~~
39.25 ~~address on file with the board,~~ a notice to a the licensee ~~who has not made application for~~

40.1 ~~the renewal of a license or permit or registrant. The notice will~~ must state ~~that licensee has~~
40.2 ~~failed to make application for renewal; the amount of the renewal and late fees; that.~~

40.3 B. A licensee may voluntarily or registrant must renew their license or registration
40.4 within 30 days of the license's or registration's expiration date.

40.5 C. If the licensee or registrant fails to renew their license or registration according
40.6 to item B, the board shall administratively terminate the license or permit by notifying the
40.7 board; and that failure to respond to the notice by the date specified, which date must be at
40.8 least 33 days after the notice is sent out by the board, either by submitting the renewal
40.9 application and applicable fees, or by notifying the board that licensee has voluntarily
40.10 terminated the license or permit will result in the expiration of the license or permit and
40.11 termination of registration and the right to practice. The board shall not consider an
40.12 administrative termination of a license or registration to be a disciplinary action against the
40.13 licensee or registrant.

40.14 ~~B. D. If the application for renewal, including the applicant's signature certifying~~
40.15 ~~compliance with the applicable professional development requirements, and the applicable~~
40.16 ~~biennial and late fees or notice of voluntary termination is not received by the board by the~~
40.17 ~~date specified in the notice, a licensee or registrant elected not to renew the license or~~
40.18 registration, the licensee or registrant may:

40.19 (1) voluntarily terminate the license or permit will expire and the licensee's
40.20 right to practice will terminate as of the date specified in the notice. The expiration and
40.21 termination will not be considered a disciplinary action against the licensee. registration;
40.22 or

40.23 (2) apply for an emeritus inactive or emeritus active license through the board,
40.24 except for individuals with a limited radiology registration.

Subp. 4. **Reinstatement.** A license ~~which has expired according to~~ terminated in this part may be reinstated according to part 3100.1850. A limited radiology registration terminated in subpart 3 may be reinstated according to part 3100.1320.

Subp. 5. [See repealer.]

3100.1750 TERMS AND RENEWAL OF ~~LICENSURE~~ LICENSE; LIMITED FACULTY AND DENTIST, RESIDENT DENTISTS DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT DENTAL HYGIENIST.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of licensure as a limited faculty ~~or dentist, resident dentist, resident dental therapist, or~~ resident dental hygienist.

Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued until renewed or terminated in accordance with the procedures specified in this part. An annually renewed license ~~issued by the board is valid from July 1 of the year for which it was issued~~ until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.

Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are in Minnesota Statutes, section 150A.091, subdivisions 4 and 6.

Subp. 3. **Annual license renewal applications.**

~~A. A limited faculty or dentist, resident dentist, resident dental therapist, or resident dental hygienist must complete and submit to the board an application form furnished by the board, together with the applicable annual renewal~~ annually renew their license by paying the required fee, no later than June 30 for the 12-month period for which licensure renewal is requested. Applications for renewal will be considered timely if received by the board no later than June 30 or postmarked on June 30. If the postmark is illegible, the application will be considered timely if received in the board office via United States first

42.1 ~~class mail on the first workday after June 30.~~ The renewal requires maintaining a consecutive
42.2 and current CPR certification.

42.3 ~~B. An applicant must submit on the application form the following:~~

42.4 ~~(1) the applicant's signature;~~

42.5 ~~(2) the applicant's institutional addresses;~~

42.6 ~~(3) the applicant's license number; and~~

42.7 ~~(4) any additional information requested by the board.~~

42.8 Subp. 4. [See repealer.]

42.9 Subp. 5. [See repealer.]

42.10 Subp. 6. [See repealer.]

42.11 Subp. 7. **Failure to submit annual license renewal.** After a license for a limited
42.12 faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires,
42.13 the board shall send a notice to the licensee who has not renewed their license. The notice
42.14 must state the amount of the renewal and late fees. The licensee must renew within 30 days
42.15 of the expiration date of the license or the board shall administratively terminate the license
42.16 and the right to practice. The board shall not consider an administrative termination of a
42.17 license to be a disciplinary action against the licensee.

42.18 **3100.1850 REINSTATEMENT OF LICENSE.**

42.19 Subpart 1. **Requirements.** ~~A. A person desiring the~~ seeking reinstatement of a license
42.20 after the board has terminated the license according to part 3100.1700, subpart 3, or the
42.21 person has voluntarily terminated the license, must:

42.22 A. (1) submit to the board provide the board a completed reinstatement application
42.23 provided by the board;

43.1 B. (2) submit with provide the board the biennial renewal and reinstatement
43.2 application the fee specified fees in Minnesota Statutes, section 150A.091, subdivision
43.3 subdivisions 5 and 10; and

43.4 (3) include with the reinstatement application a letter stating the reasons for
43.5 applying for reinstatement; and

43.6 C. (4) comply with the applicable provisions of subparts 2 to 5 3.

43.7 ~~B. Once the requirements of this subpart have been reviewed by the board, the~~
43.8 ~~board shall officially notify the applicant by letter as to whether the reinstatement of a license~~
43.9 ~~has been denied or granted by the board. If granted reinstatement, the person shall be assigned~~
43.10 ~~to the biennial term to which the licensee was assigned prior to termination of the license.~~
43.11 ~~An applicant denied reinstatement of a license may appeal the denial by initiating a contested~~
43.12 ~~case hearing pursuant to Minnesota Statutes, chapter 14.~~

43.13 Subp. 2. ~~Expiration or voluntary termination of~~ If terminated for six months or
43.14 less. ~~An applicant whose license has expired according to part 3100.1700, subpart 3, or~~
43.15 ~~who voluntarily terminated the license six months or less previous to the application for~~
43.16 ~~reinstatement~~ If the person's license is terminated for six months or less, the person must
43.17 provide the board:

43.18 A. ~~provide evidence of having completed~~ completing the professional development
43.19 requirements described under part 3100.5200 ~~that would have applied to the applicant had~~
43.20 ~~the license not expired. Professional development requirements must have been completed~~
43.21 3100.5100 within 24 months prior to the board's receipt of the application; and

43.22 B. ~~pay the biennial renewal fee and file a reinstatement application specified in~~
43.23 ~~subpart 1.~~

43.24 B. documentation of current CPR certification.

44.1 Subp. 2a. ~~Expiration or voluntary termination of~~ If terminated for more than six
44.2 months but less than 24 months. ~~An applicant whose license has expired according to~~
44.3 ~~part 3100.1700, subpart 3, or who voluntarily terminated the license more than six months~~
44.4 ~~but less than 24 months previous to the application for reinstatement~~ If the person's license
44.5 is terminated for more than six months but less than 24 months, the person must provide
44.6 the board:

44.7 A. ~~provide evidence of having completed~~ completing the professional development
44.8 requirements ~~in part 3100.5200 that would have applied to the applicant had the license not~~
44.9 ~~expired. Professional development requirements must have been completed~~ under part
44.10 3100.5100 within 24 months prior to the board's receipt of the application;

44.11 B. ~~pay the biennial renewal fee and file a reinstatement application specified in~~
44.12 ~~subpart 1;~~

44.13 B. documentation of current CPR certification;

44.14 C. ~~submit evidence of having successfully completed the~~ passing the board's
44.15 jurisprudence examination ~~of the laws of Minnesota relating to dentistry and the rules of~~
44.16 ~~the board. The examination must have been completed~~ within 12 months prior to the board's
44.17 receipt of the application; and

44.18 D. a criminal background check if terminated more than one year as required by
44.19 Minnesota Statutes, section 214.075.

44.20 ~~D. submit evidence of having had a complete physical examination to include a~~
44.21 ~~physician's statement attesting to the applicant's physical and mental condition. The physical~~
44.22 ~~examination must have been completed within 12 months prior to the board's receipt of the~~
44.23 ~~application; and~~

~~E. submit evidence of having had a complete optical examination and having complied with required optical prescriptions. The optical examination must have been completed within 12 months prior to the board's receipt of the application.~~

Subp. 3. ~~Expiration or voluntary termination of~~ If terminated for 24 months or more. ~~An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license 24 months or more previous to the application for reinstatement~~ If the person's license is terminated for 24 months or more, the person must provide the board:

~~A. comply with subpart 2a;~~

A. evidence of completing the professional development requirements under part 3100.5100 within 24 months prior to the board's receipt of the application;

B. documentation of current CPR certification;

C. evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;

D. a criminal background check as required by Minnesota Statutes, section 214.075; and

~~B. E. submit either~~ evidence of passing the following examinations within 24 months prior to the board's receipt of the application:

~~(1) evidence of having successfully completed part II of the national board examination or the clinical examination in part 3100.1100, subpart 2, for dentists; the examinations in Minnesota Statutes, section 150A.106, subdivision 1, clauses (2) and (6), for advanced dental therapists; the clinical examination in Minnesota Statutes, section 150A.06, subdivision 1d, for dental therapists; the national board examination or the clinical examination in part 3100.1200, item C, for dental hygienists; and the two examinations in~~

~~part 3100.1300, item C, for licensed dental assistants. The examination must have been completed within 24 months prior to the board's receipt of the application; or~~

~~(2) evidence of having successfully completed applicable board-approved coursework with minimal hour requirements directly relating to the practice of dentistry, advanced dental therapy, dental therapy, dental hygiene, or dental assisting as indicated in the reinstatement application. The board-approved coursework must have been completed within 24 months prior to the board's receipt of the application. The coursework completed under this subpart may not be used to fulfill any of the applicable professional development requirements in part 3100.5100; and~~

(1) a nationally recognized objective structured clinical examination for general dentists;

(2) a written specialty board examination or a nationally recognized objective structured clinical examination for specialty dentists;

(3) a nationally recognized objective structured clinical examination for dental therapists;

(4) a nationally recognized objective structured clinical examination for dental hygienists; and

(5) the examination in part 3100.1300, subpart 1, item D, for licensed dental assistants.

~~C. be available for an interview with the appropriate board committee to determine the applicant's knowledge of dental subjects and ability to practice dentistry, dental therapy, dental hygiene, or dental assisting under this subpart.~~

Subp. 4. [Repealed, 20 SR 2316]

47.1 Subp. 4a. Board review and appeals.

47.2 A. Once the requirements of subpart 1 have been reviewed by the board, the board
47.3 shall notify the applicant as to whether the reinstatement of a license has been denied or
47.4 granted by the board. If granted reinstatement, the person shall be assigned to the biennial
47.5 term to which the licensee was assigned prior to termination of the license.

47.6 B. An applicant denied reinstatement of a license may appeal the denial by
47.7 initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

47.8 Subp. 5. **Scope.** Nothing in this part prohibits a dentist, dental therapist, or dental
47.9 hygienist from applying for licensure by credentials according to part 3100.1400.

47.10 **3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,**
47.11 **GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION;**
47.12 **~~MINIMAL SEDATION, AND NITROUS OXIDE INHALATION ANALGESIA.~~**

47.13 Subpart 1. **Prohibitions.** A dental therapist, dental hygienist, or licensed dental assistant
47.14 ~~may~~ must not administer general anesthesia, deep sedation, moderate sedation, or minimal
47.15 sedation.

47.16 Subp. 1a. Reporting of incidents required.

47.17 A. A dentist, dental therapist, dental hygienist, or licensed dental assistant must
47.18 report to the board any incident that arises from the administration of nitrous oxide inhalation
47.19 analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia,
47.20 or minimal sedation that results in:

47.21 (1) a serious or unusual outcome that produces a temporary or permanent
47.22 physiological injury, harm, or other detrimental effect to one or more of a patient's body
47.23 systems; or

48.1 (2) minimal sedation unintentionally becoming moderate sedation, deep
48.2 sedation, or general anesthesia when the licensee does not have a certificate for administering
48.3 general anesthesia or moderate sedation described in subparts 18 and 20.

48.4 B. The report required under item A must be submitted to the board on forms
48.5 provided by the board within ten business days of the incident by the dentist, dental therapist,
48.6 dental hygienist, or licensed dental assistant. The requirements of this subpart apply even
48.7 when another licensed health care professional who, under contract or employment with
48.8 the dentist, was the actual person administering the analgesia or pharmacological or
48.9 nonpharmacological method. A licensee who fails to comply with this subpart is subject to
48.10 disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and
48.11 Minnesota Statutes, section 150A.08, subdivision 1.

48.12 Subp. 2. [See repealer.]

48.13 Subp. 3. [See repealer.]

48.14 Subp. 4. [See repealer.]

48.15 Subp. 5. [See repealer.]

48.16 Subp. 6. [See repealer.]

48.17 Subp. 7. [See repealer.]

48.18 Subp. 8. [See repealer.]

48.19 Subp. 9. [See repealer.]

48.20 Subp. 9a. [See repealer.]

48.21 Subp. 9b. [See repealer.]

48.22 Subp. 10. [See repealer.]

48.23 Subp. 11. [See repealer.]

49.1 Subp. 12. Nitrous oxide inhalation analgesia requirement for a dentist. A dentist
49.2 licensed by the board is allowed to administer nitrous oxide inhalation analgesia.

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

49.5 A. A dental therapist who administers nitrous oxide inhalation analgesia must be
49.6 under the supervision of a licensed dentist.

49.7 B. A dental therapist who graduated from a board-approved dental therapy program
49.8 in Minnesota after August 1, 2013, may administer nitrous oxide inhalation analgesia without
49.9 completing any further requirements.

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

49.14 (1) a completed application;

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

49.21 (3) documentation of current CPR certification.

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

50.3 A. A dental hygienist who administers nitrous oxide inhalation analgesia must be
50.4 under the supervision of a licensed dentist.

50.5 B. A dental hygienist who graduated from a dental hygiene program in Minnesota
50.6 after September 2, 2004, may administer nitrous oxide inhalation analgesia without
50.7 completing any further requirements.

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

50.11 (1) a completed application;

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

50.18 (3) documentation of current CPR certification.

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

50.21 A. A licensed dental assistant who administers nitrous oxide inhalation analgesia
50.22 must be under the supervision of a licensed dentist.

51.1 B. A licensed dental assistant who graduated from a dental assisting program in
51.2 Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia
51.3 without completing any further requirements.

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

51.8 (1) a completed application;

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

51.15 (3) documentation of current CPR certification.

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

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

51.20 (1) a completed initial application;

51.21 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
51.22 11;

51.23 (3) evidence of having completed:

52.1 (a) a didactic and clinical program at a dental school, hospital, or graduate
52.2 medical or dental program accredited by the Commission on Dental Accreditation, resulting
52.3 in the dentist becoming clinically competent in the administration of general anesthesia.

52.4 The program must be equivalent to a program for advanced specialty education in oral and
52.5 maxillofacial surgery; or

52.6 (b) a one-year residency in general anesthesia at an institution certified
52.7 by the American Society of Anesthesiology, the American Medical Association, or the Joint
52.8 Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent
52.9 in the administration of general anesthesia. The residency must include a minimum of 390
52.10 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of
52.11 administration of general anesthesia to an ambulatory outpatient;

52.12 (4) documentation of current certification in ACLS or PALS;

52.13 (5) documentation of current CPR certification;

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

52.16 (7) attestation of compliance with an on-site inspection described in subpart
52.17 23.

52.18 B. Once a dentist possesses a valid certificate for general anesthesia, the dentist
52.19 is not required to possess an additional certificate for deep or moderate sedation.

52.20 C. A dentist who administers general anesthesia or deep sedation without a general
52.21 anesthesia certificate shall be subject to disciplinary proceedings by the board on the grounds
52.22 specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08,
52.23 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision

11;

(3) evidence of having completed a course of education resulting in the dentist

becoming clinically competent in the administration of moderate sedation. The course must

include a minimum of 60 hours of didactic education in both enteral and parenteral

administration and personal administration and management of at least ten individual

supervised cases of parenteral moderate sedation of which a maximum of five cases may

be performed on a patient simulation manikin;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be 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.

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

54.2 A. The board shall issue the following certificates for general anesthesia and
54.3 moderate sedation:

54.4 (1) general anesthesia, which authorizes a dentist to either administer general
54.5 anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients
54.6 under general anesthesia, deep sedation, or moderate sedation when a dentist employs or
54.7 contracts another licensed health care professional with the qualified training and legal
54.8 qualification to administer general anesthesia, deep sedation, or moderate sedation; and

54.9 (2) moderate sedation, which authorizes a dentist to either administer moderate
54.10 sedation or to provide dental services to patients under moderate sedation when a dentist
54.11 employs or contracts another licensed health care professional with the qualified training
54.12 and legal qualification to administer moderate sedation.

54.13 B. A dentist holding a certificate issued by the board must conspicuously display
54.14 the certificate in plain sight of patients in every office in which the dentist administers
54.15 general anesthesia, deep sedation, or moderate sedation.

54.16 C. A dentist may submit to the board a request for a duplicate general anesthesia
54.17 or moderate sedation certificate. The request must include the fee in Minnesota Statutes,
54.18 section 150A.091, subdivision 12.

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

54.21 (1) a completed application;

54.22 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
54.23 11;

54.24 (3) documentation of current certification in ACLS or PALS;

55.1 (4) documentation of current CPR certification;

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

55.4 (6) attestation of compliance with an on-site inspection described in subpart
55.5 23.

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

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

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

55.19 (1) A dentist whose anesthesia or moderate sedation certificate that, within
55.20 30 calendar days, expired or was terminated by the board, must provide the board:

55.21 (a) a completed renewal application;

55.22 (b) the nonrefundable fee in Minnesota Statutes, section 150A.091,
55.23 subdivision 11;

- 56.1 (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
56.2 subdivision 11a;
- 56.3 (d) documentation of current certification in ACLS or PALS;
56.4 (e) documentation of current CPR certification;
56.5 (f) attestation of compliance with the practice and equipment
56.6 requirements in subpart 22; and
- 56.7 (g) attestation of compliance with an on-site inspection described in
56.8 subpart 23.
- 56.9 (2) A dentist whose anesthesia or moderate sedation certificate that, for more
56.10 than 30 calendar days prior, expired or was terminated by the board, must provide the board:
- 56.11 (a) a completed recertification application;
56.12 (b) the nonrefundable recertification fee in Minnesota Statutes, section
56.13 150A.091, subdivision 11b;
- 56.14 (c) the dentist's written attestation that the dentist has successfully
56.15 completed the educational requirements for either general anesthesia described in subpart
56.16 16 or moderate sedation described in subpart 17;
- 56.17 (d) documentation of current certification in ACLS or PALS;
56.18 (e) documentation of current CPR certification; and
56.19 (f) attestation of compliance with the practice and equipment
56.20 requirements in subpart 22.
- 56.21 B. Upon receipt of a recertification application for general anesthesia or moderate
56.22 sedation, the board shall require that the dentist undergo an on-site inspection described in
56.23 subpart 23.

57.1 C. A dentist whose anesthesia or moderate sedation certificate has expired or been
57.2 terminated must not administer general anesthesia, deep sedation, or moderate sedation
57.3 until the board issues a renewed or recertified general anesthesia or moderate sedation
57.4 certificate to the dentist.

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

57.7 A. A dentist must not provide dental services to a patient who is under general
57.8 anesthesia, deep sedation, or moderate sedation at any location other than a hospital, unless
57.9 the dentist possesses the applicable contracted sedation services certificate for general
57.10 anesthesia or moderate sedation issued by the board.

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

57.15 C. If a dentist possesses a moderate sedation certificate described in subpart 18
57.16 and desires to provide dental services to a patient under moderate sedation by a contracted
57.17 sedation provider, the dentist is not required to possess an additional certificate for contracting
57.18 with a sedation provider but is limited to moderate sedation.

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

57.21 (1) a completed application;

57.22 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
57.23 11;

57.24 (3) a copy of the contracted healthcare professional's current license;

(4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;

(5) documentation of the contracted healthcare professional's current CPR certification;

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

(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.

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings by the board on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 21. **Board-issued certificates to provide dentistry with a contracted sedation provider.**

A. The board shall issue the following certificates to provide dentistry with a contracted sedation provider:

(1) dentistry with contracted sedation services: general anesthesia, which authorizes a dentist to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep sedation, or moderate sedation; and

(2) dentistry with contracted sedation services: moderate sedation, which authorizes a dentist to provide dental services to patients under moderate sedation when a

59.1 dentist employs or contracts another licensed health care professional with the qualified
59.2 training and legal qualification to administer moderate sedation.

59.3 B. A dentist holding a certificate issued by the board must conspicuously display
59.4 the certificate in plain sight of patients in every office in which the dentist provides dental
59.5 services to patients under general anesthesia, deep sedation, or moderate sedation.

59.6 C. A dentist may submit to the board a request for a duplicate contracted sedation
59.7 services certificate. The request must include the fee in Minnesota Statutes, section 150A.091,
59.8 subdivision 12.

59.9 D. To renew a contracted sedation services certificate, the dentist must provide
59.10 the board:

59.11 (1) a completed application;

59.12 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
59.13 11;

59.14 (3) a copy of the contracted healthcare professional's current license;

59.15 (4) documentation of the contracted healthcare professional's current
59.16 certification in ACLS or PALS;

59.17 (5) documentation of the contracted healthcare professional's current CPR
59.18 certification;

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

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

59.22 (8) attestation of compliance with an on-site inspection described in subpart
59.23 23.

60.1 E. A dentist's contracted sedation services certificate expires if the completed
60.2 application and fee are not received by the board by the dentist's license renewal date.
60.3 Immediately upon the certificate's expiration, the dentist must not provide dental services
60.4 to patients under general anesthesia, deep sedation, or moderate sedation until the board
60.5 issues a current contracted sedation services certificate to the dentist under item F.

60.6 F. To renew a contracted sedation services certificate within 30 calendar days of
60.7 the certificate's expiration, a dentist must provide the board:

- 60.8 (1) a completed renewal application;
- 60.9 (2) the nonrefundable renewal fee in Minnesota Statutes, section 150A.091,
60.10 subdivision 11;
- 60.11 (3) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
60.12 subdivision 11a;
- 60.13 (4) a copy of the contracted healthcare professional's current license;
- 60.14 (5) documentation of the contracted healthcare professional's current
60.15 certification in ACLS or PALS;
- 60.16 (6) documentation of the contracted healthcare professional's current CPR
60.17 certification;
- 60.18 (7) documentation of the dentist's current CPR certification;
- 60.19 (8) attestation of compliance with the practice and equipment requirements
60.20 in subpart 22; and
- 60.21 (9) attestation of compliance with an on-site inspection described in subpart
60.22 23.

61.1 G. The board shall terminate an expired contracted sedation services certificate
61.2 that is not renewed under item F. The dentist may still apply for a contracted sedation
61.3 services certificate by completing the application requirements in subpart 20, item D.

61.4 **Subp. 22. Practice and equipment requirements.**

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

61.8 (1) A dentist must be prepared and competent to diagnose, resolve, and prevent
61.9 any untoward reaction or medical emergency that may develop any time after the
61.10 administration of general anesthesia, deep sedation, or moderate sedation. A dentist must
61.11 apply the current standard of care to continuously monitor and evaluate a patient's blood
61.12 pressure, pulse, respiratory function, and cardiac activity. The current standard of care to
61.13 assess respiratory function requires the monitoring of tissue oxygenation or ventilation.

61.14 (2) A dentist who employs or contracts another licensed health care
61.15 professional with the qualified training and legal qualification to administer general
61.16 anesthesia, deep sedation, or moderate sedation, including a dentist, nurse anesthetist, or
61.17 physician anesthesiologist, must notify the board that these services are being provided in
61.18 the office facility. The dentist is also responsible for maintaining the facilities, equipment,
61.19 emergency supplies, and a record of all general anesthesia, deep sedation, or moderate
61.20 sedation procedures performed in the facility.

61.21 (3) An individual qualified to administer general anesthesia, deep sedation,
61.22 or moderate sedation, who is in charge of the administration of the anesthesia or sedation,
61.23 must remain in the operatory room to continuously monitor the patient once general
61.24 anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are
61.25 completed on the patient. Prior to discharge, an individual qualified to administer anesthesia
61.26 or sedation must assess the patient to ensure that the patient is no longer at risk for

62.1 cardiorespiratory depression. The patient must be discharged into the care of a responsible
62.2 adult.

62.3 (4) A dentist administering general anesthesia, deep sedation, or moderate
62.4 sedation to a patient must have in attendance personnel who are currently certified in CPR.

62.5 B. Dentists who administer general anesthesia, deep sedation, or moderate sedation
62.6 or who provide dental services to patients under general anesthesia, deep sedation, or
62.7 moderate sedation must ensure that the offices in which it is conducted have:

62.8 (1) an immediately accessible automated external defibrillator or immediately
62.9 accessible full-function defibrillator;

62.10 (2) a positive pressure oxygen delivery system and a backup system;

62.11 (3) a functional suctioning device and a backup suction device;

62.12 (4) auxiliary lighting;

62.13 (5) a gas storage facility;

62.14 (6) a recovery area;

62.15 (7) a method to monitor respiratory function; and

62.16 (8) an emergency cart or kit that must be available and readily accessible and
62.17 includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing
62.18 and unconscious patient and provide continuous support while the patient is transported to
62.19 a medical facility. There must be documentation that all emergency equipment and drugs
62.20 are checked and maintained on a prudent and regularly scheduled basis.

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

63.1 A. A dentist who applies for an initial general anesthesia or moderate sedation
63.2 certificate or who provides dental services to patients under general anesthesia, deep sedation,
63.3 or moderate sedation must have an on-site inspection conducted at one primary office facility
63.4 within 12 months following receipt of a certificate from the board. Thereafter, a dentist
63.5 must have an on-site inspection conducted at one primary office facility at least once every
63.6 five years.

63.7 B. A dentist must have an on-site inspection conducted at one primary office
63.8 facility if the board receives a complaint alleging violation of this part and the board finds
63.9 the complaint warrants further investigation.

63.10 C. If a dentist fails to meet the on-site inspection requirements of item A and, if
63.11 applicable, item B because of extenuating circumstances, the dentist may apply for an
63.12 extension of time to complete the requirements by making a written request to the board.
63.13 If the board grants an extension, the board shall establish the length of the extension to
63.14 obtain the on-site inspection requirements.

63.15 D. A dentist must pay all costs associated with an on-site inspection.

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

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

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

64.4 **3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL**
64.5 **THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.**

64.6 Subpart 1. **Professional development cycles.**

64.7 A. The initial professional development cycle ~~must coincide with the initial~~
64.8 ~~licensure period for each dentist, dental therapist, dental hygienist, or licensed dental assistant.~~
64.9 ~~The initial cycle for each licensee begins on the date of initial licensure~~ is granted by the
64.10 board and ends on the last day of the licensee's birth month in either an even-numbered or
64.11 odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies
64.12 in the number of months depending on the date of initial licensure ~~for each licensee~~ is
64.13 granted.

64.14 B. A biennial professional development cycle coincides with the biennial ~~licensure~~
64.15 ~~periods for each dentist, dental therapist, dental hygienist, or licensed dental assistant~~ renewal
64.16 period. Each biennial renewal cycle consists of a 24-month period beginning on the first
64.17 day of the month following expiration of the previous ~~professional development~~ cycle. An
64.18 established biennial cycle continues to apply even if the license is revoked, suspended,
64.19 conditioned, or not renewed for any reason for any length of time.

64.20 Subp. 2. **Professional development requirements.**

64.21 A. ~~For the initial professional development requirements, Each dentist, dental~~
64.22 ~~therapist, dental hygienist, and licensed dental assistant~~ licensee shall establish a portfolio
64.23 to record, monitor, and retain ~~acceptable~~ documentation of fundamental and elective
64.24 professional development activities, ~~CPR certification, and self-assessments.~~

65.1 B. The minimum number of required hours of fundamental and elective
65.2 ~~professional development activities~~ for each initial or biennial cycle is 50 hours for dentists
65.3 and dental therapists; and 25 hours for dental hygienists and licensed dental assistants. ~~Each~~
65.4 ~~dentist, dental therapist, dental hygienist, and licensed dental assistant shall establish a~~
65.5 ~~portfolio to record, monitor, and retain acceptable documentation of fundamental and elective~~
65.6 ~~professional development activities, CPR certification, and self-assessments.~~ Any professional
65.7 development hours earned in excess of the required hours for a an initial or biennial cycle
65.8 must not be carried forward to the ~~subsequent~~ next biennial cycle. ~~The requirements for the~~
65.9 ~~fundamental and elective professional development activities are described in subitems (1)~~
65.10 ~~and (2).~~

65.11 (1) ~~Each~~ Of the 50 hours required for a dentist; and dental therapist; ~~dental~~
65.12 ~~hygienist, and licensed dental assistant must complete a minimum of 60 percent of the~~
65.13 ~~required biennial hours in fundamental activities directly related to the provision of clinical~~
65.14 ~~dental services as follows: a minimum of, at least 30 hours for dentists and dental therapists,~~
65.15 ~~and a minimum of 15 hours for dental hygienists and licensed dental assistants~~ must be
65.16 fundamental activities and no more than 20 hours can be elective activities. ~~A licensee may~~
65.17 ~~earn all required biennial hours in fundamental activities only.~~

65.18 (2) ~~Dentists, dental therapists,~~ Of the 25 hours required for a dental hygienists;
65.19 hygienist and licensed dental assistants are allowed a maximum of 40 percent of the required
65.20 ~~biennial hours in elective activities directly related to, or supportive of, the practice of~~
65.21 ~~dentistry, dental therapy, dental hygiene, or dental assisting as follows: a maximum of 20~~
65.22 ~~assistant, at least 15 hours for dentists and dental therapists, and a maximum of~~ must be
65.23 fundamental activities and no more than ten hours for dental hygienists and licensed dental
65.24 assistants can be elective activities.

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

66.1 D. If a licensee fails to meet the professional development requirements because
66.2 of extenuating circumstances, the licensee may ~~apply for~~ request to the board in writing an
66.3 ~~extension of time to complete the requirements by making a written request to the board at~~
66.4 least seven days before the end of the licensee's biennial cycle. The licensee's written request
66.5 ~~shall include a complete explanation of~~ must explain the circumstances, the renewal period,
66.6 ~~the number of hours earned,~~ and the licensee's plan for completing ~~the balance of the~~
66.7 requirement. If ~~an extension is granted after review~~ the board grants the extension, the board
66.8 shall ~~establish the length~~ notify the licensee of the extension ~~to obtain the professional~~
66.9 ~~development requirements which must be completed concurrently with the subsequent~~
66.10 ~~renewal period.~~ If the licensee fails to submit a written extension request to the board by
66.11 the seven-day deadline or fails to complete the professional development requirements by
66.12 the end of the extension period, the board shall administratively terminate the licensee's
66.13 license. A licensee may reinstate a license that has been terminated under this subpart
66.14 according to part 3100.1850.

66.15 Subp. 3. **Professional development activities.** ~~Professional development activities~~
66.16 ~~include, but are not limited to, continuing education, community services, publications, and~~
66.17 ~~career accomplishments throughout a professional's life.~~ Professional development activities
66.18 are categorized as fundamental or elective activities as described in items A and B.

66.19 A. Fundamental activities ~~include, but are not limited to, clinical subjects, core~~
66.20 ~~subjects, CPR training, and the self-assessment examination.~~ Examples of fundamental
66.21 ~~activities for an initial or biennial cycle are described in subitems (1) to (6).~~ must directly
66.22 relate to clinical dental services to patients. Fundamental activities include:

66.23 (1) clinical subjects. Clinical subjects are ~~those~~ covered through seminars,
66.24 webinars, symposiums, lectures, college courses pertaining to basic sciences, or programs
66.25 whose contents directly relate to the provision of dental care and treatment to patients.

67.1 College course credit is limited to five hours for each college course completed within a
67.2 cycle with a maximum of 15 college credit hours per cycle;

67.3 (2) ~~Core subjects are those~~ other fundamental courses listed in units (a) to (f)
67.4 that are offered through seminars, webinars, symposiums, lectures, or programs that relate
67.5 to public safety and professionalism. Each licensee shall complete a minimum of two of
67.6 the categories of core subjects must complete at least two courses out of the following list
67.7 for each initial or biennial cycle. Examples of core subject categories include, but are not
67.8 limited to:

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

67.10 (d) management of medical emergencies; ~~and~~

67.11 (e) treatment and diagnosis; and

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

67.13 (3) ~~a CPR certification course is mandatory for each licensee to maintain~~
67.14 ~~licensure. The CPR course must be the American Heart Association healthcare provider~~
67.15 ~~course or the American Red Cross professional rescuer course. The licensee must maintain~~
67.16 ~~a consecutive and current CPR certificate when renewing a license or permit each biennial~~
67.17 ~~term.~~

67.18 (4) (3) an infection control course. An infection control course is mandatory
67.19 for each licensee to maintain licensure. The course will must primarily address patient safety
67.20 and health issues as referenced in part 3100.6300 and chapter 6950; and

67.21 (5) ~~A licensee must complete one self-assessment examination obtainable~~
67.22 ~~through the board for each cycle.~~

67.23 (6) (4) The board shall approve other additional fundamental activities
67.24 approved by the board. Fundamental activities under this subitem shall be approved by the

68.1 board only if the board finds the activity ~~to be a seminar, symposium, lecture, or program~~
68.2 ~~whose~~ contents are directly related to dental care and treatment to patients or public safety
68.3 and professionalism.

68.4 B. Elective activities for an initial or biennial cycle ~~include, but are not limited~~
68.5 ~~to, the examples described in subitems (1) to (7)~~ must directly relate to or support dentistry
68.6 and include:

68.7 (1) general attendance at a multiday state or national dental convention for
68.8 a maximum of three credit hours per convention;

68.9 (2) volunteerism or community service directly relating to ~~the practice of~~
68.10 ~~dentistry, dental therapy, dental hygiene, or dental assisting~~ such as international or national
68.11 mission work, voluntary clinic work, or dental health presentations to students or groups;

68.12 (3) professional reading of published articles or other forms of self-study
68.13 directly relating to ~~the practice of dentistry, dental therapy, dental hygiene, or dental assisting~~;

68.14 (4) scholarly activities ~~include, but are not limited to,~~ including:

68.15 (a) teaching a professional course directly related to ~~the practice of~~
68.16 ~~dentistry, dental therapy, dental hygiene, or dental assisting~~; or presenting a continuing
68.17 dental education program;

68.18 (b) presenting a table clinic directly related to ~~the practice of dentistry,~~
68.19 ~~dental therapy, dental hygiene, or dental assisting~~;

68.20 (c) authoring a published dental article or text in a recognized publication;

68.21 (d) participating in test construction for an accredited state or nationally
68.22 recognized dental association or organization; ~~and~~

68.23 (e) participating in a scientific dental research program from an accredited
68.24 institution or program or an evidence-based clinical study; and

69.1 (f) similar academic activities relating to dentistry;

69.2 (5) dental practice management courses ~~include, but are not limited to,~~
69.3 ~~computer, insurance claims or billing, and Health Insurance Portability and Accountability~~
69.4 ~~Act (HIPAA) training;~~

69.5 (6) leadership or committee involvement with ~~the~~ a dental board or a dental
69.6 professional association for a maximum of three credit hours per cycle; ~~or and~~

69.7 (7) ~~the board shall approve other additional~~ elective activities approved by
69.8 the board. Elective activities under this subitem shall be approved by the board only if the
69.9 board finds the contents of the activity to be directly related relates to; ~~or supportive of, the~~
69.10 ~~practice of~~ supports dentistry, ~~dental therapy, dental hygiene, or dental assisting.~~

69.11 Subp. 4. **Acceptable Documentation of professional development activities.** A
69.12 licensee must record or obtain ~~acceptable~~ documentation of hours in professional
69.13 development activities for the licensee's portfolio. ~~Acceptable Documentation includes, but~~
69.14 ~~is not limited to, the following:~~

69.15 ~~A. a completed self-assessment examination;~~

69.16 ~~B. a copy of the front and back of a completed CPR card from the American Heart~~
69.17 ~~Association or the American Red Cross;~~

69.18 ~~C. A.~~ A. confirming documentation from the presenting organization that provides
69.19 the attendee's name, ~~license number~~, name of organization or presenter, course date, number
69.20 of credit hours, subject matter, or program title; ~~and~~

69.21 ~~D. B.~~ B. a personal log of published articles read by the licensee including title of
69.22 the article, name of author, name of journal or periodical, and date of published article; and

69.23 C. similar documentation of professional development activities.

Subp. 5. **Retention of documentation.** A licensee must keep ~~acceptable~~ documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for ~~24 months after each the~~ current biennial renewal period has ended cycle and the previous completed biennial cycle for purposes of an audit by the ~~appropriate board committee~~.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

"Conduct unbecoming a person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting, or conduct contrary to the best interests of the public," as used in Minnesota Statutes, section 150A.08, subdivision 1, clause (6), ~~shall include the act of~~ includes a dentist, dental therapist, dental hygienist, licensed dental assistant, or applicant ~~in:~~

- A. engaging in personal conduct that brings discredit to the profession of dentistry;
- B. demonstrating gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;
- C. making ~~suggestive, lewd, lascivious,~~ inappropriate sexual remarks or ~~improper~~ advances ~~to~~ toward a patient or colleague;
- D. ~~dentists charging a patient an unconscionable fee or charging~~ billing patients for unnecessary services or services not rendered or inaccurately documenting services;
- E. ~~performing unnecessary services~~ failing to communicate an accurate treatment plan and financial information;
- F. ~~dental therapists, hygienists, or licensed dental assistants~~ performing services as a dental therapist, dental hygienist, or licensed dental assistant not authorized by the dentist under this chapter or Minnesota Statutes, chapter 150A;

71.1 G. ~~accepting or offering rebates, split fees, or, applicable to dentists only,~~
71.2 ~~commissions from any source associated with the service~~ for services rendered to a patient;
71.3 ~~provided, however, that the sharing of profits in a dental partnership or association, or dental~~
71.4 ~~professional firm approved by and registered with the board, shall not be construed as~~
71.5 ~~splitting fees nor shall compensating allied dental personnel on the basis of a percentage of~~
71.6 ~~the fee received for the overall service be deemed accepting a commission~~ from or to any
71.7 person other than a partner, employee, employer, associate in a dental professional firm, or
71.8 a professional subcontractor or consultant authorized to practice in dentistry;

71.9 *[For text of item H, see Minnesota Rules]*

71.10 I. ~~perpetrating~~ committing fraud upon patients, third-party payers, or others relating
71.11 to the practice of dentistry;

71.12 *[For text of items J to L, see Minnesota Rules]*

71.13 **3100.6600 ADVERTISING DENTAL FEES AND SERVICES.**

71.14 Subpart 1. **Routine services.** If the following routine dental services are advertised,
71.15 either the advertised service must include the listed components or the advertisement must
71.16 disclose the components which are not included.

71.17 A. Examination: a ~~study~~ documented diagnosis by the dentist ~~of all the structures~~
71.18 ~~of the oral cavity, including the appropriate recording or charting of the condition of all~~
71.19 ~~such structures and appropriate history thereof, the identification of periodontal disease and,~~
71.20 ~~occlusal discrepancies, the detection of caries and,~~ oral abnormalities, and the development
71.21 of a treatment plan. If there is a charge in addition to are additional charges besides the
71.22 examination fee for radiographs and/or the provision to the patient of a written opinion of
71.23 ~~the items found in the examination (i.e., diagnosis) or of a written itemized treatment~~
71.24 ~~recommendation and itemized fee (i.e., treatment plan), such fact shall~~ plan, these charges
71.25 must be disclosed in the advertisement.

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

72.2 C. Denture: either a complete maxillary or complete mandibular replacement of
72.3 the natural dentition with artificial teeth. If the service advertised is for a denture which is
72.4 partially prefabricated, intended for a partial replacement of the natural dentition, intended
72.5 to be used as an emergency or temporary denture, or if any advertised fee does not include
72.6 a reasonable number of readjustments, ~~such facts shall~~ this information must be disclosed
72.7 in the advertisement.

72.8 D. Prophylaxis (cleaning): the removal of calculus (~~tartar~~) and stains from the
72.9 clinically exposed surfaces of the teeth.

72.10 [For text of item E, see Minnesota Rules]

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

72.12 **3100.6900 ~~CONSIDERATION~~ COMPENSATION FOR PATIENT REFERRAL.**

72.13 A ~~person~~ licensee shall not ~~directly or indirectly~~ offer, give, receive, or agree to receive
72.14 any fee or other ~~consideration~~ compensation to or from a third party for the referral of a
72.15 patient ~~in connection with the performance of professional~~ for dental services. Nothing
72.16 contained in this part shall prohibit a licensee from providing a gift to a patient or from
72.17 providing a credit for dental services to a patient.

72.18 **3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.**

72.19 Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized
72.20 as suitable for the announcement of specialty dental practices:

72.21 A. dental anesthesiology;

72.22 ~~A.~~ B. dental public health;

72.23 ~~B.~~ C. endodontics (endodontist);

72.24 ~~C.~~ D. oral and maxillofacial pathology (oral pathologist);

- 73.1 ~~D.~~ E. oral and maxillofacial radiology (oral radiologist);
- 73.2 ~~E.~~ F. oral and maxillofacial surgery (oral ~~surgeon~~/oral and maxillofacial surgeon);
- 73.3 G. oral medicine;
- 73.4 H. orofacial pain;
- 73.5 ~~F.~~ I. orthodontics and dentofacial orthopedics (orthodontist);
- 73.6 ~~G.~~ J. pediatric dentistry (~~pediatric dentist~~/pedodontist pedodontist);
- 73.7 ~~H.~~ K. periodontics (periodontist); and
- 73.8 ~~I.~~ L. prosthodontics (prosthodontist).

73.9 Subp. 2. **Specialty announcement Education criteria.** ~~Only~~ A licensed dentist who
73.10 ~~has successfully completed~~ may advertise as a specialist in an area if the dentist has evidence
73.11 of graduating from a postdoctoral course of study approved specialty program accredited
73.12 by the Commission on Dental Accreditation in any of the designated specialty areas, or who
73.13 ~~has announced a limitation of practice prior to 1967, or who has successfully completed~~
73.14 ~~certification by any of the following specialty examining boards may announce each specialty~~
73.15 ~~area and may advertise as a specialist in that area:~~ of subpart 1.

- 73.16 ~~A. American Board of Dental Public Health;~~
- 73.17 ~~B. American Board of Endodontics;~~
- 73.18 ~~C. American Board of Oral and Maxillofacial Pathology;~~
- 73.19 ~~D. American Board of Oral and Maxillofacial Radiology;~~
- 73.20 ~~E. American Board of Oral and Maxillofacial Surgery;~~
- 73.21 ~~F. American Board of Orthodontics;~~
- 73.22 ~~G. American Board of Pediatric Dentistry;~~

~~H. American Board of Periodontology; and~~

~~I. American Board of Prosthodontics.~~

Subp. 3. **Restricting practice.** Subpart 2 does not prohibit a dentist who does not meet the above education or experience criteria from restricting a practice to one or more specific areas of dentistry. These dentists ~~may~~ must not use the terms "specialist," "specialty," "specializing," or "limited to." The advertising must state that the services are being provided by a general dentist.

3100.8400 ASSISTANTS WITHOUT A LICENSE ~~OR PERMIT.~~

Subpart 1. **Permissible ~~duties~~ procedures.** Assistants ~~under this subpart~~ without a license may:

~~A. perform all those duties not directly related with performing dental treatment or services on patients;~~

~~B. A. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;~~

~~C. B. assist with the placement or removal of a rubber dam and accessories used for its placement and retention, devices or materials for isolation purposes as directed by an operating the dentist or dental therapist during the course of a dental operation treatment;~~

~~D. C. remove debris by the use of vacuum devices, compressed air, mouthwash, and or water that is normally created or accumulated during the course of treatment rendered by a licensed dentist or dental therapist using suction devices;~~

~~E. D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity, in response to a specific direction by a licensed dentist who is physically engaged in performing a dental operation as defined in the act and who~~

75.1 ~~is physically in a position to give~~ during dental treatment under the personal supervision to
75.2 ~~the assistant~~ of a dentist or dental therapist;

75.3 ~~F. E.~~ aid dental hygienists and licensed dental assistants in the performance of
75.4 their ~~duties as~~ delegated procedures defined in parts 3100.8500 and 3100.8700; and

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

75.9 Subp. 1a. **Compliance with minimal requirements.** The dentist is responsible for
75.10 ensuring that any assistant working under the dentist's or dental therapist's supervision as
75.11 defined in subpart 1 ~~complies with items A and B:~~

75.12 A. ~~completing~~ completes a CPR certification course and ~~maintaining~~ maintains
75.13 current CPR certification thereafter; and

75.14 B. ~~compliance~~ complies with the most current infection control ~~recommendations,~~
75.15 ~~guidelines, precautions, procedures, practices, strategies, and techniques specified in the~~
75.16 ~~United States Department of Health and Human Services, Public Health Service, Centers~~
75.17 ~~for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR)~~
75.18 practices for a dental setting.

75.19 Subp. 2. [Repealed, 10 SR 1612]

75.20 Subp. 3. **Other ~~duties~~ procedures prohibited.** An assistant ~~may~~ must not perform
75.21 any dental treatment or procedure on patients not otherwise authorized by this chapter.

75.22 **3100.8500 LICENSED DENTAL ASSISTANTS.**

75.23 Subpart 1. **Procedures under general supervision.** A licensed dental assistant may
75.24 perform the following procedures without the dentist being present in the dental office or

76.1 on the premises if the dentist has prior knowledge of and has consented to the procedures
76.2 being performed ~~are with prior knowledge and consent of the dentist:~~

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

76.4 D. re-cement intact temporary crowns or restorations;

76.5 *[For text of items E to G, see Minnesota Rules]*

76.6 H. fabricate and deliver ~~vacuum-formed orthodontic retainers~~ custom fitted trays;

76.7 I. place and remove elastic orthodontic separators;

76.8 J. complete preliminary charting of the oral cavity and surrounding structures
76.9 with the exception of ~~periodontal probing and assessment of the periodontal structure~~
76.10 structures;

76.11 *[For text of items K to O, see Minnesota Rules]*

76.12 Subp. 1a. **Procedures under indirect supervision.** A licensed dental assistant, in
76.13 addition to the services performed by an assistant described in part 3100.8400, subpart 1,
76.14 may perform the following services if a dentist is in the office, authorizes the procedures,
76.15 and remains in the office while the procedures are being performed:

76.16 A. apply topical medications including bleaching agents, desensitizing agents,
76.17 and cavity varnishes as prescribed by a dentist;

76.18 B. place and remove ~~rubber dam~~ devices or materials for isolation purposes;

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

76.20 D. perform mechanical polishing to clinical crowns, ~~not including instrumentation.~~
76.21 the removal of calculus by instrumentation ~~must be done by a dentist or dental hygienist~~
76.22 ~~before mechanical polishing~~;

76.23 *[For text of items E to K, see Minnesota Rules]*

77.1 L. etch appropriate enamel surfaces; and apply and adjust pit and fissure sealants;
77.2 ~~Before the application of pit and fissure sealants, a licensed dental assistant must have~~
77.3 ~~successfully completed a course in pit and fissure sealants at a dental, dental hygiene, or~~
77.4 ~~dental assisting school accredited by the Commission on Dental Accreditation;~~

77.5 M. perform restorative procedures as permitted in Minnesota Statutes, section
77.6 150A.10, subdivision 4;

77.7 N. maintain and remove intravenous lines while under indirect supervision of a
77.8 dentist who holds a valid general anesthesia or moderate sedation certificate. Before
77.9 managing and removing intravenous lines, a licensed dental assistant must have successfully
77.10 completed board-approved allied dental personnel courses comprised of intravenous access
77.11 and general anesthesia and moderate sedation training and be certified by the board; and

77.12 O. monitor a patient during preoperative, intraoperative, and postoperative phases
77.13 of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse
77.14 oximeters, electrocardiograms, blood pressure monitors, and capnography while under
77.15 indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation
77.16 certificate. Before monitoring a sedated patient, a licensed dental assistant must have
77.17 successfully completed board-approved allied dental personnel courses comprised of
77.18 intravenous access and general anesthesia and moderate sedation training and be certified
77.19 by the board.

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

77.24 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. ~~The course must be one that is presented by a dental, dental hygiene, or dental assisting school~~ through a school accredited by the Commission on Dental Accreditation;

[For text of item C, see Minnesota Rules]

D. fabricate, place, replace, cement, and adjust temporary crowns or restorations ~~extraorally or intraorally;~~

E. remove temporary restorations with hand instruments only;

F. place and remove matrix ~~bands~~ systems and wedges;

G. administer nitrous oxide inhalation analgesia according to part 3100.3600, ~~subparts 4 and 5~~ subpart 15;

[For text of items H and 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 ~~dental, dental hygiene, or dental assisting~~ school accredited by the Commission on Dental Accreditation.

Subp. 1c. **Procedures under personal supervision.** A licensed dental assistant may concurrently perform supportive services if the dentist holds a valid general anesthesia or moderate sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line. Before administering any medications or agents, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of general anesthesia and moderate sedation training and be certified by the board.

Subp. 2. ~~Other~~ **Procedures requiring more coursework or in-office training and procedures prohibited.**

A. If any delegated procedure within this part specifically indicates a requirement to complete additional coursework, the licensed dental assistant must complete the coursework to perform the procedure. All remaining delegated procedures listed are within the scope of practice for a licensed dental assistant with, if necessary, some required in-office training by the supervising dentist.

B. A licensed dental assistant ~~may~~ must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

Subp. 3. [See repealer.]

3100.8700 DENTAL HYGIENISTS.

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

A. perform preliminary charting of the oral cavity and surrounding structures, including case histories; perform initial and periodic examinations and assessments to

80.1 determine periodontal status; and ~~creation of~~ create a dental hygiene treatment plan in
80.2 coordination with a dentist's treatment plan;

80.3 *[For text of items B to F, see Minnesota Rules]*

80.4 G. ~~etch enamel surfaces, application and apply~~ and ~~adjustment of~~ adjust pit and
80.5 fissure sealants;

80.6 *[For text of item H, see Minnesota Rules]*

80.7 I. administer nitrous oxide inhalation analgesia according to part 3100.3600,
80.8 ~~subparts 4 and 5~~ subpart 14;

80.9 *[For text of items J to M, see Minnesota Rules]*

80.10 N. ~~fabrication and delivery of~~ fabricate and deliver custom fitted trays;

80.11 O. provide nutritional counseling;

80.12 P. perform salivary analysis;

80.13 *[For text of items Q to S, see Minnesota Rules]*

80.14 T. place and remove ~~isolation~~ devices or materials for ~~restorative~~ isolation
80.15 purposes;

80.16 *[For text of items U and V, see Minnesota Rules]*

80.17 W. ~~fabrication, placement, replacement, cementation, and adjustment of~~ fabricate,
80.18 place, replace, cement, and adjust temporary crowns or restorations;

80.19 *[For text of items X and Y, see Minnesota Rules]*

80.20 Z. place nonsurgical retraction material for gingival displacement. Before placing
80.21 nonsurgical retraction material, a dental hygienist must have successfully completed a course
80.22 in nonsurgical retraction material for gingival displacement at a ~~dental, dental hygiene, or~~
80.23 ~~dental-assisting~~ school accredited by the Commission on Dental Accreditation.

Subp. 2. **Restorative procedures under indirect supervision.** A dental hygienist may perform restorative procedures pursuant to Minnesota Statutes, section 150A.10, subdivision 4, and under indirect supervision, as defined in part 3100.0100, subpart 21, item C, if the dental hygienist has ~~fulfilled either item A or B:~~

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

Subp. 2a. **Orthodontic procedures under general, indirect, or direct supervision.** If a dental hygienist has fulfilled the requirements of item A, subitems (1), (2), or (3), the dental hygienist may perform the procedures listed in item B under the level of supervision indicated, as defined in part 3100.0100, subpart 21, items B, C, and D.

[For text of item A, see Minnesota Rules]

B. The dental hygienist may perform the following procedures under:

(1) general supervision:

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

(f) place and remove elastic orthodontic separators; and

(g) remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances; ~~and~~

~~(h) deliver vacuum-formed orthodontic retainers;~~

[For text of subitems (2) and (3), see Minnesota Rules]

Subp. 2b. **Sedation monitoring and intravenous procedures under indirect, direct, or personal supervision.** If a dental hygienist has successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and ~~submitted to the board documentation of completion to receive a certificate from the board~~ is certified by the board, the dental hygienist may perform the following procedures under either indirect, direct, or personal supervision, as defined

82.1 in part 3100.0100, subpart 21, items A, B, and C, for a dentist who holds a valid general
82.2 anesthesia or moderate sedation certificate:

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

82.4 Subp. 3. **Other procedures prohibited.** A dental hygienist ~~may~~ must not perform
82.5 any dental treatment or procedure on patients not authorized by this chapter.

82.6 **3100.9600 RECORD KEEPING.**

82.7 Subpart 1. **Definitions.** For the purposes of this part, "patient" means a natural person
82.8 who has received dental ~~care services~~ treatment from a provider for ~~treatment of a dental~~
82.9 ~~condition~~. In the case of a minor who has received dental ~~care services~~ treatment pursuant
82.10 to Minnesota Statutes, sections 144.341 to 144.347, the patient includes a parent or guardian;
82.11 ~~or a person acting as a parent or guardian in the absence of a parent or guardian.~~

82.12 *[For text of subpart 2, see Minnesota Rules]*

82.13 Subp. 3. **Personal data.** At a minimum, dental records must include ~~at least the~~
82.14 ~~following information~~ the patient's:

82.15 A. ~~the patient's~~ name;

82.16 B. ~~the patient's~~ address;

82.17 C. ~~the patient's~~ date of birth;

82.18 D. ~~if the patient is a minor, the name of the patient's parent or guardian~~ parent's
82.19 or guardian's name, if the patient is a minor;

82.20 E. ~~the name and telephone number of a person to contact in case of an emergency~~
82.21 contact; and

82.22 F. ~~the name of the patient's insurance carrier and insurance identification number,~~
82.23 if applicable information.

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

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

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

83.6 C. the ~~facsimiles or~~ results of any other diagnostic aids used.

83.7 Subp. 7. **Diagnosis.** Dental records must include a diagnosis.

83.8 Subp. 8. **Treatment plan.** Dental records must include an agreed upon written and
83.9 dated treatment plan except for routine dental care ~~such as preventive services~~. The treatment
83.10 plan must be updated to reflect the current status of the patient's oral health and treatment.

83.11 [For text of subpart 9, see Minnesota Rules]

83.12 Subp. 10. **Progress notes.** ~~Dental Patient~~ records must ~~be legible and~~ include a
83.13 chronology of the patient's progress throughout the course of all treatment ~~and postoperative~~
83.14 ~~visits~~. All written progress notes must be legible and written in ink. The chronology must
83.15 include:

83.16 A. all treatment provided;

83.17 B. all medications and anesthetics used ~~and materials placed~~;

83.18 C. all dental materials placed;

83.19 ~~C. D.~~ the treatment provider by license number, name, or initials;

83.20 ~~D. E.~~ when applicable, the identity of the collaborating dentist authorizing
83.21 treatment by license number; and

84.1 ~~E. F.~~ administration information for nitrous oxide inhalation analgesia, including
84.2 indication for use, dosage, duration of administration, posttreatment oxygenation period
84.3 prior to discharge, and patient status at discharge.

84.4 Subp. 11. **Corrections of Amendments to records.** ~~Notations must be legible, written~~
84.5 ~~in ink, and contain no erasures or "white-outs."~~ If incorrect information is placed in the a
84.6 written record, it must be ~~crossed~~ amended by crossing out with one single line and initialed
84.7 ~~by a dental health care worker~~ the provider. The provider initialing the record must identify
84.8 who the provider is on the written record. In an electronic health record, an amendment to
84.9 the record must be electronically time and date stamped by the provider.

84.10 Subp. 12. **Retention of records.**

84.11 A. A For an adult patient with an active file, the dentist must maintain the patient's
84.12 entire dental record. For an adult patient with an inactive file, the dentist shall must maintain
84.13 a the patient's dental records for at least seven years beyond the time the dentist last treated
84.14 the patient patient's last date of treatment by the dentist.

84.15 B. In the case of For a minor patient with an active file, the dentist must maintain
84.16 the patient's entire dental record. For a minor patient with an inactive file, a the dentist shall
84.17 must maintain a the patient's dental records for at least seven years past the age of majority
84.18 until the patient is 25 years old.

84.19 Subp. 13. **Transfer of records.** A patient's dental records must be transferred according
84.20 to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's
84.21 account. Digital radiographs shall be transferred by compact or optical disc, or electronic
84.22 communication, ~~or printing on high-quality photographic paper.~~ All transferred film or
84.23 digital radiographs must reveal images of diagnostic quality ~~using proper exposure settings~~
84.24 ~~and processing procedures.~~

Subp. 14. **Electronic record keeping.**

[For text of item A, see Minnesota Rules]

B. When electronic records are kept, a dentist must ~~keep either a duplicate hard copy record or~~ use an unalterable electronic record.

REPEALER. Minnesota Rules, parts 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3, are repealed.

Office of the Revisor of Statutes

Administrative Rules



TITLE: Proposed Permanent Rules Relating to Professional Licensure

AGENCY: Minnesota Board of Dentistry

REVISOR ID: R-4672

MINNESOTA RULES: Chapter 3100

The attached rules are approved for
publication in the State Register

A handwritten signature in cursive script, reading "Emma Meyer", is written over a horizontal line.

Emma Meyer
Assistant Revisor

Minnesota Board of Dentistry
STATEMENT OF NEED AND REASONABLENESS

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

INTRODUCTION

The Minnesota Board of Dentistry ("Board") is the state agency authorized to establish permanent rules for regulating dentists, dental therapists, dental hygienists, and licensed dental assistants in the State of Minnesota.

A major portion of the amendments in the Board's proposed rules create a more user-friendly guide listing all the different types of standard licensure or registration options in dentistry. Each standard licensure or registration option will still have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. Moreover, each standard licensure or registration option lists other relevant information such as terms and renewal, reinstatement, and professional development to name a few.

In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes in the following areas: licensure by credentials; terms and renewal of license or registration; reinstatement; administration of nitrous oxide inhalation analgesia, general anesthesia, deep sedation, and moderate sedation; professional development; conduct unbecoming a licensee; advertising; consideration for patient referral; assistants without a license; licensed dental assistants; dental hygienists; and recordkeeping.

Over the past year, various 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.

The decisions of the Board to propose an amendment to a rule in this rulemaking proceeding are explained and justified 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, 2829 University Avenue SE, Suite 450, Minneapolis, Minnesota 55414, (612) 548-2134, (612) 617-2250 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 Minnesota Statutes section 150A.04, subdivision 5, 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.

In addition, the Board's statutory authority to adopt the rules set forth is found in Minnesota Statutes section 150A.06, subdivision 9, which provides:

"150A.06 LICENSURE.

Subdivision 9. **Graduates of nonaccredited dental programs.** A graduate of a nonaccredited dental program who successfully completes the clinical licensure examination, and meets all other applicant requirements of the board shall be licensed to practice dentistry and granted a limited general dentist license by the board. The board shall place limitations on the licensee's authority to practice by requiring the licensee to practice under the general supervision of a Minnesota-licensed dentist approved by the board. A person licensed under this subdivision must practice for three consecutive years in Minnesota pursuant to a written agreement, approved by the board, between the licensee and a Minnesota-licensed dentist who may limit the types of services authorized. At the conclusion of the three-year period, the board shall grant an unlimited license without further restrictions if all supervising dentists who had entered into written agreements with the licensee during any part of the three-year period recommend unlimited licensure, and if no corrective action or disciplinary action has been taken by the board against the licensee."

Under Minnesota Statutes section 150A.04, subdivision 5 and section 150A.06, subdivision 9, the Board has the necessary statutory authority to adopt the proposed rules within part 3100.1130.

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 will be all regulated dental professionals: dentists, dental therapists, dental hygienists, and licensed dental assistants;

- Costs of proposed rules to all regulated dental professionals: No new regulatory requirements are being proposed by these rules, so regulated dental professionals will NOT be financially impacted by these changes; and
- Classes benefiting from proposed rules: All regulated dental professionals will benefit from the proposed rules because the entire chapter has been reformatted to create a more user-friendly guide for each profession to easily access information pertinent to them.

“(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”

- Regarding the proposed rules, the Board will NOT incur any increased costs beyond those currently associated with normal operating costs under the existing rules;
- The Board does NOT anticipate any probable costs to any other agency in the implementation and enforcement of the proposed rules; and
- The Board does NOT anticipate any change to net effect on state revenues.

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

- Less costly or less intrusive methods for achieving the purpose of the proposed rules, in this case do not appear to apply. This is because the majority, if not all, of the rules amendments are housekeeping in nature and are meant to reorganize and clarify existing statutes and rules that have been in place for many years.

“(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”

- No alternative methods were considered by the Board because these proposed rules amendments are mainly housekeeping in nature and do not warrant a debate over alternative methods to these rules. The amendments do not make substantive changes and are non-controversial for regulated dental professionals.

“(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 probable costs of complying with these rule amendments for regulated dental professionals is not really a factor because of the housekeeping nature of most of the amendments. No additional costs are expected because most of what is proposed is already required or supplements existing requirements made by the Board; and
- No other classes of government units, businesses, or individuals are expected to bear costs associated with the proposed rules amendments.

“(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 consequences of not adopting the proposed rules means keeping outdated and unclear language in the existing rules and not aligning the rules with the current statutes. These

consequences will cause confusion with the existing rules for regulated dental professionals, new dental applicants, Board staff, and the general public; and

- No other classes of government units or businesses will be affected by not adopting the proposed rules amendments.

“(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”

- None of the proposed rules amendments 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 has found no cumulative effect with its proposed rules amendments because the regulating of dental professionals is not addressed by federal law or other Minnesota state laws. Therefore, this consideration is not applicable for this rule.

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, as follows: (a) House: Human Services Finance and Policy Committee Chair and Lead; and Health Finance and Policy Committee Chair and Lead; and (b) Senate: Health and Human Services Finance and Policy Committee Chair and Ranking Minority Member; and Human Services Reform Finance and Policy Committee Chair and Ranking Minority Member.

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 2019, 2020, and 2021, several of the Board's Committees (e.g., Licensure and Credential, Policy, and Allied Dental Education) held numerous public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rules amendments. 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 amendments are distributed and reviewed by all individuals in attendance and input encouraged from all attendees. After these public meetings, the Board will review and approve the proposed rules amendments and proceed with the rulemaking process.
2. On March 18, 2021, the Board posted a draft copy of the proposed rules amendments on the Board's website at www.mn.gov/boards/dentistry making it accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public. This draft copy identified the Board rules that will be affected by the Board's proposed rules amendments.
3. On March 18, 2021, the Board posted a copy of the Request for Comments for publication in the State Register in the Board's newsletter and on the Board's website and Facebook page at www.mn.gov/boards/dentistry. This newsletter, website, and Facebook page are accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
4. On March 18, 2021, the Board posted its Statement of Need and Reasonableness ("SONAR") dated March 17, 2021, on the Board's website at www.mn.gov/boards/dentistry making this information accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
5. On March 22, 2021, 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 March 22, 2021, 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 March 22, 2021, the Board sent an electronic mass mailing using GovDelivery service to nearly 22,000 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 March 29, 2021, the Board's Request for Comments was published in the State Register, requesting that all comments be submitted to the Board by May 28, 2021. 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 by electronic mail a copy of the Dual Notice of Intent to Adopt Rules, the proposed rules, and the SONAR to the 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), and asked these representatives to disseminate this information to their member lists via newsletters, publications, or mailings.
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 22,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board's Dual Notice period, the proposed rules, and the 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 Lindsay Dean, the Board's Executive Budget Officer (EBO), at MMB and will later provide Lindsay Dean'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.

Subparts 5, 9a, 9c, 12b, 13, and 16c – the changes made in these subparts reflect the changes made in other parts regarding allied dental personnel, CPR, dental assistant with a limited radiology registration, licensee, and registrant. Thus, the Board considers these proposed changes to be necessary and reasonable.

3100.1100 to 3100.1380.

Regarding the list below of the Board's standard licensure options, the Board decided to create a more user-friendly guide in Minnesota Rules, chapter 3100 for all dentists, dental therapists, dental hygienists, and licensed dental assistants regarding the standard license options that are available to them. Previously, some of the standard license options were only found in Minnesota statutes and now are included in the proposed rules. Each standard license option will still basically have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. In addition, each standard license option lists other key requirements pertaining to that license such as terms and renewal, reinstatement, and professional development to name a few. Furthermore, the Board has examined each standard license option and completed a major housekeeping of each license by eliminating non-relevant or outdated requests made by the Board's existing rules. In the end, the Board believes in making the licensing process easier and considers these proposed changes to be necessary and reasonable.

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.

The Board has made numerous changes to part 3100.1400 making it a logistical challenge to address each line change in detail. Overall, the Board updated all educational or examination requirements that are needed to pursue the licensure by credentials pathway. The Board also standardized the language to match other licensure paths by including the fee and CPR requirement. In addition, the Board completed major housekeeping of this rule by eliminating non-relevant or outdated language present in the Board's existing rules. Furthermore, the Board supports streamlining the licensing by credentials process and considers these proposed changes to be necessary and reasonable.

3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.

Subpart 1. Licensure application requirements. A person who is ~~already~~ currently a licensed dentist, dental therapist, or dental hygienist in another ~~state~~ United States jurisdiction or Canadian province ~~desiring~~ seeking to be licensed to practice dentistry, dental therapy, or dental hygiene in Minnesota shall, ~~in order to demonstrate the person's knowledge of dental subjects and ability to practice dentistry or dental hygiene in Minnesota, comply with the requirements in items A to N.~~ must provide the board:

~~A. The applicant shall complete an a completed~~ application furnished by the board;

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

~~B C. The applicant shall furnish satisfactory~~ evidence of having graduated from either a school of dentistry or dental hygiene, whichever the case may be, which has been accredited by the Commission on Dental Accreditation;

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 having graduated from a master's advanced dental therapy education program;

~~E F. An applicant for licensure as a dentist must have been proof of completing at least 2,000 hours within the past 36 months in active practice in another state United States jurisdiction, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application and must submit at least three references from other practicing dentists;~~

~~D. An applicant for licensure as a dental hygienist must have been in active practice in another state, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application. The applicant must submit at least two character references from dentists and two references from practicing dental hygienists.~~

~~E G. An applicant must provide evidence of having passed passing a clinical examination for licensure in another state United States jurisdiction or Canadian province, where the licensure requirements are substantially equivalent to that of Minnesota;~~

~~F H. An applicant shall include a physician's statement attesting to the applicant's physical and mental condition and a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity. evidence of passing all parts of a national board examination for the practice of dentistry, dental therapy, or dental hygiene;~~

~~G. An applicant must submit with the application a fee as prescribed in Minnesota Statutes, section 150A.091, subdivision 9.~~

~~H. For identification purposes, the applicant shall furnish submit one notarized unmounted passport type photograph, three inches by three inches, taken not more than six months before the date of application.~~

~~I. In advance of the appearance required by item J, an applicant for licensure by credentials as a dentist shall submit complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the five years preceding the date of application. The number of records requested of the applicant shall be established by resolution of the board. The records submitted shall be reasonably representative of the treatment typically provided by the applicant.~~

~~J. An applicant must appear before the board and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice dentistry or dental hygiene pursuant to Minnesota Statutes, section 150A.06, subdivision 4. Questions may be based on the records submitted pursuant to item I.~~

~~K I. An applicant shall successfully complete an evidence of passing the board's jurisprudence examination designed to test knowledge of Minnesota laws relating to the practice of dentistry and the rules of the board within the past five years; and~~

~~L. If the board adopts simulated dental patient examinations as part of the application process, applicants shall complete simulated dental patient examinations designed to test their knowledge of dental subjects.~~

~~M. An applicant shall provide adequate documentation of attained professional development or continuing dental education for the 60 months preceding the date of application.~~

~~N. An applicant may apply for licensure by credentials only once within any five year period of time.~~

J. documentation of current CPR certification.

Subp. 2. **Disciplinary action.** A person seeking licensure under subpart 1 must not be subject to any pending or final disciplinary action in another United States jurisdiction or Canadian province.

3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION; GENERAL.

The Board has made numerous changes to part 3100.1700, including major housekeeping to eliminate non-relevant or outdated language that is present in the Board's existing rules. None of the actual terms or requirements for renewal of a license have changed. These format changes will make the Board's rules clearer and concise, therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.1700 TERMS AND RENEWAL OF LICENSE OR ~~PERMIT~~ REGISTRATION; GENERAL.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of a license or ~~limited license permit of an applicant other than a limited faculty or resident dentist registration.~~ The requirements for the terms and renewal of licensure as a limited faculty dentist, ~~or resident dentist, resident dental therapist, or resident dental hygienist~~ are specified in part 3100.1750.

Subp. 1a. **Initial term.** An initial license or ~~permit~~ registration issued by the board is valid from the date issued until the last day of the licensee's or registrant's birth month in either the following even-numbered year for an even-numbered birthdate year or the following odd-numbered year for an odd-numbered birthdate year, or terminated according to the procedures in this part.

Subp. 1b. **Biennial term.** A properly renewed license or ~~permit~~ registration issued by the board is valid from the first day of the month following expiration for 24 months until renewed or terminated according to the procedures in this part.

Subp. 1c. **Fees.** The initial, biennial renewal, and late fee amounts are in Minnesota Statutes, section 150A.091, subdivisions 3, 5, and 7.

Subp. 2. **Biennial renewal applications.** Each licensee ~~shall~~ or registrant must submit an application for biennial renewal of a license or ~~permit together with registration by paying the necessary required fee to the board~~ no later than the last day of the licensee's or registrant's birth month, which is the application deadline. ~~An application for renewal is deemed timely if received by the board or postmarked no later than the last day of the licensee's birth month.~~ The application form must ~~provide a place for the renewal applicant's signature certifying compliance with the applicable professional development requirements including~~ require the licensee or registrant to certify compliance with maintaining a consecutive and current CPR certification ~~and information including the applicant's office address or addresses, the license number, whether the licensee has~~

been engaged in the active practice of dentistry during the two years preceding the period for which renewal is sought as a licensee, and if so, whether within or without the state, and any other information that may be reasonably requested by the board. Failure by a licensee or registrant to maintain a consecutive and current CPR certification subjects the licensee or registrant to disciplinary proceedings under parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 3. **Failure to submit biennial renewal application.** ~~The procedures in this subpart shall be followed by the board for all licensees who have failed to submit the biennial renewal application according to subpart 2 and applicable fees, except as provided in subpart 5.~~

~~A. Any time~~ If a licensee or registrant fails to biennially renew their license or registration, the board shall, after the application deadline, the board will send, to the last address on file with the board, a notice to a the licensee who has not made application for the renewal of a license or permit or registrant. The notice will must state that licensee has failed to make application for renewal; the amount of the renewal and late fees; that.

B. A licensee may voluntarily or registrant must renew their license or registration within 30 days of the license's or registration's expiration date.

C. If the licensee or registrant fails to renew their license or registration according to item B, the board shall administratively terminate the license or permit by notifying the board; and that failure to respond to the notice by the date specified, which date must be at least 33 days after the notice is sent out by the board either by submitting the renewal application and applicable fees, or by notifying the board that licensee has voluntarily terminated the license or permit will result in the expiration of the license or permit and termination of the registration and the right to practice. The board shall not consider an administrative termination of a license or registration to be a disciplinary action against the licensee or registrant.

B.D. If the application for renewal, including the applicant's signature certifying compliance with the applicable professional development requirements, and the applicable biennial and late fees or notice of voluntary termination is not received by the board by the date specified in the notice, a licensee or registrant elected not to renew the license or registration, the licensee or registrant may:

(1) voluntarily terminate the license or permit will expire and the licensee's right to practice will terminate as of the date specified in the notice. The expiration and termination will not be considered a disciplinary action against the licensee registration; or

(2) apply for an emeritus inactive or emeritus active license through the board, except for individuals with a limited radiology registration.

Subp. 4. **Reinstatement.** ~~A license which has expired according to terminated in~~ this part may be reinstated according to part 3100.1850. A limited radiology registration terminated in subpart 3 may be reinstated according to part 3100.1320.

Subp. 5. ~~**Contested case proceedings Repealed.** The board, in lieu of the process in subpart 3, may initiate a contested case hearing to revoke or suspend a license or permit for failure to submit the fees or provide the applicant's signature certifying compliance with the applicable professional development requirements on the renewal application, at the same time that it initiates disciplinary proceedings against the licensee for other grounds specified in Minnesota Statutes, section 150A.08, subdivision 1, and parts 3100.6100 to 3100.7200 and 3100.8100.~~

3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, OR RESIDENT DENTAL HYGIENIST.

The two substantial modifications made to part 3100.1750 below include adding the resident dental therapist and resident dental hygienist to this group and adding a description of the Board process for those individuals who fail to renew their annual license. This process is the same as other license renewal requirements. The Board notifies the Licensee and the Licensee must respond within a specified time period. If they do not, the Licensee's license will be administratively terminated. The Licensee must be aware of the Board's process in order to comply with this rule. All remaining changes to this rule are considered housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules. For this reason, the Board considers these proposed changes to be necessary and reasonable.

3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY AND DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT DENTAL HYGIENIST.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of licensure as a limited faculty ~~or dentist, resident dentist, resident dental therapist, or resident dental hygienist.~~

Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued until renewed or terminated in accordance with the procedures specified in this part. An annually renewed license ~~issued by the board~~ is valid from July 1 ~~of the year for which it was issued~~ until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.

Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are in Minnesota Statutes, section 150A.091, subdivisions 4 and 6.

Subp. 3. **Annual license renewal applications.**

~~A. A limited faculty or dentist, resident dentist, resident dental therapist, or resident dental hygienist must complete and submit to the board an application form furnished by the board, together with the applicable annual renewal~~ annually renew their license by paying the required fee; no later than June 30 for the 12-month period for which licensure renewal is requested. Applications for renewal will be considered timely if received by the board no later than June 30 or postmarked on June 30. If the postmark is illegible, the application will be considered timely if received in the board office via United States first class mail on the first workday after June 30. The renewal requires maintaining a consecutive and current CPR certification.

~~B. An applicant must submit on the application form the following:~~

- ~~(1) the applicant's signature;~~
- ~~(2) the applicant's institutional addresses;~~
- ~~(3) the applicant's license number; and~~
- ~~(4) any additional information requested by the board.~~

Subp. 4. ~~**Application fees Repealed.**~~ Each applicant for initial licensure as a limited faculty or resident dentist shall submit with a license application the fee in Minnesota Statutes, section 150A.091, subdivision 2.

Subp. 5. ~~**Annual license fees Repealed.**~~ Each limited faculty or resident dentist shall submit with an annual license renewal application the fee in Minnesota Statutes, section 150A.091, subdivision 4.

Subp. 6. ~~**Annual license late fee Repealed.**~~ Applications for renewal of any license received after the time specified in this part shall be assessed a late fee equal to 50 percent of the annual renewal fee.

Subp. 7. **Failure to submit annual license renewal.** After a license for a limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires, the board shall send a notice to the licensee who has not renewed their license. The notice must state the amount of the renewal and late fees. The licensee must renew 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 shall not consider an administrative termination of a license to be a disciplinary action against the licensee.

3100.1850 REINSTATEMENT OF LICENSE.

The Board has made numerous changes to part 3100.1850 below that includes major housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual reinstatement requirements for licensure for the various time periods of termination have changed. The format changes will make the Board's rules clearer and concise, therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.1850 REINSTATEMENT OF LICENSE.

Subpart 1. **Requirements.** ~~A.~~ A person ~~desiring the~~ seeking reinstatement of a license after the board has terminated the license according to part 3100.1700, subpart 3, or the person has voluntarily terminated the license, must:

A. (1) submit to provide the board a completed reinstatement application ~~provided by the board;~~

B. (2) submit with provide the board the biennial renewal and reinstatement application ~~the fees specified in Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and~~

~~(3) include with the reinstatement application a letter stating the reasons for applying for reinstatement; and~~

C. (4) comply with the applicable provisions of subparts 2 to 5 3.

~~B. Once the requirements of this subpart have been reviewed by the board, the board shall officially notify the applicant by letter as to whether the reinstatement of a license has been denied or granted by the board. If granted reinstatement, the person shall be assigned to the biennial term to which the licensee was assigned prior to termination of the license. An applicant denied~~

reinstatement of a license may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

Subp. 2. ~~Expiration or voluntary termination of~~ **If terminated for six months or less.** An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license six months or less previous to the application for reinstatement If the person's license is terminated for six months or less, the person must provide the board:

A. ~~provide evidence of having completed~~ completing the professional development requirements described under part 3100.5200 ~~that would have applied to the applicant had the license not expired. Professional development requirements must have been completed~~ 3100.5100 within 24 months prior to the board's receipt of the application; and

~~B. pay the biennial renewal fee and file a reinstatement application specified in subpart 1.~~

B. documentation of current CPR certification.

Subp. 2a. ~~Expiration or voluntary termination of~~ **If terminated for more than six months but less than 24 months.** An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license more than six months but less than 24 months previous to the application for reinstatement If the person's license is terminated for more than six months but less than 24 months, the person must provide the board:

A. ~~provide evidence of having completed~~ completing the professional development requirements in part 3100.5200 ~~that would have applied to the applicant had the license not expired. Professional development requirements must have been completed~~ under part 3100.5100 within 24 months prior to the board's receipt of the application;

~~B. pay the biennial renewal fee and file a reinstatement application specified in subpart 1;~~

B. documentation of current CPR certification;

C. ~~submit evidence of having successfully completed the~~ passing the board's jurisprudence examination of the laws of Minnesota relating to dentistry and the rules of the board. The examination must have been completed within 12 months prior to the board's receipt of the application; and

D. a criminal background check if terminated more than one year as required by Minnesota Statutes, section 214.075.

~~D. submit evidence of having had a complete physical examination to include a physician's statement attesting to the applicant's physical and mental condition. The physical examination must have been completed within 12 months prior to the board's receipt of the application; and~~

~~E. submit evidence of having had a complete optical examination and having complied with required optical prescriptions. The optical examination must have been completed within 12 months prior to the board's receipt of the application.~~

Subp. 3. ~~Expiration or voluntary termination of~~ **If terminated for 24 months or more.** An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license 24 months or more previous to the application for reinstatement If the person's license is terminated for 24 months or more, the person must provide the board:

~~A. comply with subpart 2a;~~

A. evidence of completing the professional development requirements under part 3100.5100 within 24 months prior to the board's receipt of the application;

B. documentation of current CPR certification;

C. evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;

D. a criminal background check as required by Minnesota Statutes, section 214.075; and

B-E. submit either evidence of passing the following examinations within 24 months prior to the board's receipt of the application:

~~(1) evidence of having successfully completed part II of the national board examination or the clinical examination in part 3100.1100, subpart 2, for dentists; the examinations in Minnesota Statutes, section 150A.106, subdivision 1, clauses (2) and (6), for advanced dental therapists; the clinical examination in Minnesota Statutes, section 150A.06, subdivision 1d, for dental therapists; the national board examination or the clinical examination in part 3100.1200, item C, for dental hygienists; and the two examinations in part 3100.1300, item C, for licensed dental assistants. The examination must have been completed within 24 months prior to the board's receipt of the application; or~~

~~(2) evidence of having successfully completed applicable board approved coursework with minimal hour requirements directly relating to the practice of dentistry, advanced dental therapy, dental therapy, dental hygiene, or dental assisting as indicated in the reinstatement application. The board approved coursework must have been completed within 24 months prior to the board's receipt of the application. The coursework completed under this subpart may not be used to fulfill any of the applicable professional development requirements in part 3100.5100. and~~

(1) a nationally recognized objective structured clinical examination for general dentists;

(2) a written specialty board examination or a nationally recognized objective structured clinical examination for specialty dentists;

(3) a nationally recognized objective structured clinical examination for dental therapists;

(4) a nationally recognized objective structured clinical examination for dental hygienists; and

(5) the examination in part 3100.1300, subpart 1, item D, for licensed dental assistants.

~~C. be available for an interview with the appropriate board committee to determine the applicant's knowledge of dental subjects and ability to practice dentistry, dental therapy, dental hygiene, or dental assisting under this subpart.~~

Subp. 4. [Repealed, 20 SR 2316]

Subp. 4a. Board review and appeals.

A. Once the requirements of subpart 1 have been reviewed by the board, the board shall notify the applicant as to whether the reinstatement of a license has been denied or granted by the

board. If granted reinstatement, the person shall be assigned to the biennial term to which the licensee was assigned prior to termination of the license.

B. An applicant denied reinstatement of a license may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

Subp. 5. **Scope.** Nothing in this part prohibits a dentist, dental therapist, or dental hygienist from applying for licensure by credentials according to part 3100.1400.

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

The Board has made many changes to part 3100.3600 below. These changes reorganize the contents and revise the language regarding nitrous oxide, general anesthesia, and sedation. These changes aim to provide a more understandable guide for Licensees to find the information they need to acquire the skills to administer nitrous oxide, general anesthesia, and sedation. None of the actual educational requirements, equipment requirements, or inspection requirements for these services have changed in this part but are now better explained and simplified. The language regarding "Reporting of incidents required" has been moved to subpart 1a, the front of this part, so it is no longer buried in the middle, where the information is difficult for Licensees to find. For nitrous oxide, each profession is listed and represents what is required to administer this service. As for the certifications for dentists to administer general anesthesia/deep sedation and moderate sedation, the format is easier to follow with the application requirement listed, the types of certificates, and how to renew a certificate. The same goes for obtaining a certificate for a contracted sedation provider. With these improvements, the Board considers these proposed changes to be necessary and reasonable.

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

Subpart 1. **Prohibitions.** A dental therapist, dental hygienist, or licensed dental assistant ~~may~~ must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

Subp. 1a. Reporting of incidents required.

A. A dentist, dental therapist, dental hygienist, or licensed dental assistant must report to the board any incident that arises from the administration of nitrous oxide inhalation analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia, or minimal sedation that results in:

(1) a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body systems;
or

(2) minimal sedation unintentionally becoming moderate sedation, deep sedation, or general anesthesia when the licensee does not have a certificate for administering general anesthesia or moderate sedation described in subparts 18 and 20.

B. The report required under item A must be submitted to the board on forms provided by the board within ten business days of the incident by the dentist, dental therapist, dental hygienist, or licensed dental assistant. The requirements of this subpart apply even when another licensed

health care professional who, under contract or employment with the dentist, was the actual person administering the analgesia or pharmacological or nonpharmacological method. A licensee who fails to comply with this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 2. **Repealed**, Subp. 3. **Repealed**, Subp. 4. **Repealed**, Subp. 5. **Repealed**, Subp. 6. **Repealed**, Subp. 7. **Repealed**, Subp. 8. **Repealed**, Subp. 9. **Repealed**, Subp. 9a. **Repealed**, Subp. 9b. **Repealed**, Subp. 10. **Repealed**, Subp. 11. **Repealed**,

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist.** A dentist licensed by the board is allowed to administer nitrous oxide inhalation analgesia.

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

A. A dental therapist who administers nitrous oxide inhalation analgesia must be under the supervision of a licensed dentist.

B. A dental therapist who graduated from a board-approved dental therapy program in Minnesota after August 1, 2013, may administer nitrous oxide inhalation analgesia without completing any further requirements.

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.

A. A dental hygienist who administers nitrous oxide inhalation analgesia must be under the supervision of a licensed dentist.

B. A dental hygienist who graduated from a dental hygiene program in Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia without completing any further requirements.

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 dental assistant.

A. A licensed dental assistant who administers nitrous oxide inhalation analgesia must be under the supervision of a licensed dentist.

B. A licensed dental assistant who graduated from a dental assisting program in Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia without completing any further requirements.

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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed:

(a) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or

(b) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

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

C. A dentist who administers general anesthesia or deep sedation without a general anesthesia certificate shall be 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed a course of education resulting in the dentist becoming clinically competent in the administration of moderate sedation. The course must include a minimum of 60 hours of didactic education in both enteral and parenteral administration and personal administration and management of at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient simulation manikin;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be 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 or moderate sedation

A. The board shall issue the following certificates for general anesthesia and moderate sedation:

(1) general anesthesia, which authorizes a dentist to either administer general anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation; and

(2) moderate sedation, which authorizes a dentist to either administer moderate sedation or to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist administers general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate general anesthesia or moderate sedation certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

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

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) documentation of current certification in ACLS or PALS;
- (4) documentation of current CPR certification;
- (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.

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, 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, must provide the board:

- (a) a completed renewal application;
- (b) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091, subdivision 11a;
- (d) documentation of current certification in ACLS or PALS;
- (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 an on-site inspection described in subpart 23.

(2) A dentist whose anesthesia or moderate sedation certificate that, for more than 30 calendar days prior, expired or was terminated by the board, must provide the board:

(a) a completed recertification application;

(b) the nonrefundable recertification fee in Minnesota Statutes, section 150A.091, subdivision 11b;

(c) the dentist's written attestation that the dentist has successfully completed the educational requirements for either general anesthesia described in subpart 16 or moderate sedation described in subpart 17;

(d) documentation of current certification in ACLS or PALS;

(e) documentation of current CPR certification; and

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

B. Upon receipt of a recertification application for general anesthesia or moderate sedation, the board shall require that the dentist undergo an on-site inspection described in subpart 23.

C. A dentist whose anesthesia or moderate sedation certificate has expired or been terminated must not administer general anesthesia, deep sedation, or moderate sedation until the board issues a renewed or recertified general anesthesia or moderate sedation certificate to the dentist.

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, 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, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

C. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under moderate sedation by a contracted sedation provider, the dentist is not required to possess an additional certificate for contracting with a sedation provider but is limited to moderate sedation.

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

(1) a completed application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) a copy of the contracted healthcare professional's current license;

(4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;

(5) documentation of the contracted healthcare professional's current CPR certification;

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

(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.

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 21. Board-issued certificates to provide dentistry with contracted sedation provider.

A. The board shall issue the following certificates to provide dentistry with a contracted sedation provider:

(1) dentistry with contracted sedation services: general anesthesia, which authorizes a dentist to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep sedation, or moderate sedation; and

(2) dentistry with contracted sedation services: moderate sedation, which authorizes a dentist to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist provides dental services to patients under general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate contracted sedation services certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

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

(1) a completed application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) a copy of the contracted healthcare professional's current license;

(4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;

(5) documentation of the contracted healthcare professional's current CPR certification;

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

(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.

E. A dentist's contracted sedation services certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon the certificate's expiration, the dentist must not provide dental services to patients under general anesthesia, deep sedation, or moderate sedation until the board issues a current contracted sedation services certificate to the dentist under item F.

F. To renew a contracted sedation services certificate within 30 calendar days of the certificate's expiration, a dentist must provide the board:

- (1) a completed renewal application;
- (2) the nonrefundable renewal fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) the nonrefundable late fee in Minnesota Statutes, section 150A.091, subdivision 11a;
- (4) a copy of the contracted healthcare professional's current license;
- (5) documentation of the contracted healthcare professional's current certification in ACLS or PALS;
- (6) documentation of the contracted healthcare professional's current CPR certification;
- (7) documentation of the dentist's current CPR certification;
- (8) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (9) attestation of compliance with an on-site inspection described in subpart 23.

G. The board shall terminate an expired contracted sedation services certificate that is not renewed under item F. The dentist may still apply for a contracted sedation services certificate by completing the application requirements in subpart 20, item D.

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.

(2) A dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation, including a dentist, nurse anesthetist, or physician anesthesiologist, must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the facilities, equipment, emergency supplies, and a record of all general anesthesia, deep sedation, or moderate sedation procedures performed in the facility.

(3) An individual qualified to administer general anesthesia, deep sedation, or moderate sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Prior to discharge, an individual qualified to administer anesthesia or sedation must assess the patient to ensure that the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

(4) A dentist administering general anesthesia, deep sedation, or moderate sedation to a patient must have in attendance personnel who are currently certified in CPR.

B. 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 offices in which it is conducted have:

(1) an immediately accessible automated external defibrillator or immediately accessible full-function defibrillator;

(2) a positive pressure oxygen delivery system and a backup system;

(3) a functional suctioning device and a backup suction device;

(4) auxiliary lighting;

(5) a gas storage facility;

(6) a recovery area;

(7) a method to monitor respiratory function; and

(8) an emergency cart or kit that must be available and readily accessible and includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

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.

A. A dentist who applies for an initial general anesthesia or moderate sedation certificate or who provides dental services to patients under general anesthesia, deep sedation, or moderate sedation must have an on-site inspection conducted at one primary office facility within 12 months following receipt of a certificate from the board. Thereafter, a dentist must have an on-site inspection conducted at one primary office facility at least once every five years.

B. A dentist must have an on-site inspection conducted at one primary office facility if the board receives a complaint alleging violation of this part and the board finds the complaint warrants further investigation.

C. If a dentist fails to meet the on-site inspection requirements of item A and, if applicable, item B because of extenuating circumstances, the dentist may apply for an extension of time to complete the requirements by making a written request to the board. If the board grants an extension, the board shall establish the length of the extension to obtain the on-site inspection requirements.

D. A dentist must pay all costs associated with an on-site inspection.

E. 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. 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. 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.

The Board has made many changes to part 3100.5100 below that includes eliminating the self-assessment examination as part of professional development. This is supported by the Board and other licensed dental professionals. For 16 years, the Board has required that Licensees complete the self-assessment as part of fundamental continuing education activities. It has been a challenge for the Board to produce a new self-assessment every two years due to the lack of new resources to create questions and the excessive amount of time required to manage the entire self-assessment project. The Board will allow credit for an alternative activity with similar educational content should Licensees choose.

Regarding the change to the core subject requirement, the Board is choosing not to use the phrase "core subjects" and go back to simply referring to these categories as "fundamental" courses. The list of fundamental courses will remain the same and also include HIPAA, as follows: Recordkeeping; Ethics; Patient Communications; Management of Medical Emergencies; Treatment and Diagnosis; and Health Insurance Portability and Accountability Act (HIPAA). One item that will NOT change is that the Board will still require that a Licensee complete at least two fundamental courses on the list for each initial or biennial professional development cycle. Other than these changes, the current professional development requirements will continue to remain the same.

Regarding CPR course/certification, Licensees will still be required to complete and maintain CPR as a requirement for licensure for each biennial cycle. However, the CPR course/certification will no longer be listed as a requirement under professional development. Therefore, the four or more hours obtained for taking a CPR course can no longer be counted as a professional development credit toward the Licensee's required credit hours. The same applies to an ACLS course/certification.

In addition, the Board added language to the extenuating circumstances section giving a seven-day deadline before the end of a cycle and informing the Licensee that their license will be terminated if they do not comply with this or completion of professional development by the end of the granted extension period. The Board needed to establish some deadlines and inform Licensees of the possible consequences for their actions in these situations.

Overall, there are some major housekeeping changes throughout this part eliminating non-relevant or outdated language that is present in the Board's existing rules. Due to the aforementioned reasons, the Board considers these proposed changes to be necessary and reasonable.

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

Subpart 1. Professional development cycles.

A. The initial professional development cycle ~~must coincide with the initial licensure period for each dentist, dental therapist, dental hygienist, or licensed dental assistant. The initial cycle for each licensee~~ begins on the date of initial licensure is granted by the board and ends on the last day of the licensee's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies in the number of months depending on the date of initial licensure ~~for each licensee~~ is granted.

B. A biennial professional development cycle coincides with the biennial ~~licensure periods for each dentist, dental therapist, dental hygienist, or licensed dental assistant~~ renewal period. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous ~~professional development~~ cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

Subp. 2. Professional development requirements.

A. ~~For the initial professional development requirements, e~~Each dentist, dental therapist, dental hygienist, and licensed dental assistant licensee shall establish a portfolio to record, monitor, and retain ~~acceptable~~ documentation of fundamental and elective professional development activities, ~~CPR certification, and self-assessments.~~

B. The minimum number of required hours of fundamental and elective ~~professional development 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. ~~Each dentist, dental therapist, dental hygienist, and licensed dental assistant shall establish a portfolio to record, monitor, and retain acceptable documentation of fundamental and elective professional development activities, CPR certification, and self-assessments.~~ Any professional development hours earned in excess of the required hours for an initial or biennial cycle must not be carried forward to the ~~subsequent next~~ biennial cycle. ~~The requirements for the fundamental and elective professional development activities are described in subitems (1) and (2).~~

(1) ~~Each~~ Of the 50 hours required for a dentist, and dental therapist, ~~dental hygienist, and licensed dental assistant must complete a minimum of 60 percent of the required biennial hours in fundamental activities directly related to the provision of clinical dental services as follows: a minimum of at least 30 hours for dentists and dental therapists, and a minimum of 15 hours for dental hygienists and licensed dental assistants~~ must be fundamental activities and no more than 20 hours can be elective activities. ~~A licensee may earn all required biennial hours in fundamental activities only.~~

(2) ~~Dentists, dental therapists,~~ Of the 25 hours required for a dental hygienist, and licensed dental assistants ~~are allowed a maximum of 40 percent of the required biennial hours in elective activities directly related to, or supportive of, the practice of dentistry, dental therapy,~~

dental hygiene, or dental assisting as follows: ~~a maximum of 20~~ at least 15 hours for dentists and dental therapists, and a maximum of must be fundamental activities and no more than ten hours for dental hygienists and licensed dental assistants can be elective activities.

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

D. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may ~~apply for request to the board in writing~~ an extension of time at least seven days before the end of the licensee's biennial cycle to complete the requirements by making a written request to the board. The licensee's written request ~~shall include a complete explanation of~~ must explain the circumstances, the renewal period, ~~the number of hours earned,~~ and the licensee's plan for completing ~~the balance of the requirement.~~ If ~~an extension is granted after review~~ the board grants the extension, the board shall ~~establish the length~~ notify the licensee of the extension ~~to obtain the professional development requirements which must be completed concurrently with the subsequent renewal period.~~ 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 include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional's life.~~ Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities ~~include, but are not limited to, clinical subjects, core subjects, CPR training, and the self-assessment examination.~~ Examples of fundamental activities for an initial or biennial cycle ~~are described in subitems (1) to (6).~~ must directly relate to clinical dental services to patients. Fundamental activities include:

(1) clinical subjects. Clinical subjects are those covered through seminars, webinars, symposiums, lectures, college courses pertaining to basic sciences, or programs whose contents directly relate to the provision of dental care and treatment to patients. College course credit is limited to five hours for each college course completed within a cycle with a maximum of 15 college credit hours per cycle.

(2) ~~Core subjects are those~~ other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs that relate to public safety and professionalism. Each licensee shall ~~complete a minimum of two of the categories of core subjects~~ must complete at least two courses out of the following list for each initial or biennial cycle. ~~Examples of core subject categories include, but are not limited to:~~

- (a) record keeping;
- (b) ethics;
- (c) patient communications;
- (d) management of medical emergencies; ~~and~~
- (e) treatment and diagnosis; and
- (f) Health Insurance Portability and Accountability Act (HIPAA).

~~(3) A CPR certification course is mandatory for each licensee to maintain licensure. The CPR course must be the American Heart Association healthcare provider course or the American Red Cross professional rescuer course. The licensee must maintain a consecutive and current CPR certificate when renewing a license or permit each biennial term.~~

~~(4)~~ (3) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course ~~will~~ must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

~~(5) A licensee must complete one self-assessment examination obtainable through the board for each cycle.~~

~~(6)~~ (4) ~~The board shall approve other additional fundamental activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity to be a seminar, symposium, lecture, or program whose contents are directly related to dental care and treatment to patients or public safety and professionalism.~~

B. Elective activities for an initial or biennial cycle ~~include, but are not limited to, the examples described in subitems (1) to (7)~~ must directly relate to or support dentistry and include:

(1) general attendance at a multiday state or national dental convention for a maximum of three credit hours per convention;

(2) volunteerism or community service directly relating to ~~the practice of dentistry; dental therapy, dental hygiene, or dental assisting~~ such as international or national mission work, voluntary clinic work, or dental health presentations to students or groups;

(3) professional reading of published articles or other forms of self-study directly relating to ~~the practice of dentistry, dental therapy, dental hygiene, or dental assisting~~;

(4) scholarly activities ~~include, but are not limited to~~, including:

(a) teaching a professional course directly related to ~~the practice of dentistry, dental therapy, dental hygiene, or dental assisting~~; or presenting a continuing dental education program;

(b) presenting a table clinic directly related to ~~the practice of dentistry; dental therapy, dental hygiene, or dental assisting~~;

(c) authoring a published dental article or text in a recognized publication;

(d) participating in test construction for an accredited state or nationally recognized dental association or organization; ~~and~~

(e) participating in a scientific dental research program from an accredited institution or program or an evidence-based clinical study; and

(f) similar academic activities relating to dentistry;

(5) dental practice management courses ~~include, but are not limited to, computer, insurance claims or billing, and Health Insurance Portability and Accountability Act (HIPAA) training~~;

(6) leadership or committee involvement with ~~the~~ a dental board or a dental professional association for a maximum of three credit hours per cycle; ~~or and~~

(7) ~~the board shall approve other additional~~ elective activities approved by the board. Elective activities under this subitem shall be approved by the board only if the board finds the contents of the activity ~~to be directly related~~ relates to, or supportive of, the practice of supports dentistry, dental therapy, dental hygiene, or dental assisting.

Subp. 4. **Acceptable Documentation of professional development activities.** A licensee must record or obtain ~~acceptable~~ documentation of hours in professional development activities for the licensee's portfolio. ~~Acceptable~~ Documentation includes:

~~A. a completed self-assessment examination;~~

~~B. a copy of the front and back of a completed CPR card from the American Heart Association or the American Red Cross;~~

~~€ A.~~ confirming documentation from the presenting organization that provides the attendee's name, ~~license number~~, name of organization or presenter, course date, number of credit hours, subject matter, or program title; ~~and~~

~~Ð B.~~ a personal log of published articles read by the licensee including title of the article, name of author, name of journal or periodical, and date of published article-; and

C. similar documentation of professional development activities.

Subp. 5. **Retention of documentation.** A licensee must keep ~~acceptable~~ documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for 24 months after each the current biennial renewal period has ended cycle and the previous completed biennial cycle for purposes of an audit by the appropriate board committee.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

In part 3100.6200 below, the Board has chosen to update outdated language by changing its existing rules. The Board's changes will simplify the language regarding rebates and split fees and more accurately capture the true violations that are occurring with sexual misconduct issues, billing, and communication. It has been many years since significant changes have been made to this part by the Board, and now is the time to move forward with these more progressive changes relating to unprofessional conduct. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

"Conduct unbecoming a person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting, or conduct contrary to the best interests of the public," as used in Minnesota Statutes, section 150A.08, subdivision 1, clause (6), ~~shall include the act of~~ includes a dentist, dental therapist, dental hygienist, licensed dental assistant, or applicant ~~in~~:

A. engaging in personal conduct that brings discredit to the profession of dentistry;

B. demonstrating gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;

C. making ~~suggestive, lewd, lascivious,~~ inappropriate sexual remarks or ~~improper~~ advances toward a patient or colleague;

~~D. dentists charging a patient an unconscionable fee or charging billing patients for unnecessary services or services not rendered or inaccurately documenting services;~~

~~E. performing unnecessary services; failing to communicate an accurate treatment plan and financial information;~~

~~F. dental therapists, hygienists, or licensed dental assistants performing services as a dental therapist, dental hygienist, or licensed dental assistant not authorized by the dentist under this chapter or Minnesota Statutes, chapter 150A;~~

~~G. accepting or offering rebates, split fees, or, applicable to dentists only, commissions from any source associated with the service for services rendered to a patient; provided, however, that the sharing of profits in a dental partnership or association, or dental professional firm approved by and registered with the board, shall not be construed as splitting fees nor shall compensating allied dental personnel on the basis of a percentage of the fee received for the overall service be deemed accepting a commission from or to any person other than a partner, employee, employer, associate in a dental professional firm, or a professional subcontractor or consultant authorized to practice in dentistry;~~

~~H. falsifying records relating to payment for services rendered, participation in a CDE course; or other records with respect to licensure, CDE, and the practice of dentistry;~~

~~I. perpetrating committing fraud upon patients, third-party payers, or others relating to the practice of dentistry;~~

~~J. failing to cooperate with the board, its agents, or those working on behalf of the board required by part 3100.6350;~~

~~K. failing to maintain adequate safety and sanitary conditions for a dental office specified in part 3100.6300; and~~

~~L. failing to provide access to and transfer of medical and dental records prescribed by Minnesota Statutes, sections 144.291 to 144.298.~~

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

In part 3100.6600 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.

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

Subpart 1. **Routine services.** If the following routine dental services are advertised, either the advertised service must include the listed components, or the advertisement must disclose the components which are not included.

A. Examination: a study documented diagnosis by the dentist ~~of all the structures~~ of the oral cavity, including ~~the appropriate recording or charting of the condition of all such structures and appropriate history thereof, the identification of periodontal disease, and occlusal discrepancies, the detection of caries, and oral abnormalities,~~ and the development of a treatment plan. If there is ~~a~~ are additional charges in addition to besides the examination fee for radiographs

~~and/or the provision to the patient of a written opinion of the items found in the examination (i.e., diagnosis) or of a written itemized treatment plan, recommendation and itemized fee (i.e., treatment plan), such fact shall~~ these charges must be disclosed in the advertisement.

B. Radiographs (X-rays): adequate X-rays of the oral structures to provide necessary radiographic study.

C. Denture: either a complete maxillary or complete mandibular replacement of the natural dentition with artificial teeth. If the service advertised is for a denture which is partially prefabricated, intended for a partial replacement of the natural dentition, intended to be used as an emergency or temporary denture, or if any advertised fee does not include a reasonable number of readjustments, ~~such facts shall~~ this information must be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus (~~tartar~~) and stains from the clinically exposed surfaces of the teeth.

E. Extractions: the removal of nonimpacted teeth, including necessary X-rays, anesthesia, preoperative, and postoperative care.

Subp. 2. [Repealed, 10 SR 1613]

Subp. 2a. **Set fees.** Set fees may be advertised for any service where the dentist intends to charge a standard price for the service.

Subp. 3. **Identification of related services and additional fees.** Related services which may be required in conjunction with the advertised services, and for which additional fees will be charged, must be identified as such in the advertisement.

Subp. 4. **Range of fees.** When a range of fees is advertised, the advertisement must disclose the basic factors on which the actual fees will be determined.

Subp. 5. **Time period of advertised fees.** Advertised fees must be honored for those seeking the advertised services during the entire time period stated in the advertisement, whether or not the services are actually rendered in that time. If no time period is stated, the advertised fees shall be so honored for 30 days or until the next scheduled publication, whichever is later.

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

Regarding part 3100.6900 below, the Board still upholds the idea that a dentist shall not engage with a third party where a fee or compensation is involved for the referral of the patient for dental services. On the other hand, the Board has now added language that does allow a dentist to provide a gift to a patient or provide a credit for dental services. The Board acknowledges that dentists have been giving gifts to their patients for years now, and it was decided to change the rules to accommodate what was already happening out in dental practices. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.6900 CONSIDERATION COMPENSATION FOR PATIENT REFERRAL.

A ~~person~~ licensee shall not ~~directly or indirectly~~ offer, give, receive, or agree to receive any fee or other ~~consideration~~ compensation to or from a third party for the referral of a patient ~~in connection with the performance of professional~~ for dental services. Nothing contained in this part shall prohibit a dentist from providing a gift to a patient, or from providing a credit for dental services to a patient.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Regarding part 3100.7000 below, the Board made changes that combined subparts 1 and 2 and eliminated the naming of all the specialty examining boards, which is unnecessary language. The Board only needs to list the actual specialty areas in its rules. The Board added dental anesthesiology, oral medicine, and orofacial pain, which have all been recognized as specialty areas by the American Dental Association. For these reasons, the Board considers these proposed changes to be necessary and reasonable.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized as suitable for the announcement of specialty dental practices:

- A. dental anesthesiology;
- A B. dental public health;
- ~~B~~ C. endodontics (endodontist);
- ~~C~~ D. oral and maxillofacial pathology (oral pathologist);
- ~~D~~ E. oral and maxillofacial radiology (oral radiologist);
- ~~E~~ F. oral and maxillofacial surgery (oral surgeon/oral and maxillofacial surgeon);
- G. oral medicine;
- H. orofacial pain;
- ~~F~~ I. orthodontics and dentofacial orthopedics (orthodontist);
- ~~G~~ J. pediatric dentistry (pediatric dentist/pedodontist pedodontist);
- ~~H~~ K. periodontics (periodontist); and
- ~~I~~ L. prosthodontics (prosthodontist).

Subp. 2. ~~**Specialty announcement**~~ **Education criteria.** ~~Only~~ A licensed dentist ~~who has successfully completed~~ may advertise as a specialist in an area if the dentist has evidence of graduating from a postdoctoral course of study approved specialty program accredited by the Commission on Dental Accreditation in any of the designated specialty areas, or who has announced a limitation of practice prior to 1967, or who has successfully completed certification by any of the following specialty examining boards may announce each specialty area and may advertise as a specialist in that area: of subpart 1.

- ~~A. American Board of Dental Public Health;~~
- ~~B. American Board of Endodontics;~~
- ~~C. American Board of Oral and Maxillofacial Pathology;~~
- ~~D. American Board of Oral and Maxillofacial Radiology;~~
- ~~E. American Board of Oral and Maxillofacial Surgery;~~
- ~~F. American Board of Orthodontics;~~
- ~~G. American Board of Pediatric Dentistry;~~

~~H. American Board of Periodontology; and~~

~~I. American Board of Prosthodontics.~~

Subp. 3. **Restricting practice.** Subpart 2 does not prohibit a dentist who does not meet the above education or experience criteria from restricting a practice to one or more specific areas of dentistry. These dentists ~~may~~ must not use the terms "specialist," "specialty," "specializing," or "limited to." The advertising must state that the services are being provided by a general dentist.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

With part 3100.8400 below, the Board made numerous housekeeping changes by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual permissible procedures or compliance requirements have changed. These changes will make the Board's rules clearer and concise, therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible ~~duties~~ procedures.** Assistants ~~under this subpart~~ without a license may:

~~A. perform all those duties not directly related with performing dental treatment or services on patients;~~

~~B~~ A. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;

~~C~~ B. assist with the placement or removal of ~~a rubber dam and accessories used for its placement and retention devices or materials for isolation purposes~~, as directed by ~~an operating the dentist or dental therapist during the course of a dental operation treatment~~;

~~D~~ C. remove debris ~~by the use of vacuum devices, compressed air, mouthwash, and or water that is normally created or accumulated during the course of treatment rendered by a licensed dentist or dental therapist using suction devices~~;

~~E~~ D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity, ~~in response to a specific direction by a licensed dentist who is physically engaged in performing a dental operation as defined in the act and who is physically in a position to give during dental treatment under the personal supervision to the assistant of a dentist or dental therapist~~;

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

~~G~~ 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.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1 ~~complies with items A and B~~:

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

B. ~~compliance~~ complies with the most current infection control ~~recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified in the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR)~~ practices for a dental setting.

Subp. 2. [Repealed, 10 SR 1612]

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

3100.8500 LICENSED DENTAL ASSISTANTS.

The Board made numerous changes throughout part 3100.8500 below. The language changes mirror the current language used in the existing rules for dental hygienist's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental assistants have changed.

As for subpart 2, the Board added language to clarify what type of education is required for each new delegated procedure added to the list over the years. If the procedure specifically states that additional education through a course is needed to perform that procedure, the licensed dental assistant must complete a course to perform that procedure. If the procedure is listed without any specific course requirements, this procedure can be performed by a licensed dental assistant only after in-office training by a dentist in the practice if the procedure was not included in the curriculum of their dental assisting program, and is considered an allowable delegated procedure within their scope of practice. Therefore, the Board considers these proposed changes to be necessary and reasonable.

As for subpart 3, the Board moved the "Limited-license Permit" to a new part (See 3100.1320) and renamed it "Limited Radiology Registration" as part of creating an understandable guide regarding the standard license or registration options that are available from the Board. This registration option will still have similar application and examination requirements as before, but more detailed information has been provided for the applicant. In addition, this registration option lists other key requirements pertaining to registration, including terms and renewal, reinstatement, and professional development. The Board considers these proposed changes to be necessary and reasonable.

3100.8500 LICENSED DENTAL ASSISTANTS.

Subpart 1. **Procedures under general supervision.** A licensed dental assistant may perform the following procedures without the dentist being present in the dental office or on the premises if the dentist has prior knowledge of and has consented to the procedures being performed ~~are with prior knowledge and consent of the dentist:~~

- A. cut arch wires on orthodontic appliances;
- B. remove loose bands on orthodontic appliances;
- C. remove loose brackets on orthodontic appliances;
- D. re-cement intact temporary crowns or restorations;

- E. place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges;
- F. take radiographs;
- G. take impressions and bite registration;
- H. fabricate and deliver ~~vacuum formed orthodontic retainers~~ custom fitted trays;
- I. place and remove elastic orthodontic separators;
- J. complete preliminary charting of the oral cavity and surrounding structures with the exception of ~~periodontal probing and assessment of the periodontal structure~~ structures;
- K. take photographs extraorally or intraorally;
- L. take vital signs such as pulse rate and blood pressure as directed by a dentist;
- M. obtain informed consent, according to part 3100.9600, subpart 9, for treatments authorized by the supervising dentist pursuant to the licensed dental assistant's scope of practice;
- N. remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances; and
- O. apply topical fluoride, including foam, gel, or varnish.

Subp. 1a. **Procedures under indirect supervision.** A licensed dental assistant, in addition to the services performed by an assistant described in part 3100.8400, subpart 1, may perform the following services if a dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed:

- A. apply topical medications including bleaching agents, desensitizing agents, and cavity varnishes as prescribed by a dentist;
- B. place and remove ~~rubber dam~~ devices or materials for isolation purposes;
- C. remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only;
- D. perform mechanical polishing to clinical crowns not including ~~instrumentation~~. the removal of calculus by instrumentation must be done by a dentist or dental hygienist before mechanical polishing;
- E. preselect orthodontic bands;
- F. place and remove periodontal dressings;
- G. remove sutures;
- H. monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia;
- I. place initial arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;
- J. dry root canals with paper points;
- K. place cotton pellets and temporary restorative materials into endodontic access openings;

L. etch appropriate enamel surfaces; and apply and adjust pit and fissure sealants. ~~Before the application of pit and fissure sealants, a licensed dental assistant must have successfully completed a course in pit and fissure sealants at a dental, dental hygiene, or dental assisting school accredited by the Commission on Dental Accreditation;~~

M. perform restorative procedures as permitted in Minnesota Statutes, section 150A.10, subdivision 4;

N. maintain and remove intravenous lines while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before managing and removing intravenous lines, 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

O. monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors, and capnography while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, 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.

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. ~~The course must be one that is presented by a dental, dental hygiene, or dental assisting school~~ through a school accredited by the Commission on Dental Accreditation;

C. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;

D. fabricate, place, replace, cement, and adjust temporary crowns or restorations ~~extraorally or intraorally~~;

E. remove temporary restorations with hand instruments only;

F. place and remove matrix ~~bands~~ bands systems and wedges;

G. administer nitrous oxide inhalation analgesia according to part 3100.3600, ~~subparts 4 and 5~~ subpart 15;

H. attach prefabricated and preadjusted orthodontic appliances;

I. remove fixed orthodontic bands and brackets;

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 ~~dental, dental hygiene, or dental assisting~~ school accredited by the Commission on Dental Accreditation.

Subp. 1c. **Procedures under personal supervision.** A licensed dental assistant may concurrently perform supportive services if the dentist holds a valid general anesthesia or moderate sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line. Before administering any medications or agents, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of general anesthesia and moderate sedation training and be certified by the board.

Subp. 2. **Other Procedures requiring more coursework or in-office training and procedures prohibited.**

A. If any delegated procedure within this part specifically indicates a requirement to complete additional coursework, the licensed dental assistant must complete the coursework to perform the procedure. All remaining delegated procedures listed are within the scope of practice for a licensed dental assistant with, if necessary, some required in-office training by the supervising dentist.

B. A licensed dental assistant ~~may~~ must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

Subp. 3. **Limited license permit Repealed.** ~~A dental assistant, who by virtue of academic achievement which is equal to or greater than that of a licensed dental assistant, and is currently qualified in Minnesota in an allied health profession may take dental radiographs under the general supervision of a dentist if the person complies with the requirements of this subpart. The person shall file with the board a completed application furnished by the board and the fee prescribed in Minnesota Statutes, section 150A.091, subdivision 2. In addition, the person shall submit evidence of the successful completion of a course on dental radiographs and of passing an examination. The course must be board approved. The course shall be equivalent to the dental radiograph courses offered by dental assisting courses approved by the board under part 3100.1300, item B. The examination must be the radiograph part of the examination which is required of licensed dental assistant applicants.~~

3100.8700 DENTAL HYGIENISTS.

The Board made numerous changes throughout part 3100.8700 below. The language changes mirror the current language used in the rules for licensed dental assistant's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental hygienists have changed. The Board considers these proposed changes to be necessary and reasonable.

3100.8700 DENTAL HYGIENISTS.

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

A. perform preliminary charting of the oral cavity and surrounding structures, including case histories; perform initial and periodic examinations and assessments to determine periodontal status; and ~~creation of~~ create a dental hygiene treatment plan in coordination with a dentist's treatment plan;

B. obtain informed consent, according to part 3100.9600, subpart 9, for treatments authorized by the supervising dentist pursuant to the dental hygienist's scope of practice;

C. take photographs extraorally or intraorally;

D. take vital signs, including pulse rate and blood pressure;

E. make referrals to dentists, physicians, and other practitioners in consultation with a dentist;

F. complete debridement, prophylaxis, and nonsurgical periodontal therapy;

G. etch enamel surfaces, ~~application and apply~~ and adjustment of adjust pit and fissure sealants;

H. administer local anesthesia. Before administering local anesthesia, a dental hygienist must have successfully completed a didactic and clinical program sponsored by a dental or dental hygiene school accredited by the Commission on Dental Accreditation, resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia;

I. administer nitrous oxide inhalation analgesia according to part 3100.3600, ~~subparts 4 and 5~~ subpart 14;

J. take radiographs;

K. apply topical medications, including topical fluoride, bleaching agents, cavity varnishes, and desensitizing agents;

L. place subgingival medicaments;

M. take impressions and bite registration;

N. ~~fabrication and delivery of~~ fabricate and deliver custom fitted trays;

O. provide nutritional counseling;

P. perform salivary analysis;

Q. remove marginal overhangs;

R. remove sutures;

S. place and remove periodontal dressings;

T. place and remove ~~isolation~~ devices or materials for ~~restorative~~ restorative isolation purposes;

U. polish restorations;

V. remove excess cement from inlays, crowns, bridges, or orthodontic appliances;

~~W. fabrication, placement, replacement, cementation, and adjustment of fabricate, place, replace, cement, and adjust~~ temporary crowns or restorations;

X. remove temporary crowns or restorations with hand instruments only;

Y. place and remove matrix systems and wedges; and

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 ~~dental, dental hygiene, or dental assisting~~ school accredited by the Commission on Dental Accreditation.

Subp. 2. Restorative procedures under indirect supervision. A dental hygienist may perform restorative procedures pursuant to Minnesota Statutes, section 150A.10, subdivision 4, and under indirect supervision, as defined in part 3100.0100, subpart 21, item C, if the dental hygienist has ~~fulfilled either item A or B:~~

A. successfully graduated from a Minnesota dental hygiene program accredited by the Commission on Dental Accreditation that included training for restorative procedures and received a restorative procedures certificate from the program; or

B. successfully completed a board-approved course on restorative procedures and received a restorative procedures certificate from the course sponsor.

Subp. 2a. Orthodontic procedures under general, indirect, or direct supervision. If a dental hygienist has fulfilled the requirements of item A, subitems (1), (2), or (3), the dental hygienist may perform the procedures listed in item B under the level of supervision indicated, as defined in part 3100.0100, subpart 21, items B, C, and D.

A. A dental hygienist must have:

(1) been granted a Minnesota dental hygiene license from the board prior to September 1, 2019;

(2) successfully graduated from a Minnesota dental hygiene program accredited by the Commission on Dental Accreditation after September 1, 2019, that included training for orthodontic procedures and received an orthodontic procedures certificate from the program; or

(3) successfully completed a board-approved course comprised of orthodontic procedures and received an orthodontic procedures certificate from the course sponsor.

B. The dental hygienist may perform the following procedures under:

(1) general supervision:

(a) cut arch wires on orthodontic appliances;

(b) remove loose bands on orthodontic appliances;

(c) remove loose brackets on orthodontic appliances;

(d) remove excess bond material from orthodontic appliances;

(e) preselect orthodontic bands;

(f) place and remove elastic orthodontic separators; and

(g) remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances; ~~and~~

~~(h) deliver vacuum-formed orthodontic retainers;~~

(2) indirect supervision: place initial arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;

(3) direct supervision:

(a) etch enamel surfaces before bonding of orthodontic appliances by a dentist;

- (b) remove bond material from teeth with rotary instruments after removal of orthodontic appliances;
- (c) attach prefrit and preadjusted orthodontic appliances; and
- (d) remove fixed orthodontic bands and brackets.

Subp. 2b. **Sedation monitoring and intravenous procedures under indirect, direct, or personal supervision.** If a dental hygienist has successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and ~~submitted to the board documentation of completion to receive a certificate from the board~~ is certified by the board, the dental hygienist may perform the following procedures under either indirect, direct, or personal supervision, as defined in part 3100.0100, subpart 21, items A, B, and C, for a dentist who holds a valid general anesthesia or moderate sedation certificate:

A. indirect supervision:

- (1) maintain and remove intravenous lines;
- (2) monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation, including pulse oximeters, electrocardiograms, blood pressure monitors, and capnography;

B. direct supervision: initiate and place an intravenous line in preparation for intravenous medications and sedation;

C. personal supervision: aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line.

Subp. 3. **Other procedures prohibited.** A dental hygienist ~~may~~ must not perform any dental treatment or procedure on patients not authorized by this chapter.

3100.9600 RECORD KEEPING.

The Board made a number of minor housekeeping changes to part 3100.9600 below by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual components of recordkeeping have changed. These changes will make the Board's rules clearer and concise. Therefore, the Board considers these proposed changes to be necessary and reasonable.

3100.9600 RECORD KEEPING.

Subpart 1. **Definitions.** For the purposes of this part, "patient" means a natural person who has received dental ~~care services~~ treatment from a provider ~~for treatment of a dental condition~~. In the case of a minor who has received dental ~~care services~~ treatment pursuant to Minnesota Statutes, sections 144.341 to 144.347, the patient includes a parent or guardian, ~~or a person acting as a parent or guardian in the absence of a parent or guardian~~.

Subp. 2. **Dental records.** Dentists shall maintain dental records on each patient. The records must contain the components specified in subparts 3 to 10.

Subp. 3. **Personal data.** At a minimum, dental records must include ~~at least the following information the patient's~~:

- A. ~~the patient's~~ name;
- B. ~~the patient's~~ address;
- C. ~~the patient's~~ date of birth;
- D. ~~if the patient is a minor, the name of the patient's parent or guardian~~ parent's or guardian's name, if the patient is a minor;
- E. ~~the name and telephone number of a person to contact in case of an emergency~~ contact;
and
- F. ~~the name of the patient's insurance~~ information ~~carrier and insurance identification number, if applicable.~~

Subp. 4. **Patient's reasons for visit.** When a patient presents with a chief complaint, dental records must include the patient's stated oral health care reasons for visiting the dentist.

Subp. 5. **Dental and medical history.** Dental records must include information from the patient or the patient's parent or guardian on the patient's dental and medical history. The information must include a sufficient amount of data to support the recommended treatment plan. The dental and medical history must be updated to reflect the current status of the patient.

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

- A. recording of existing oral health care status;
- B. any radiographs used; and
- C. the ~~facsimiles or~~ results of any other diagnostic aids used.

Subp. 7. **Diagnosis.** Dental records must include a diagnosis.

Subp. 8. **Treatment plan.** Dental records must include an agreed upon written and dated treatment plan except for routine dental care ~~such as preventive services.~~ The treatment plan must be updated to reflect the current status of the patient's oral health and treatment.

Subp. 9. **Informed consent.** Dental records must include a notation that:

- A. the dentist, advanced dental therapist, dental therapist, dental hygienist, or licensed dental assistant discussed with the patient the treatment options and the prognosis, benefits, and risks of each treatment that is within the scope of practice of the respective licensee; and
- B. the patient has consented to the treatment chosen.

Subp. 10. **Progress notes.** ~~Dental~~ Patient records must ~~be legible and~~ include a chronology of the patient's progress throughout the course of all treatment ~~and postoperative visits.~~ All written progress notes must be legible and written in ink. The chronology must include:

- A. all treatment provided;
- B. all medications and anesthetics used ~~and materials placed;~~
- C. all dental materials placed;
- € D. the treatment provider by license number, name, or initials;

~~D~~ E. when applicable, the identity of the collaborating dentist authorizing treatment by license number; and

E F. administration information for nitrous oxide inhalation analgesia, including indication for use, dosage, duration of administration, posttreatment oxygenation period prior to discharge, and patient status at discharge.

Subp. 11. **Corrections Amendments to of records.** ~~Notations must be legible, written in ink, and contain no erasures or "white outs."~~ If incorrect information is placed in ~~the a written~~ record, it must be ~~crossed~~ amended by crossing out with one single line and initialed by ~~a dental health care worker the provider.~~ The provider initialing the record must identify who the provider is on the written record. In an electronic health record, an amendment to the record must be electronically time and date stamped by the provider.

Subp. 12. **Retention of records.**

A. For an adult patient with an active file, the dentist must maintain the patient's entire dental record. For an adult patient with an inactive file, the A dentist shall must maintain a the patient's dental records for at least seven years beyond the time the dentist last treated the patient patient's last date of treatment by the dentist.

~~B. In the case of~~ For a minor patient with an active file, the dentist must maintain the patient's entire dental record. For a minor patient with an inactive file, the a dentist shall must maintain a the patient's dental records for at least seven years past the age of majority until the patient is 25 years old.

Subp. 13. **Transfer of records.** A patient's dental records must be transferred according to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's account. Digital radiographs shall be transferred by compact or optical disc, or electronic communication, ~~or printing on high quality photographic paper.~~ All transferred film or digital radiographs must reveal images of diagnostic quality ~~using proper exposure settings and processing procedures.~~

Subp. 14. **Electronic record keeping.**

A. The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means.

B. When electronic records are kept, a dentist must ~~keep either a duplicate hard copy record or~~ use an unalterable electronic record.

REPEALED. The Board's existing rules listed below will be repealed because they were found to be either obsolete, unnecessary, or duplicative rules. In general, the Board found that these rules no longer serve a purpose or some of the information within a part was kept and relocated to a different part in the Board's proposed rules.

3100.0100, subpart 8b (Core subject) and subpart 18b (Self-assessment) – these subparts are obsolete because this language has been eliminated from the Board's proposed rules related to professional development.

3100.0100, subpart 15 (National board) – this subpart is obsolete because the language gives the Board too much discretion regarding examinations.

3100.1100, subpart 2 (Clinical skills examination), subpart 4 (Photograph), and subpart 5 (Certification of character) – subpart 2 is unnecessary because this same information regarding clinical skills examination was moved to a new subpart within this part; subpart 4 is obsolete because the Board is no longer requiring the applicant’s photograph as part of the licensure application; subpart 5 is obsolete because the Board does not find this character information necessary during the licensure application process.

3100.1500 INCOMPLETE APPLICATIONS – this part is obsolete because an incomplete application received by the Board is no longer processed this way since the application and fee are not returned to the applicant. Instead, the Board is moving toward an electronic application and fees along with directly contacting the applicant.

3100.1600 ADDITIONAL INFORMATION FROM ALL APPLICANTS – this part is unnecessary and duplicative because all the application and educational requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.1700, subpart 5 (Contested case proceedings) – this subpart is unnecessary because the Board already has the right to terminate the license according to another subpart.

3100.1750, subpart 4 (Application fees), subpart 5 (Annual license fees), and subpart 6 (Annual license late fee) – these subparts are unnecessary and duplicative because this same information regarding fees was moved to a new subpart within this part.

3100.3100 CONDUCT OF EXAMINATIONS – this part is obsolete because the Board does not actually conduct the written examinations for licensure; instead, the examinations are now administered by other testing agencies.

3100.3200 CLINICAL EXAMINATIONS - this part is obsolete because the Board does not actually conduct the clinical examinations for licensure. Instead, the examinations are now conducted by Board members that contract directly with the examining company as dental examiners.

3100.3300 EXAMINATION OF DENTISTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3350 EXAMINATION OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3400 EXAMINATION OF DENTAL HYGIENISTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3500 EXAMINATION OF LICENSED DENTAL ASSISTANTS - this part is unnecessary and duplicative because this same information regarding various examinations and failed examinations requirements for applicants to become licensed by the Board can now be found under each licensed dental professional.

3100.3600, subpart 2 (General anesthesia or deep sedation; educational training requirements) - this subpart is unnecessary because this same information regarding general anesthesia or deep sedation was moved to a new subpart within this part.

3100.3600, subpart 3 (Moderate sedation; educational training requirements) - this subpart is unnecessary because this same information regarding moderate sedation was moved to a new subpart within this part.

3100.3600, subpart 4 (Nitrous oxide inhalation analgesia; educational training requirements) - this subpart is unnecessary because all the application and educational requirements for nitrous oxide inhalation analgesia have been separated into new subparts for each licensed dental professional.

3100.3600, subpart 5 (Notice to board) - this subpart is unnecessary because all the application and educational requirements for nitrous oxide inhalation analgesia have been separated into new subparts for each licensed dental professional.

3100.3600, subpart 6 (Analgesia) – this subpart is obsolete because the dentist is not the only licensed dental professional that can administer local anesthesia.

3100.3600, subpart 7 (Minimal sedation) – this subpart is unnecessary because a dentist is the only licensed dental professional that can administer minimal sedation.

3100.3600, subpart 8 (Reporting of incidents required) - this subpart is unnecessary because this same information regarding reporting of an incident was moved to a new subpart within this part.

3100.3600, subpart 9 (General anesthesia or moderate sedation certificate) - this subpart is unnecessary because this same information regarding certificates was moved to a new subpart within this part.

3100.3600, subpart 9a (Expiration or termination of general anesthesia or moderate sedation certificate; requirements) - this subpart is unnecessary because this same information regarding expiration or termination of a certificate was moved to a new subpart within this part.

3100.3600, subpart 9b (Certificate to provide dentistry with contracted sedation provider) - this subpart is unnecessary because this same information regarding a contracted sedation provider was moved to a new subpart within this part.

3100.3600, subpart 10 (Practice and equipment requirements) - this subpart is unnecessary and duplicative because this same information regarding practice and equipment requirements was moved to a new subpart within this part.

3100.3600, subpart 11 (On-site inspection; requirements and procedures) - this subpart is unnecessary and duplicative because this same information regarding on-site inspections was moved to a new subpart within this part.

3100.5400 PROFESSIONAL DEVELOPMENT TRANSITION – this part is obsolete because it explained the previous process of switching from the Board tracking continuing education credits earned to having the licensed dental professional track their own credits for professional development.

3100.6325 VOLUNTARY TERMINATION OF LICENSE – this part is unnecessary because the Board has the right to take disciplinary action against a licensed dental professional.

3100.7200 FAILURE TO RESPOND TO ADVERTISING COMPLAINT – this part is unnecessary and duplicative because the Board already has the authority under other statutes and rules to act regarding advertising complaints.

3100.8500, subpart 3 (Limited-license permit) – this subpart is unnecessary and duplicative because this same information regarding the application and examination requirements for applicants to become registered by the Board can now be found under the renamed title of Limited Radiology Registration.

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: March 17, 2021



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

Executive Director

Minnesota Board of Dentistry

Proposed Rules

requirements of Minnesota Statutes, sections 14.22 to 14.28 for rules adopted without a hearing, including the preparation of a statement of need and reasonableness and the opportunity for a hearing.

Modifications. The agency might modify its choice of these designated rules or parts proposed for repeal (e.g. fixing a typo or deciding not to repeal a rule because the rule is discovered not to be obsolete), based on comments and information submitted to the agency. If the final rules are identical to the rules originally published in the State Register, the agency will publish a notice of adopting the repealers in the State Register. If the final rules are different from the rules originally published in the State Register, the agency must publish a copy of the changes in the State Register. If the proposed repeal of obsolete rules affects you in any way, the agency encourages you to participate in the rulemaking process.

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 agency contact person at the address or telephone number listed above.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You may direct questions regarding this requirement to the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, Phone (651) 539-1180 or 1-800-657-3889.

Repeal and Review of Obsolete Rules. The agency may repeal the obsolete rules at the end of the comment period. The agency will then submit rules and supporting documents to the Office of Administrative Hearings for review for legality. You may ask to be notified of the date that the agency submits the rules. If you want to be so notified, or want to receive a copy of the repealed obsolete rules, or want to register with the agency to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

REPEALER. Minnesota Rules, parts 1500.0201, subpart 2; 1500.0601; 1500.0801; 1500.1900; 1510.0050; 1510.0060; 1510.0070; 1510.0080; 1510.0090; 1510.0100; 1510.0231; 1510.0261; 1510.0271; 1510.0320; and 1562.1100, subparts 1, 2, and 3, are repealed.

Minnesota Board of Dentistry

Proposed Permanent Rules Relating to Professional Licensure; 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 4672; OAH Docket No. 82-9033-37880

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3.

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 Wednesday, December 29, 2021, the Board will hold a public hearing on Thursday, January 27, 2022 starting at 9:30 am. Due to the Covid pandemic and social distancing

Proposed Rules

requirements, no in-person public attendees will be allowed. Instead, the public hearing will be held using Webex and the public can join from the event link: <https://minnesota.webex.com/join?siteurl=minnesota&eventnumber=24973656365&password=Zf2pTe4zRk3> and enter the event number/access code: 2497 365 6365 and password: Zf2pTe4zRk3. 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 December 29, 2021, and before January 27, 2022.

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 (888) 240-4762 (outside metro), fax: (651) 797-1373. TTY users may call the Board of Dentistry at (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. An executive summary of the subjects of the proposed rules, as follows:

3100.0100 DEFINITIONS.

Subparts 5, 9a, 9c, 12b, 13, and 16c – the changes made in these subparts reflect the changes made in other parts regarding allied dental personnel, CPR, dental assistant with a limited radiology registration, licensee, and registrant.

3100.1100 to 3100.1380.

Regarding 3100.1100 to 3100.1380, the Board decided to create a more user-friendly guide in Minnesota Rules, chapter 3100 for all dentists, dental therapists, dental hygienists, and licensed dental assistants regarding the standard license options that are available to them. Previously, some of the standard license options were only found in Minnesota statutes and now are included in the proposed rules. Each standard license option will still basically have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. In addition, each standard license option lists other key requirements pertaining to that license such as terms and renewal, reinstatement, and professional development to name a few. Furthermore, the Board has examined each standard license option and completed a major housekeeping of each license by eliminating non-relevant or outdated requests made by the Board's existing rules.

3100.1400 LICENSURE BY CREDENTIALS.

Numerous changes were made to 3100.1400 making it a logistical challenge to address each line change in detail. Overall, the Board updated all educational or examination requirements that are needed to pursue the licensure by credentials pathway. The Board also standardized the language to match other licensure paths by including the fee and CPR requirement. In addition, the Board completed major housekeeping of this rule by eliminating non-relevant or outdated language present in the Board's existing rules and streamlining the licensing by credentials process.

3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION; GENERAL.

Numerous changes were made to 3100.1700 including major housekeeping to eliminate non-relevant or outdated language that is present in the Board's existing rules. None of the actual terms or requirements for renewal of a license have changed but the format changes will make the Board's rules clearer and concise.

3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, OR RESIDENT DENTAL HYGIENIST.

Two substantial modifications were made to 3100.1750 include adding the resident dental therapist and resident dental hygienist to this group and adding a description of the Board process for those individuals who fail to renew their annual license. This process is the same as other license renewal requirements. The Board notifies the Licensee who must respond within a specified time period otherwise their license will be administratively terminated. All remaining changes to this rule are considered housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules.

3100.1850 REINSTATEMENT OF LICENSE.

Numerous changes were made to 3100.1850 below that includes major housekeeping by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual reinstatement requirements for licensure for the various time periods of termination have changed but the format changes will make the Board's rules clearer and concise.

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

The many changes to 3100.3600 will reorganize the contents and revise the language regarding nitrous oxide, general anesthesia, and sedation. These changes aim to provide a more understandable guide for Licensees to find the information they need to acquire the skills to administer nitrous oxide, general anesthesia, and sedation. None of the actual educational requirements, equipment requirements, or inspection requirements for these services have changed in this part but are now better explained and simplified. The language regarding "Reporting of incidents required" has been moved to subpart 1a, the front of this part, so it is no longer buried in the middle, where the information is difficult for Licensees to find. For nitrous oxide, each profession is listed and represents what is required to administer this service. As for the certifications for dentists to administer general anesthesia/deep sedation and moderate sedation, or to obtain a certificate for a contracted sedation provider, the format is easier to follow with the application requirement listed, the types of certificates, and how to renew a certificate.

3100.5100 PROFESSIONAL DEVELOPMENT.

In 3100.5100, many changes were made including eliminating the self-assessment examination as part of professional development, which is supported by the Board and other licensed dental professionals. For 16 years, the Board required that Licensees complete the self-assessment as part of fundamental continuing education activities. It has been a challenge for the Board to produce a new self-assessment every two years due to the lack of new resources to create questions and the excessive amount of time required to manage the entire self-assessment project.

Regarding the core subject requirement, the Board is choosing not to use the phrase "core subjects" and go back to simply referring to these categories as "fundamental" courses. The list of fundamental courses will remain the same but will add HIPAA, as follows: Recordkeeping; Ethics; Patient Communications; Management of Medical Emergencies; Treatment and Diagnosis; and Health Insurance Portability and Accountability Act (HIPAA). One item that will NOT change is that the Board will still require that a Licensee complete at least two fundamental courses on the list for each initial or biennial professional development cycle. Other than these changes, the current professional development requirements will continue to remain the same.

Regarding CPR course/certification, Licensees will still be required to complete and maintain CPR as a requirement for licensure for each biennial cycle. However, the CPR course/certification will no longer be listed as a requirement under professional development. Therefore, the four or more hours obtained for taking either a CPR course or ACLS course can no longer be counted as a professional development credit toward the Licensee's required credit hours.

The Board also added language to the extenuating circumstances section giving a seven-day deadline before the end of a cycle and informing the Licensee that their license will be terminated if they do not comply with this or completion of professional development by the end of the granted extension period. The Board needed to establish some deadlines and inform Licensees of the possible consequences for their actions in these situations.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

In 3100.6200, the Board updated outdated rules that will simplify the language regarding rebates and split fees and more accurately capture the true violations that are occurring with sexual misconduct issues, billing, and communication. It has been many years since significant changes have been made to this part by the Board, and now is the time to move forward with these more progressive changes relating to unprofessional conduct.

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

In 3100.6600, some housekeeping changes were made 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 but will make the Board's rules clearer and concise.

Proposed Rules

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

Regarding 3100.6900, the Board still upholds the idea that a dentist shall not engage with a third party where a fee or compensation is involved for the referral of the patient for dental services. With that said, the Board has now added language that does allow a dentist to provide a gift to a patient or provide a credit for dental services. The Board acknowledges that dentists have been giving gifts to their patients for years now, and it was decided to change the rules to accommodate what was already happening out in dental practices.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

In 3100.7000, the Board eliminated the naming of all the specialty examining boards, which is unnecessary language. The Board only needs to list the actual specialty areas and added dental anesthesiology, oral medicine, and orofacial pain, which have all been recognized as specialty areas by the American Dental Association.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

In 3100.8400, some housekeeping changes were made by eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual permissible procedures or compliance requirements have changed but these changes will make the Board's rules clearer and concise.

3100.8500 LICENSED DENTAL ASSISTANTS.

Numerous clarification changes were made throughout 3100.8500 where the changes mirror the current language used in the existing rules for dental hygienist's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental assistants have changed.

In subpart 2, the Board added language to clarify what type of education is required for each new delegated procedure added to the list over the years. If the procedure specifically states that additional education through a course is needed to perform that procedure, the licensed dental assistant must complete a course to perform that procedure. If the procedure is listed without any specific course requirements, this procedure is considered as an allowable delegated procedure within their scope of practice and can be performed by a licensed dental assistant after in-office training by a dentist in the practice if the procedure was not included in the curriculum of their dental assisting program.

In subpart 3, the Board moved the "Limited-license Permit" to a new part (See 3100.1320) and renamed it "Limited Radiology Registration" as part of creating an understandable guide regarding the standard license or registration options that are available from the Board. This registration option will still have similar application and examination requirements as before, but more detailed information has been provided for the applicant. In addition, this registration option lists other key requirements pertaining to registration, including terms and renewal, reinstatement, and professional development.

3100.8700 DENTAL HYGIENISTS.

Numerous clarification changes were made throughout 3100.8700 where the changes mirror the current language used in the rules for licensed dental assistant's delegated procedures. Other changes were for housekeeping eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual delegated procedures or the level of supervision for procedures for licensed dental hygienists have changed.

3100.9600 RECORD KEEPING.

Some minor housekeeping changes were made to 3100.9600 eliminating non-relevant or outdated language that is present in the Board's existing rules. None of the actual components of recordkeeping have changed but these changes will make the Board's rules clearer and concise.

REPEALED RULES: 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. The Board's existing rules listed will be repealed because they were found to be either obsolete, unnecessary, or duplicative rules. In general, the Board found that these rules no longer serve a purpose or some of the information within a part was kept and relocated to a different part in the Board's proposed rules.

Proposed Rules

Statutory Authority. The statutory authority to adopt the rules is *Minnesota Statutes*, section 150A.04, subdivision 5 and section 150A.06, subdivision 9. On October 26, 2021, the Office of Administrative Hearings waived the publication of the full text of the proposed rules in the *State Register*. A copy of the entire proposed rules is available on the Board's website at www.mn.gov/boards/dentistry 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 Wednesday, December 29, 2021, 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 Wednesday, December 29, 2021. 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. 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 Thursday, January 27, 2022, 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 December 29, 2021, 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 Barbara Case is assigned to conduct the hearing. Judge Case's legal assistant, Michelle Severson can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, michelle.severson@state.mn.us, telephone (651) 361-7874, fax (651) 539-0310.

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

Proposed Rules

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 Case 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 www.mn.gov/boards/dentistry.

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 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: October 26, 2021

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

October 26, 2021

VIA EMAIL ONLY

Kathy T. Johnson
335 Randolph Ave Ste 250
Saint Paul, MN 55102
Kathy.t.johnson@state.mn.us

Re: *In the Matter of Minnesota Statutes Section 14.22 For Rules Relating To Professional Licensure In Dentistry, Revisor's ID No. R-4672*
OAH 82-9033-37880

Dear Ms. Johnson:

Enclosed and served upon you please find the **ORDER ON REQUEST TO OMIT FROM THE NOTICE THE TEXT OF PROPOSED RULES** in the above-entitled matter.

If you have any questions, please contact me at (651) 361-7874, michelle.severson@state.mn.us, or via facsimile at (651) 539-0310.

Sincerely,



MICHELLE SEVERSON
Legal Assistant

Enclosure

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter of Minnesota Statutes
Section 14.22 For Rules Relating To
Professional Licensure In Dentistry,
Revisor's ID No. R-4672

**ORDER ON REQUEST TO OMIT
FROM THE NOTICE THE TEXT OF
PROPOSED RULES**

This matter came before Chief Administrative Law Judge Jenny Starr on October 21, 2021. The Minnesota Board of Dentistry (Board) seeks an order authorizing the omission of the proposed rule text when it publishes the Dual Notice of Intent to Adopt Rules pursuant to Minnesota Statutes sections 14.14, subdivision 1a(b) (2020) and 14.22, subdivision 1(b) (2020). The Board asserts that publication of the proposed rules in the *State Register* is cost-prohibitive.

As an alternative to publication, the Board pledges that the Notice will state that a free copy of the entire proposed rules will be available upon request to the Board and indicate how to make that request. The Notice will also identify the website link where a copy may be obtained. Finally, the Notice will state the subject matter of the omitted rules, cite the statutory authority for the proposed rules, and outline the proposed rules' purpose. In addition, the Board's Statement of Need and Reasonableness (SONAR) will be transmitted as outlined in the Notice Plan, which SONAR will be available free of charge by request and posted on the Board's website.

IT IS HEREBY ORDERED THAT:

Given the relatively narrow class of persons affected by the proposed rules and conditioned upon the Board's use of the procedures outlined in its petition of October 21, 2021, the petition to omit the proposed rule text is **GRANTED**.

Dated: October 26, 2021

A handwritten signature in black ink, appearing to be 'JS' with a long horizontal line extending to the right.

JENNY STARR
Chief Administrative Law Judge

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 Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

I, Kathy T. Johnson, certify that on November 19, 2021, at least 33 days before the end of the comment period, at the City of Saint Paul, County of Ramsey, State of Minnesota, I mailed 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 November 18, 2021.



Kathy T. Johnson

Legal Analyst

Minnesota Board of Dentistry

Minnesota Board of Dentistry

**CERTIFICATE OF GIVING ADDITIONAL NOTICE PURSUANT TO THE
ADDITIONAL NOTICE PLAN**

Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

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 October 29, 2021.

1. Throughout 2019, 2020, and 2021, several of the Board's Committees (e.g., Licensure and Credential, Policy, and Allied Dental Education) held numerous public meetings with all interested parties in attendance to thoroughly discuss and present scenarios regarding these proposed rules amendments. 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 amendments are distributed and reviewed by all individuals in attendance and input encouraged from all attendees. After these public meetings, the Board will review and approve the proposed rules amendments and proceed with the rulemaking process.
2. On March 18, 2021, the Board posted a draft copy of the proposed rules amendments on the Board's website at www.mn.gov/boards/dentistry making it accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public. This draft copy identified the Board rules that will be affected by the Board's proposed rules amendments.
3. On March 18, 2021, the Board posted a copy of the Request for Comments for publication in the State Register in the Board's newsletter and on the Board's website and Facebook page at www.mn.gov/boards/dentistry. This newsletter, website, and Facebook page are accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.

4. On March 18, 2021, the Board posted its Statement of Need and Reasonableness (“SONAR”) dated March 17, 2021, on the Board’s website at www.mn.gov/boards/dentistry making this information accessible to the following individuals: all dentists; dental therapists; dental hygienists; dental assistants; state legislators; other health boards; professional associations; and members of the general public.
5. On March 22, 2021, 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 March 22, 2021, 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 March 22, 2021, the Board sent an electronic mass mailing using GovDelivery service to nearly 22,000 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 March 29, 2021, the Board’s Request for Comments was published in the State Register, requesting that all comments be submitted to the Board by May 28, 2021. 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 by electronic mail a copy of the Dual Notice of Intent to Adopt Rules, the proposed rules, and the SONAR to the 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), and asked these representatives to disseminate this information to their member lists via newsletters, publications, or mailings.
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 22,000 licensees and the general public, including dentists, dental therapists, dental hygienists, and licensed dental assistants, regarding the Board’s Dual Notice period, the proposed rules, and the SONAR.



Kathy T. Johnson

Legal Analyst

Minnesota Board of Dentistry

October 29, 2021

VIA EMAIL ONLY

Kathy T. Johnson
335 Randolph Ave Ste 250
Saint Paul, MN 55102
Kathy.t.johnson@state.mn.us

**Re: *In the Matter of Minnesota Statutes Section 14.22 For Rules
Relating To Professional Licensure In Dentistry, Revisor's ID
No. R-4672***
OA# 82-9033-37880; Revisor R-4672

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 in the State Register, please notify the Office of Administrative Hearings (OAH) at denise.collins@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.**

If you have any questions regarding this matter, please contact Denise Collins at (651) 361-7875, denise.collins@state.mn.us or via facsimile at (651) 539-0310.

Sincerely,



Michelle Severson
Legal Assistant

Enclosure

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter of Minnesota Statutes **ORDER ON REVIEW OF ADDITIONAL**
Section 14.22 For Rules Relating To **NOTICE PLAN AND DUAL NOTICE**
Professional Licensure In Dentistry,
Revisor's ID No. R-4672

This matter came before Administrative Law Judge Barbara J. Case upon the application of the Minnesota Board of Dentistry (Board) for a legal review under Minn. R. 1400.2060 and 1400.2080 (2021).


On October 26, 2021, the Board filed documents with the Office of Administrative Hearings seeking review and approval of its Dual Notice and its additional notice plan.

Based upon a review of the written submissions by the Board, including regarding its past and ongoing efforts to notify all dental professionals about these rules by posting and emailing notices and other information ,

IT IS HEREBY ORDERED THAT:

1. The Additional Notice Plan is **APPROVED**.
2. The Dual Notice is **APPROVED**.
3. If a hearing is required on these rules it shall be held on **Thursday, January 27, 2022**, beginning at **9:30 a.m.**

Date: October 29, 2021


BARBARA J. CASE
Administrative Law Judge

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 Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

I, Kathy T. Johnson, certify that on November 18, 2021, I mailed 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

November 18, 2021

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 Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

Dear Librarian:

The Minnesota Board of Dentistry intends to adopt rules relating to the following: a major portion of the amendments encompass creating a more user-friendly guide in Minnesota Rules, chapter 3100 for dentists, dental therapists, dental hygienists, and licensed dental assistants regarding standard licensure options. In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes.

We plan to publish a Dual Notice of Intent to Adopt Rules on November 29, 2021, 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

Minnesota Board of Dentistry

Adopted Permanent Rules Relating to Professional Licensure

3100.0100 DEFINITIONS.

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

Subp. 2b. **Analgesia.** "Analgesia" means the diminution or elimination of pain as a result of the administration of an agent including but not limited to local anesthetic, nitrous oxide, and pharmacological and nonpharmacological methods.

[For text of subparts 2c to 4, see Minnesota Rules]

Subp. 5. **Allied dental personnel.** "Allied dental personnel" means an advanced dental therapist, dental therapist, dental hygienist, licensed dental assistant, dental assistant with a limited radiology registration, assistant without a license, and dental technician.

[For text of subparts 5a to 8a, see Minnesota Rules]

Subp. 8b. [See repealer.]

[For text of subpart 9, see Minnesota Rules]

Subp. 9a. **CPR.** "CPR" refers to a comprehensive, hands-on course 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 healthcare professionals through the American Heart Association or the American Red Cross.

[For text of subpart 9b, see Minnesota Rules]

Subp. 9c. **Dental assistant with a limited radiology registration.** "Dental assistant with a limited radiology registration" means a person holding a limited radiology registration to take dental radiographs.

[For text of subparts 9d to 12a, see Minnesota Rules]

2.1 Subp. 12b. **Hospital.**

2.2 A. "Hospital" means an institution licensed by the state commissioner of health
2.3 that:

2.4 (1) is adequately and properly staffed and equipped;

2.5 (2) provides services, facilities, and beds for use beyond 24 hours by
2.6 individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity,
2.7 abnormality, disease, or pregnancy; and

2.8 (3) regularly provides clinical laboratory services, diagnostic x-ray services,
2.9 and treatment facilities for surgery or obstetrical care, or other definitive medical treatment
2.10 of similar extent.

2.11 B. For the purposes of this chapter, diagnostic or treatment centers, physicians'
2.12 offices or clinics, or dentists' offices or clinics are not hospitals.

2.13 *[For text of subparts 12c to 12e, see Minnesota Rules]*

2.14 Subp. 13. **Licensee.** "Licensee" means a dentist, dental therapist, dental hygienist, or
2.15 licensed dental assistant.

2.16 *[For text of subparts 13a to 14a, see Minnesota Rules]*

2.17 Subp. 15. [See repealer.]

2.18 *[For text of subparts 15a to 16a, see Minnesota Rules]*

2.19 Subp. 16b. **Professional development.** "Professional development" means activities
2.20 that include but are not limited to continuing education, community services, publications,
2.21 and career accomplishments throughout a professional's life.

2.22 Subp. 16c. **Registrant.** "Registrant" means a dental assistant with a limited radiology
2.23 registration.

3.1 *[For text of subparts 17 to 18a, see Minnesota Rules]*

3.2 Subp. 18b. [See repealer.]

3.3 *[For text of subparts 19 to 22, see Minnesota Rules]*

3.4 **3100.1100 GENERAL DENTIST.**

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

3.7 A. a completed application;

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

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

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

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

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

3.17 G. documentation of current CPR certification; and

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

3.19 Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant
3.20 fails twice any part of the clinical examination required by Minnesota Statutes, section
3.21 150A.06, subdivision 1, the applicant must not retake the clinical examination until the
3.22 applicant successfully completes additional education provided by an institution accredited
3.23 by the Commission on Dental Accreditation. The education must cover all of the subject

4.1 areas failed by the applicant in each of the two clinical examinations. The applicant may
4.2 retake the examination only after the institution provides the board information specifying
4.3 the areas failed in the previous examinations and the education provided to address the areas
4.4 failed, and certifies that the applicant has successfully completed the education. The applicant
4.5 must take the additional education required in this subpart each time the applicant fails the
4.6 clinical examination twice.

4.7 Subp. 2. [See repealer.]

4.8 Subp. 2a. **Terms and renewal of license.** A general dentist may renew a general
4.9 dentist license according to the terms of renewal under part 3100.1700.

4.10 Subp. 3. [Repealed, 18 SR 2042]

4.11 Subp. 4. [See repealer.]

4.12 Subp. 4a. **Reinstatement of license.** To reinstate a terminated general dental license,
4.13 the applicant must comply with the requirements of part 3100.1850.

4.14 Subp. 5. [See repealer.]

4.15 Subp. 5a. **Emeritus license.** A general dentist who wishes to apply for an emeritus
4.16 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
4.17 active license under part 3100.1350.

4.18 Subp. 5b. **Professional development.** A general dentist must complete professional
4.19 development requirements including maintaining a professional portfolio under parts
4.20 3100.5100 to 3100.5300.

4.21 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a general
4.22 dental license who wants the authority under the license to administer a pharmacological
4.23 agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to

administer nitrous oxide inhalation analgesia must comply with the applicable requirements of part 3100.3600.

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. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of having graduated from a school of dentistry;
- D. evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;
- E. evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;
- F. evidence of passing all parts of a national board examination for the practice of dentistry;
- G. 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;
- H. evidence of passing the board's jurisprudence examination within the past five years;
- I. documentation of current CPR certification; and
- J. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms and renewal of license.** A specialty dentist may renew a specialty dental license according to the terms of renewal under part 3100.1700.

6.1 Subp. 3. **Reinstatement of license.** To reinstate a terminated specialty dental license,
6.2 the applicant must comply with the requirements of part 3100.1850.

6.3 Subp. 4. **Emeritus license.** A specialty dentist who wishes to apply for an emeritus
6.4 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
6.5 active license under part 3100.1350.

6.6 Subp. 5. **Professional development.** A specialty dentist must complete professional
6.7 development requirements including maintaining a professional portfolio under parts
6.8 3100.5100 to 3100.5300.

6.9 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a specialty
6.10 dental license who wants the authority under the license to administer a pharmacological
6.11 agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to
6.12 administer nitrous oxide inhalation analgesia must comply with the applicable requirements
6.13 of part 3100.3600.

6.14 **3100.1130 LIMITED GENERAL DENTIST.**

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

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

6.21 (1) the credential review fee in Minnesota Statutes, section 150A.091,
6.22 subdivision 9a;

6.23 (2) a completed board-approved evaluation of all international education;

(3) an original or notarized copy of passing board-approved language testing within the previous two years if English is not the applicant's primary language;

(4) an original affidavit of licensure;

(5) a completed dental questionnaire;

(6) a personal letter, curriculum vitae, or resume;

(7) an original or notarized copy of dental diploma and, if necessary, professional translation;

(8) proof of clinical practice in dentistry;

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

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

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

B. If, after reviewing the applicant's credentials, the board determines the applicant's credentials are nonequivalent, the board shall deny the application to take a board-approved clinical examination for limited licensure. The board shall notify the applicant of the denial. An applicant denied permission to take a board-approved clinical examination may appeal the decision to the board within 60 days from the notification date.

C. If, after reviewing the applicant's credentials, the board determines the applicant's credentials are equivalent, the board shall require that the applicant complete one or more of the following requirements:

(1) schedule and complete an interview with the board;

(2) submit a specified number of patient records to the board; or

8.1 (3) take a board-approved dental simulation course to test competency.

8.2 D. After the applicant completes the requirements in item C, the board shall notify
8.3 the applicant as to whether permission to take a board-approved clinical examination for
8.4 limited licensure has been denied or granted. An applicant denied permission to take a
8.5 board-approved clinical examination may appeal the decision to the board within 60 days
8.6 from the notification date.

8.7 E. If the applicant is granted permission by the board to take a board-approved
8.8 clinical examination, the applicant must take a board-approved clinical examination,
8.9 successfully pass the board-approved clinical examination, and submit evidence of passing
8.10 the board-approved clinical examination within 18 months from the receipt date of the
8.11 board's notification letter granting permission to take the board-approved clinical
8.12 examination.

8.13 Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant
8.14 fails twice any part of a board-approved clinical examination, the applicant must not retake
8.15 the clinical examination until the applicant successfully completes additional education
8.16 provided by an institution accredited by the Commission on Dental Accreditation. The
8.17 education must cover all of the subject areas failed by the applicant in each of the two
8.18 clinical examinations. The applicant may retake the examination only after the institution
8.19 provides the board information specifying the areas failed in the previous examinations and
8.20 the education provided to address the areas failed, and certifies that the applicant has
8.21 successfully completed the education. The applicant shall be allowed to retake the clinical
8.22 examination one time following this additional educational instruction. If the applicant fails
8.23 the clinical examination for a third time, the applicant is prohibited from retaking the clinical
8.24 examination.

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

9.4 A. a completed application;

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

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

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

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

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

9.15 (2) any practice limitations; and

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

9.19 F. documentation of current CPR certification; and

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

10.1 **Subp. 2. Terms of limited licensure.**

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

10.5 (1) submit the renewal fee in Minnesota Statutes, section 150A.091,
10.6 subdivision 9b, clause (2);

10.7 (2) maintain a consecutive and current CPR certification;

10.8 (3) submit written correspondence and agreement to the board requesting
10.9 approval of a subsequent supervising dentist and written agreement, within 14 days prior
10.10 to employment start date with subsequent supervising dentist. The written agreement must
10.11 include:

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

10.14 (b) any practice limitations; and

10.15 (c) an acknowledgment that the limited license dentist agrees to practice
10.16 clinical dentistry at least 1,100 hours annually for a period of three consecutive years or
10.17 any remaining portion thereof;

10.18 (4) within seven business days of an unforeseen event, submit written
10.19 correspondence for review by an appropriate committee of the board regarding the unforeseen
10.20 circumstance that may interrupt the three consecutive years of supervision;

10.21 (5) maintain with the board a correct and current mailing address and
10.22 electronic mail address and properly notify the board within 30 days of any changes as
10.23 described in Minnesota Statutes, section 150A.09, subdivision 3; and

10.24 (6) maintain a professional development portfolio containing:

11.1 (a) documentation of required hours in professional development

11.2 activities; and

11.3 (b) at least two different fundamental courses as part of the fundamental

11.4 activities.

11.5 B. The total required hours of professional development activities required in item
11.6 A, subitem (6), is 75 hours with at least 45 hours in fundamental activities and no more than
11.7 30 hours in elective activities. Completing at least 25 hours each year toward the total of
11.8 75 hours is required for compliance.

11.9 Subp. 3. **Terms of supervising dentist.** A supervising dentist must be licensed in
11.10 Minnesota and provide general supervision to a limited license dentist. The supervising
11.11 dentist is not required to be present in the office or on the premises when supervising the
11.12 limited license dentist, but does require the supervising dentist to have knowledge and
11.13 authorize the procedures being performed by the limited license dentist. For the three
11.14 consecutive years or any portion thereof, the supervising dentist must be eligible to participate
11.15 and comply with the requirements in items A to I.

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

11.17 C. A supervising dentist must have a written agreement between the limited license
11.18 dentist and the supervising dentist, and the supervising dentist may only supervise one
11.19 limited license dentist for the duration of the agreement. The written agreement must include:

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

11.22 (2) any practice limitations; and

11.23 (3) an acknowledgment that the limited license dentist agrees to practice
11.24 clinical dentistry at least 1,100 hours annually for a period of three consecutive years.

12.1 *[For text of items D to I, see Minnesota Rules]*

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

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

12.8 (1) a completed application for a dental license in Minnesota no sooner than
12.9 90 days preceding the expiration date of the applicant's limited license or no later than one
12.10 year after the expiration date of the applicant's limited license;

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

12.12 (3) documentation of current CPR certification;

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

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

12.17 B. A dentist applying for a dental license under item A must not have been subject
12.18 to corrective or disciplinary action by the board while holding a limited license during the
12.19 three consecutive years.

12.20 C. An applicant whose license application has been denied may appeal the denial
12.21 by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

13.1 **3100.1150 FACULTY DENTIST; FULL OR LIMITED.**

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

13.5 A. a completed application;

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

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

13.9 D. documentation of current CPR certification;

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

13.12 F. a letter from the dean or program director of a school of dentistry, dental therapy,
13.13 dental hygiene, or dental assisting certifying that the person seeking licensure is a member
13.14 of the school's faculty and practices dentistry. The original letter must include:

13.15 (1) the applicant's full name;

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

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

13.21 Subp. 2. **Termination of licensure.** The board shall terminate a person's license to
13.22 practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a
13.23 member of the faculty of a school of dentistry.

14.1 Subp. 3. **Terms and renewal of license.** A full faculty dentist may renew a full faculty
14.2 license according to the terms of renewal under part 3100.1700. A limited faculty dentist
14.3 may renew a limited faculty license under part 3100.1750.

14.4 Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not
14.5 reinstate a terminated faculty license.

14.6 Subp. 5. **Emeritus license.** A full or limited faculty dentist who wishes to apply for
14.7 an emeritus license may apply for an emeritus inactive license under part 3100.1340. A full
14.8 or limited faculty dentist cannot apply for an emeritus active license under part 3100.1350.

14.9 Subp. 6. **Professional development.** A full faculty dentist must complete professional
14.10 development requirements including maintaining a professional portfolio under parts
14.11 3100.5100 to 3100.5300. A limited faculty dentist is not required to complete the professional
14.12 development requirements under part 3100.5100.

14.13 Subp. 7. **Anesthesia, sedation, and nitrous oxide.** A person applying for a faculty
14.14 license who wants the authority under the license to administer a pharmacological agent
14.15 for the purpose of general anesthesia, deep sedation, or moderate sedation or to administer
14.16 nitrous oxide inhalation analgesia must comply with the applicable requirements of part
14.17 3100.3600.

14.18 **3100.1160 RESIDENT DENTIST.**

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

14.22 A. a completed application;

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

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

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

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.

Subp. 2. Termination of licensure. The board shall terminate a person's license to practice dentistry as a resident dentist when the person is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation.

Subp. 3. Terms and renewal of license. A resident dentist may renew a resident dental license according to the terms of renewal under part 3100.1750.

Subp. 4. Reinstatement of terminated license prohibited. The board shall not reinstate a terminated resident dental license.

Subp. 5. Professional development. A resident dentist is not required to meet the professional development requirements referenced in part 3100.5100.

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

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

E. documentation of current CPR certification; and

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

Subp. 2. Termination of licensure. The board shall terminate a person's license to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist when the person is no longer 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.

Subp. 3. Terms and renewal of license. A resident dental therapist or resident dental hygienist may renew a resident license for dental therapy or dental hygiene according to the terms of renewal under part 3100.1750.

Subp. 4. Reinstatement of terminated license prohibited. The board shall not reinstate a terminated resident license for dental therapy or dental hygiene.

Subp. 5. Professional development. A resident dental therapist or resident dental hygienist is not required to meet the professional development requirements referenced in part 3100.5100.

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:

- 17.1 A. a completed application;
- 17.2 B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- 17.3 C. evidence of having graduated with a baccalaureate degree or a master's degree
- 17.4 from a dental therapy education program that has been approved by the board or accredited
- 17.5 by the Commission on Dental Accreditation or another board-approved national accreditation
- 17.6 organization;
- 17.7 D. evidence of passing a board-approved clinical examination in dental therapy
- 17.8 within the past five years;
- 17.9 E. evidence of passing the board's jurisprudence examination within the past five
- 17.10 years;
- 17.11 F. documentation of current CPR certification; and
- 17.12 G. a criminal background check as required by Minnesota Statutes, section 214.075.

17.13 Subp. 2. **Additional education for two failed clinical examinations.** If an applicant

17.14 fails twice any part of the clinical examination required by Minnesota Statutes, section

17.15 150A.06, subdivision 1d, the applicant must not retake the examination until the applicant

17.16 successfully completes additional education provided by an institution approved by the

17.17 board. The education must cover all of the subject areas failed by the applicant in the clinical

17.18 examination. The applicant may retake the examination only after the institution provides

17.19 information to the board specifying the areas failed in the previous examinations and the

17.20 education provided to address the areas failed, and certifies that the applicant has successfully

17.21 completed the education. The applicant must take the additional education provided above

17.22 each time the applicant fails the clinical examination twice.

17.23 Subp. 3. **Advanced dental therapist; certification requirements.** A person who is

17.24 currently licensed as a dental therapist in Minnesota and seeking certification to practice as

17.25 an advanced dental therapist in Minnesota must provide the board:

- 18.1 A. a completed application;
- 18.2 B. the application fee in Minnesota Statutes, section 150A.091, subdivision 2;
- 18.3 C. evidence of having completed at least 2,000 hours of dental therapy clinical
- 18.4 practice under direct or indirect supervision;
- 18.5 D. evidence of having graduated with a baccalaureate degree or a master's degree
- 18.6 from a dental therapy education program that has been approved by the board or accredited
- 18.7 by the Commission on Dental Accreditation or another board-approved national accreditation
- 18.8 organization;
- 18.9 E. evidence of having graduated from a master's advanced dental therapy education
- 18.10 program; and
- 18.11 F. evidence of passing a board-approved certification examination in advanced
- 18.12 dental therapy.

18.13 Subp. 4. **Terms and renewal of license.** A dental therapist may renew a dental therapy

18.14 license according to the terms of renewal under part 3100.1700. The onetime certification

18.15 for an advanced dental therapist does not require renewal once obtained.

18.16 Subp. 5. **Reinstatement of license.** To reinstate a terminated dental therapy license,

18.17 the applicant must comply with the requirements of part 3100.1850.

18.18 Subp. 6. **Emeritus license.** A dental therapist who wishes to apply for an emeritus

18.19 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus

18.20 active license under part 3100.1350.

18.21 Subp. 7. **Professional development.** A dental therapist must complete professional

18.22 development requirements including maintaining a professional portfolio under parts

18.23 3100.5100 to 3100.5300.

Subp. 8. **Nitrous oxide.** A person applying for a dental therapy license who wants the authority under the license to administer nitrous oxide inhalation analgesia must comply with the requirements of part 3100.3600, subpart 13.

Subp. 9. **Delegated procedures.** A dental therapist can perform the delegated procedures indicated within Minnesota Statutes, section 150A.105. An advanced dental therapist can perform the delegated procedures indicated within Minnesota Statutes, sections 150A.105 and 150A.106.

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. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of passing a national board examination for the practice of dental hygiene within the past five years;
- D. evidence of passing a board approved clinical examination within the past five years;
- E. evidence of having graduated from a school of dental hygiene 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.

20.1 Subp. 2. **Additional education for two failed clinical examinations.** If an applicant
20.2 fails twice any part of the clinical examination required by Minnesota Statutes, section
20.3 150A.06, subdivision 2, the applicant must not retake the examination until the applicant
20.4 successfully completes additional education provided by an institution accredited by the
20.5 Commission on Dental Accreditation. The education must cover all of the subject areas
20.6 failed by the applicant in each of the two clinical examinations. The applicant may retake
20.7 the examination only after the institution provides to the board information specifying the
20.8 areas failed in the previous examinations and the education provided to address the areas
20.9 failed, and certifies that the applicant has successfully completed the education. The applicant
20.10 must take the additional education provided above each time the applicant fails the clinical
20.11 examination twice.

20.12 Subp. 3. **Terms and renewal of license.** A dental hygienist may renew a dental
20.13 hygiene license according to the terms of renewal under part 3100.1700.

20.14 Subp. 4. **Reinstatement of license.** To reinstate a terminated dental hygiene license,
20.15 the applicant must comply with the requirements of part 3100.1850.

20.16 Subp. 5. **Emeritus license.** A dental ~~therapist~~ hygienist who wishes to apply for an
20.17 emeritus license may apply for an emeritus inactive license under part 3100.1340 or an
20.18 emeritus active license under part 3100.1350.

20.19 Subp. 6. **Professional development.** A dental ~~therapist~~ hygienist must complete
20.20 professional development requirements including maintaining a professional portfolio under
20.21 parts 3100.5100 to 3100.5300.

20.22 Subp. 7. **Nitrous oxide.** A person applying for a dental hygiene license who wants
20.23 the authority under the license to administer nitrous oxide inhalation analgesia must comply
20.24 with the requirements of part 3100.3600, subpart 14.

21.1 Subp. 8. **Delegated procedures.** A dental hygienist can perform the delegated
21.2 procedures indicated within part 3100.8700.

21.3 **3100.1300 LICENSED DENTAL ASSISTANT.**

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

- 21.6 A. a completed application;
- 21.7 B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- 21.8 C. evidence of having graduated from a school of dental assisting accredited by
21.9 the Commission on Dental Accreditation. If the curriculum of the school does not include
21.10 training in the expanded procedures specified in part 3100.8500, the applicant must
21.11 successfully complete a board-approved course in these procedures;
- 21.12 D. evidence of passing the board's state licensing examination within the past five
21.13 years;
- 21.14 E. evidence of passing a national board examination for the practice of dental
21.15 assisting within the past five years;
- 21.16 F. evidence of passing the board's jurisprudence examination within the past five
21.17 years;
- 21.18 G. documentation of current CPR certification; and
- 21.19 H. a criminal background check as required by Minnesota Statutes, section 214.075.

21.20 Subp. 2. **Additional education for two failed board's state licensing examinations.** If
21.21 an applicant fails twice any part of the board's state licensing examination required by
21.22 Minnesota Statutes, section 150A.06, subdivision 2a, the applicant must not retake the
21.23 examination until the applicant successfully completes additional education provided by an
21.24 institution accredited by the Commission on Dental Accreditation or an independent instructor

22.1 approved by the board. The education must cover all of the subject areas failed by the
22.2 applicant in each of the two examinations. The applicant may retake the examination only
22.3 after the institution or independent instructor provides to the board information specifying
22.4 the areas failed in the previous examinations and the education provided to address the areas
22.5 failed, and certifies that the applicant has successfully completed the education. The applicant
22.6 must take the additional education required in this subpart each time the applicant fails the
22.7 board's state licensing examination twice.

22.8 Subp. 3. **Terms and renewal of license.** A licensed dental assistant may renew a
22.9 dental assisting license according to the terms of renewal under part 3100.1700.

22.10 Subp. 4. **Reinstatement of license.** To reinstate a terminated dental assisting license,
22.11 the applicant must comply with the requirements of part 3100.1850.

22.12 Subp. 5. **Emeritus license.** A licensed dental assistant who wishes to apply for an
22.13 emeritus license may apply for an emeritus inactive license under part 3100.1340 or an
22.14 emeritus active license under part 3100.1350.

22.15 Subp. 6. **Professional development.** A licensed dental assistant must complete
22.16 professional development requirements including maintaining a professional portfolio under
22.17 parts 3100.5100 to 3100.5300.

22.18 Subp. 7. **Nitrous oxide.** A person applying for a dental assisting license who wants
22.19 the authority under the license to administer nitrous oxide inhalation analgesia must comply
22.20 with the requirements of part 3100.3600, subpart 15.

22.21 Subp. 8. **Delegated procedures.** A licensed dental assistant can perform the delegated
22.22 procedures indicated within part 3100.8500.

23.1 **3100.1320 LIMITED RADIOLOGY REGISTRATION.**

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

23.5 A. a completed application;

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

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

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

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

23.13 F. documentation of current CPR certification; and

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

23.15 Subp. 2. **Grandfather provision.** The requirements of subpart 1 do not apply to an
23.16 individual who was registered in Minnesota to take dental radiographs under general
23.17 supervision of a dentist prior to January 1, 2021.

23.18 Subp. 3. **Terms and renewal of registration.** A person with a limited radiology
23.19 registration may renew the limited radiology registration according to the terms of renewal
23.20 under part 3100.1700.

23.21 Subp. 4. **Reinstatement requirements.**

23.22 A. A person seeking reinstatement of a registration terminated by the board
23.23 according to part 3100.1700, subpart 3, or voluntarily terminated by the person must:

- 24.1 (1) provide the board a completed reinstatement application;
- 24.2 (2) provide the board the biennial renewal and reinstatement fees in Minnesota
- 24.3 Statutes, section 150A.091, subdivisions 5 and 10; and
- 24.4 (3) comply with the applicable provisions of items B to D.
- 24.5 B. If the license was terminated six months ago or less, the person must provide
- 24.6 the board:
- 24.7 (1) evidence of completing the professional development requirements in
- 24.8 subpart 6 within 24 months prior to the board's receipt of the application; and
- 24.9 (2) documentation of current CPR certification.
- 24.10 C. If the license was terminated more than six months but less than 24 months
- 24.11 ago the person must provide the board:
- 24.12 (1) evidence of completing the professional development requirements in
- 24.13 subpart 6 within 24 months prior to the board's receipt of the application;
- 24.14 (2) documentation of current CPR certification;
- 24.15 (3) evidence of passing the board's jurisprudence examination within 12
- 24.16 months prior to the board's receipt of the application; and
- 24.17 (4) a criminal background check if terminated more than one year as required
- 24.18 by Minnesota Statutes, section 214.075.
- 24.19 D. If the license was terminated 24 months or more ago the person must provide
- 24.20 the board:
- 24.21 (1) evidence of completing the professional development requirement in
- 24.22 subpart 6 within 24 months prior to the board's receipt of the application;
- 24.23 (2) documentation of current CPR certification;

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

25.3 (4) a criminal background check if terminated more than one year as required
25.4 by Minnesota Statutes, section 214.075;

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

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

25.9 Subp. 5. **Emeritus prohibition.** A person with a limited radiology registration cannot
25.10 apply for an emeritus inactive or an emeritus active license in parts 3100.1340 and 3100.1350.

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

25.14 **3100.1340 EMERITUS INACTIVE.**

25.15 Subpart 1. **Licensure application requirements.**

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

25.19 (1) a completed application; and

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

25.22 B. A person applying under this subpart must not currently be subject to any
25.23 disciplinary action resulting in suspension, revocation, disqualification, condition, or
25.24 restriction of the person's license.

Subp. 2. **Terms of emeritus inactive license.**

A. An emeritus inactive license is not a license to practice dentistry, dental therapy, dental hygiene, or dental assisting. This formal license recognizes the completion of a licensee's dental career in good standing.

B. An emeritus inactive license is not renewable according to Minnesota Statutes, section 150A.06, subdivision 10.

C. Once an emeritus inactive license is issued by the board, the licensee cannot seek reinstatement of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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) the application fee in Minnesota Statutes, section 150A.091, subdivision 20.

B. A person applying under this subpart must not currently be subject to any disciplinary action resulting in suspension, revocation, disqualification, condition, or restriction of the person's license.

Subp. 2. **Right to practice.** An emeritus active license allows the applicant to engage in:

A. pro bono or volunteer dental practice;

B. paid practice not to exceed 500 hours per calendar year for the exclusive purpose of providing licensing supervision to meet the board's requirements; and

C. paid consulting services not to exceed 500 hours per calendar year.

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.

B. If an emeritus active license is terminated, the licensee cannot seek reinstatement of that license or of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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

A. For each biennial cycle, instead of the requirements under part 3100.5100, subpart 2, the required number of hours of fundamental and elective activities is 25 hours for a dentist and dental therapist and 13 hours for a dental hygienist and licensed dental assistant, delineated as follows:

(1) of the 25 hours for a dentist and dental therapist, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities; and

(2) of the 13 hours for a dental hygienist and licensed dental assistant, at least seven hours must be fundamental activities and no more than six hours can be elective activities.

B. Fundamental activities for each biennial cycle must include:

(1) at least two different fundamental courses; and

(2) an infection control course.

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

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;

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

E. documentation of current CPR certification; and

F. 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.

Subp. 3. **Professional development.** A person holding a guest license must complete professional development requirements under part 3100.5100.

Subp. 4. **Anesthesia, sedation, and nitrous oxide.** A person applying for a guest license to practice dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under the license to administer a pharmacological agent for the purpose of

29.1 general anesthesia, deep sedation, or moderate sedation or to administer nitrous oxide
29.2 inhalation analgesia must comply with the applicable requirements of part 3100.3600.

29.3 **3100.1380 GUEST-VOLUNTEER LICENSE.**

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

29.8 A. a completed application;

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

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

29.13 D. documentation of current CPR certification.

29.14 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license
29.15 must not practice more than ten days in a calendar year. The license expires December 31
29.16 according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed.

29.17 Subp. 3. **Professional development.** A licensed guest-volunteer is not required to
29.18 meet the professional development requirements referenced in part 3100.5100.

29.19 Subp. 4. **Nitrous oxide.** A person applying for a guest-volunteer license to practice
29.20 dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under
29.21 the license to administer nitrous oxide inhalation analgesia must comply with the applicable
29.22 requirements of part 3100.3600.

29.23 Subp. 5. **Mini licenses.** The board shall provide a licensed guest volunteer a free mini
29.24 license under this part.

30.1 **3100.1400 LICENSURE BY CREDENTIALS.**

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

30.6 A. a completed application;

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

30.8 C. evidence of having graduated from either a school of dentistry or dental hygiene
30.9 accredited by the Commission on Dental Accreditation;

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

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

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

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

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

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

31.1 J. documentation of current CPR certification.

31.2 Subp. 2. **Disciplinary action.** A person seeking licensure under subpart 1 must not
31.3 be subject to any pending or final disciplinary action in another United States jurisdiction
31.4 or Canadian province.

31.5 **3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION;**
31.6 **GENERAL.**

31.7 Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal
31.8 of a license or registration. The requirements for the terms and renewal of licensure as a
31.9 limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist
31.10 are specified in part 3100.1750.

31.11 Subp. 1a. **Initial term.** An initial license or registration issued by the board is valid
31.12 from the date issued until the last day of the licensee's or registrant's birth month in either
31.13 the following even-numbered year for an even-numbered birthdate year or the following
31.14 odd-numbered year for an odd-numbered birthdate year, or terminated according to the
31.15 procedures in this part.

31.16 Subp. 1b. **Biennial term.** A properly renewed license or registration issued by the
31.17 board is valid from the first day of the month following expiration for 24 months until
31.18 renewed or terminated according to the procedures in this part.

31.19 Subp. 1c. **Fees.** The initial, biennial renewal, and late fee amounts are in Minnesota
31.20 Statutes, section 150A.091, subdivisions 3, 5, and 7.

31.21 Subp. 2. **Biennial renewal.** Each licensee or registrant must submit an application
31.22 for biennial renewal of a license or registration by paying the required fee to the board no
31.23 later than the last day of the licensee's or registrant's birth month, which is the application
31.24 deadline. The application must require the licensee or registrant to certify compliance with
31.25 maintaining a consecutive and current CPR certification. Failure by a licensee or registrant

32.1 to maintain a consecutive and current CPR certification subjects the licensee or registrant
32.2 to disciplinary proceedings under parts 3100.6100 and 3100.6200 and Minnesota Statutes,
32.3 section 150A.08, subdivision 1.

32.4 Subp. 3. **Failure to submit biennial renewal.**

32.5 A. If a licensee or registrant fails to biennially renew their license or registration,
32.6 the board shall, after the application deadline, send a notice to the licensee or registrant.
32.7 The notice must state the amount of the renewal and late fees.

32.8 B. A licensee or registrant must renew their license or registration within 30 days
32.9 of the license's or registration's expiration date.

32.10 C. If the licensee or registrant fails to renew their license or registration according
32.11 to item B, the board shall administratively terminate the license or registration and the right
32.12 to practice. The board shall not consider an administrative termination of a license or
32.13 registration to be a disciplinary action against the licensee or registrant.

32.14 D. If a licensee or registrant elected not to renew the license or registration, the
32.15 licensee or registrant may:

32.16 (1) voluntarily terminate the license or registration; or

32.17 (2) apply for an emeritus inactive or emeritus active license through the board,
32.18 except for individuals with a limited radiology registration.

32.19 Subp. 4. **Reinstatement.** A license terminated in this part may be reinstated according
32.20 to part 3100.1850. A limited radiology registration terminated in subpart 3 may be reinstated
32.21 according to part 3100.1320.

32.22 Subp. 5. [See repealer.]

33.1 **3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST,**
33.2 **RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT**
33.3 **DENTAL HYGIENIST.**

33.4 Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal
33.5 of licensure as a limited faculty dentist, resident dentist, resident dental therapist, or resident
33.6 dental hygienist.

33.7 Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued
33.8 until renewed or terminated in accordance with the procedures specified in this part. An
33.9 annually renewed license is valid from July 1 until renewed no later than the following June
33.10 30 or terminated in accordance with the procedures specified in this part.

33.11 Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are in
33.12 Minnesota Statutes, section 150A.091, subdivisions 4 and 6.

33.13 Subp. 3. **Annual license renewal.** A limited faculty dentist, resident dentist, resident
33.14 dental therapist, or resident dental hygienist must annually renew their license by paying
33.15 the required fee no later than June 30 for the 12-month period for which licensure renewal
33.16 is requested. The renewal requires maintaining a consecutive and current CPR certification.

33.17 Subp. 4. [See repealer.]

33.18 Subp. 5. [See repealer.]

33.19 Subp. 6. [See repealer.]

33.20 Subp. 7. **Failure to submit annual license renewal.** After a license for a limited
33.21 faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires,
33.22 the board shall send a notice to the licensee who has not renewed their license. The notice
33.23 must state the amount of the renewal and late fees. The licensee must renew within 30 days
33.24 of the expiration date of the license or the board shall administratively terminate the license
33.25 and the right to practice. The board shall not consider an administrative termination of a
33.26 license to be a disciplinary action against the licensee.

34.1 **3100.1850 REINSTATEMENT OF LICENSE.**

34.2 Subpart 1. **Requirements.** A person seeking reinstatement of a license after the board
34.3 has terminated the license according to part 3100.1700, subpart 3, or the person has
34.4 voluntarily terminated the license, must:

34.5 A. provide the board a completed reinstatement application;

34.6 B. provide the board the biennial renewal and reinstatement application fees in
34.7 Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and

34.8 C. comply with the applicable provisions of subparts 2 to 3.

34.9 Subp. 2. **If terminated for six months or less.** If the person's license is terminated
34.10 for six months or less, the person must provide the board:

34.11 A. evidence of completing the professional development requirements described
34.12 under part 3100.5100 within 24 months prior to the board's receipt of the application; and

34.13 B. documentation of current CPR certification.

34.14 Subp. 2a. **If terminated for more than six months but less than 24 months.** If the
34.15 person's license is terminated for more than six months but less than 24 months, the person
34.16 must provide the board:

34.17 A. evidence of completing the professional development requirements under part
34.18 3100.5100 within 24 months prior to the board's receipt of the application;

34.19 B. documentation of current CPR certification;

34.20 C. evidence of passing the board's jurisprudence examination within 12 months
34.21 prior to the board's receipt of the application; and

34.22 D. a criminal background check if terminated more than one year as required by
34.23 Minnesota Statutes, section 214.075.

35.1 Subp. 3. **If terminated for 24 months or more.** If the person's license is terminated
35.2 for 24 months or more, the person must provide the board:

35.3 A. evidence of completing the professional development requirements under part
35.4 3100.5100 within 24 months prior to the board's receipt of the application;

35.5 B. documentation of current CPR certification;

35.6 C. evidence of passing the board's jurisprudence examination within 12 months
35.7 prior to the board's receipt of the application;

35.8 D. a criminal background check as required by Minnesota Statutes, section
35.9 214.075; and

35.10 E. evidence of passing the following examinations within 24 months prior to the
35.11 board's receipt of the application:

35.12 (1) a nationally recognized objective structured clinical examination for
35.13 general dentists;

35.14 (2) a written specialty board examination or a nationally recognized objective
35.15 structured clinical examination for specialty dentists;

35.16 (3) a nationally recognized objective structured clinical examination for dental
35.17 therapists;

35.18 (4) a nationally recognized objective structured clinical examination for dental
35.19 hygienists; and

35.20 (5) the examination in part 3100.1300, subpart 1, item D, for licensed dental
35.21 assistants.

35.22 Subp. 4. [Repealed, 20 SR 2316]

36.1 Subp. 4a. **Board review and appeals.**

36.2 A. Once the requirements of subpart 1 have been reviewed by the board, the board
36.3 shall notify the applicant as to whether the reinstatement of a license has been denied or
36.4 granted by the board. If granted reinstatement, the person shall be assigned to the biennial
36.5 term to which the licensee was assigned prior to termination of the license.

36.6 B. An applicant denied reinstatement of a license may appeal the denial by
36.7 initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

36.8 Subp. 5. **Scope.** Nothing in this part prohibits a dentist, dental therapist, or dental
36.9 hygienist from applying for licensure by credentials according to part 3100.1400.

36.10 **3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,**
36.11 **GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

36.12 Subpart 1. **Prohibitions.** A dental therapist, dental hygienist, or licensed dental assistant
36.13 must not administer general anesthesia, deep sedation, moderate sedation, or minimal
36.14 sedation.

36.15 Subp. 1a. **Reporting of incidents required.**

36.16 A. A dentist, dental therapist, dental hygienist, or licensed dental assistant must
36.17 report to the board any incident that arises from the administration of nitrous oxide inhalation
36.18 analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia,
36.19 or minimal sedation that results in:

36.20 (1) a serious or unusual outcome that produces a temporary or permanent
36.21 physiological injury, harm, or other detrimental effect to one or more of a patient's body
36.22 systems; or

36.23 (2) minimal sedation unintentionally becoming moderate sedation, deep
36.24 sedation, or general anesthesia when the licensee does not have a certificate for administering
36.25 general anesthesia or moderate sedation described in subparts 18 and 20.

37.1 B. The report required under item A must be submitted to the board on forms
37.2 provided by the board within ten business days of the incident by the dentist, dental therapist,
37.3 dental hygienist, or licensed dental assistant. The requirements of this subpart apply even
37.4 when another licensed health care professional who, under contract or employment with
37.5 the dentist, was the actual person administering the analgesia or pharmacological or
37.6 nonpharmacological method. A licensee who fails to comply with this subpart is subject to
37.7 disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and
37.8 Minnesota Statutes, section 150A.08, subdivision 1.

37.9 Subp. 2. [See repealer.]

37.10 Subp. 3. [See repealer.]

37.11 Subp. 4. [See repealer.]

37.12 Subp. 5. [See repealer.]

37.13 Subp. 6. [See repealer.]

37.14 Subp. 7. [See repealer.]

37.15 Subp. 8. [See repealer.]

37.16 Subp. 9. [See repealer.]

37.17 Subp. 9a. [See repealer.]

37.18 Subp. 9b. [See repealer.]

37.19 Subp. 10. [See repealer.]

37.20 Subp. 11. [See repealer.]

37.21 Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist.** A dentist
37.22 licensed by the board is allowed to administer nitrous oxide inhalation analgesia.

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

38.3 A. A dental therapist who administers nitrous oxide inhalation analgesia must be
38.4 under the general supervision of a licensed dentist.

38.5 B. A dental therapist who graduated from a board-approved dental therapy program
38.6 in Minnesota after August 1, 2013, may administer nitrous oxide inhalation analgesia without
38.7 completing any further requirements.

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

38.12 (1) a completed application;

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

38.19 (3) documentation of current CPR certification.

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

38.22 A. A dental hygienist who administers nitrous oxide inhalation analgesia must be
38.23 under the general supervision of a licensed dentist.

39.1 B. A dental hygienist who graduated from a dental hygiene program in Minnesota
39.2 after September 2, 2004, may administer nitrous oxide inhalation analgesia without
39.3 completing any further requirements.

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

39.7 (1) a completed application;

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

39.14 (3) documentation of current CPR certification.

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

39.17 A. A licensed dental assistant who administers nitrous oxide inhalation analgesia
39.18 must be under the direct supervision of a licensed dentist.

39.19 B. A licensed dental assistant who graduated from a dental assisting program in
39.20 Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia
39.21 without completing any further requirements.

39.22 C. A licensed dental assistant who graduated from a dental assisting program in
39.23 Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction
39.24 or Canadian province, may administer nitrous oxide inhalation analgesia after providing
39.25 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed:

(a) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or

(b) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent

in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

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

C. A dentist who administers general anesthesia or deep sedation without a general anesthesia certificate shall be 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed a course of education resulting in the dentist becoming clinically competent in the administration of moderate sedation. The course must include a minimum of 60 hours of didactic education in both enteral and parenteral

administration and personal administration and management of at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient simulation manikin;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be 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 or moderate sedation.

A. The board shall issue the following certificates for general anesthesia and moderate sedation:

(1) general anesthesia, which authorizes a dentist to either administer general anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation; and

(2) moderate sedation, which authorizes a dentist to either administer moderate sedation or to provide dental services to patients under moderate sedation when a dentist

43.1 employs or contracts another licensed health care professional with the qualified training
43.2 and legal qualification to administer moderate sedation.

43.3 B. A dentist holding a certificate issued by the board must conspicuously display
43.4 the certificate in plain sight of patients in every office in which the dentist administers
43.5 general anesthesia, deep sedation, or moderate sedation.

43.6 C. A dentist may submit to the board a request for a duplicate general anesthesia
43.7 or moderate sedation certificate. The request must include the fee in Minnesota Statutes,
43.8 section 150A.091, subdivision 12.

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

43.11 (1) a completed application;

43.12 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
43.13 11;

43.14 (3) documentation of current certification in ACLS or PALS;

43.15 (4) documentation of current CPR certification;

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

43.18 (6) attestation of compliance with an on-site inspection described in subpart
43.19 23.

43.20 E. A dentist's general anesthesia or moderate sedation certificate expires if the
43.21 completed application and fee are not received by the board by the dentist's license renewal
43.22 date. Immediately upon expiration, the dentist is prohibited from administering general
43.23 anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board
43.24 issues a current general anesthesia or moderate sedation certificate to the dentist described

44.1 in subpart 19. After 30 days, the board shall terminate the dentist's general anesthesia or
44.2 moderate sedation certificate.

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

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

44.9 (1) A dentist whose anesthesia or moderate sedation certificate that, within
44.10 30 calendar days, expired or was terminated by the board, must provide the board:

44.11 (a) a completed renewal application;

44.12 (b) the nonrefundable fee in Minnesota Statutes, section 150A.091,
44.13 subdivision 11;

44.14 (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
44.15 subdivision 11a;

44.16 (d) documentation of current certification in ACLS or PALS;

44.17 (e) documentation of current CPR certification;

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

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

44.22 (2) A dentist whose anesthesia or moderate sedation certificate that, for more
44.23 than 30 calendar days prior, expired or was terminated by the board, must provide the board:

- 45.1 (a) a completed recertification application;
- 45.2 (b) the nonrefundable recertification fee in Minnesota Statutes, section
- 45.3 150A.091, subdivision 11b;
- 45.4 (c) the dentist's written attestation that the dentist has successfully
- 45.5 completed the educational requirements for either general anesthesia described in subpart
- 45.6 16 or moderate sedation described in subpart 17;
- 45.7 (d) documentation of current certification in ACLS or PALS;
- 45.8 (e) documentation of current CPR certification; and
- 45.9 (f) attestation of compliance with the practice and equipment
- 45.10 requirements in subpart 22.

45.11 B. Upon receipt of a recertification application for general anesthesia or moderate

45.12 sedation, the board shall require that the dentist undergo an on-site inspection described in

45.13 subpart 23.

45.14 C. A dentist whose anesthesia or moderate sedation certificate has expired or been

45.15 terminated must not administer general anesthesia, deep sedation, or moderate sedation

45.16 until the board issues a renewed or recertified general anesthesia or moderate sedation

45.17 certificate to the dentist.

45.18 Subp. 20. **Initial certification to provide dentistry with contracted sedation**

45.19 **provider; application requirements for a dentist.**

45.20 A. A dentist must not provide dental services to a patient who is under general

45.21 anesthesia, deep sedation, or moderate sedation at any location other than a hospital, unless

45.22 the dentist possesses the applicable contracted sedation services certificate for general

45.23 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, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

C. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under moderate sedation by a contracted sedation provider, the dentist is not required to possess an additional certificate for contracting with a sedation provider but is limited to moderate sedation.

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

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) a copy of the contracted healthcare professional's current license;
- (4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;
- (5) documentation of the contracted healthcare professional's current CPR certification;
- (6) documentation of the dentist's current CPR certification;
- (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.

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings by the board on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 21. **Board-issued certificates to provide dentistry with a contracted sedation provider.**

A. The board shall issue the following certificates to provide dentistry with a contracted sedation provider:

(1) dentistry with contracted sedation services: general anesthesia, which authorizes a dentist to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep sedation, or moderate sedation; and

(2) dentistry with contracted sedation services: moderate sedation, which authorizes a dentist to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist provides dental services to patients under general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate contracted sedation services certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

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

(1) a completed application;

48.1 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
48.2 11;

48.3 (3) a copy of the contracted healthcare professional's current license;

48.4 (4) documentation of the contracted healthcare professional's current
48.5 certification in ACLS or PALS;

48.6 (5) documentation of the contracted healthcare professional's current CPR
48.7 certification;

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

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

48.11 (8) attestation of compliance with an on-site inspection described in subpart
48.12 23.

48.13 E. A dentist's contracted sedation services certificate expires if the completed
48.14 application and fee are not received by the board by the dentist's license renewal date.
48.15 Immediately upon the certificate's expiration, the dentist must not provide dental services
48.16 to patients under general anesthesia, deep sedation, or moderate sedation until the board
48.17 issues a current contracted sedation services certificate to the dentist under item F.

48.18 F. To renew a contracted sedation services certificate within 30 calendar days of
48.19 the certificate's expiration, a dentist must provide the board:

48.20 (1) a completed renewal application;

48.21 (2) the nonrefundable renewal fee in Minnesota Statutes, section 150A.091,
48.22 subdivision 11;

48.23 (3) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
48.24 subdivision 11a;

- 49.1 (4) a copy of the contracted healthcare professional's current license;
- 49.2 (5) documentation of the contracted healthcare professional's current
- 49.3 certification in ACLS or PALS;
- 49.4 (6) documentation of the contracted healthcare professional's current CPR
- 49.5 certification;
- 49.6 (7) documentation of the dentist's current CPR certification;
- 49.7 (8) attestation of compliance with the practice and equipment requirements
- 49.8 in subpart 22; and
- 49.9 (9) attestation of compliance with an on-site inspection described in subpart
- 49.10 23.

49.11 G. The board shall terminate an expired contracted sedation services certificate

49.12 that is not renewed under item F. The dentist may still apply for a contracted sedation

49.13 services certificate by completing the application requirements in subpart 20, item D.

49.14 **Subp. 22. Practice and equipment requirements.**

49.15 A. Dentists who administer general anesthesia, deep sedation, or moderate sedation

49.16 or who provide dental services to patients under general anesthesia, deep sedation, or

49.17 moderate sedation must ensure that the practice requirements in this item are followed.

49.18 (1) A dentist must be prepared and competent to diagnose, resolve, and prevent

49.19 any untoward reaction or medical emergency that may develop any time after the

49.20 administration of general anesthesia, deep sedation, or moderate sedation. A dentist must

49.21 apply the current standard of care to continuously monitor and evaluate a patient's blood

49.22 pressure, pulse, respiratory function, and cardiac activity. The current standard of care to

49.23 assess respiratory function requires the monitoring of tissue oxygenation or ventilation.

(2) A dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation, including a dentist, nurse anesthetist, or physician anesthesiologist, must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the facilities, equipment, emergency supplies, and a record of all general anesthesia, deep sedation, or moderate sedation procedures performed in the facility.

(3) An individual qualified to administer general anesthesia, deep sedation, or moderate sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Prior to discharge, an individual qualified to administer anesthesia or sedation must assess the patient to ensure that the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

(4) A dentist administering general anesthesia, deep sedation, or moderate sedation to a patient must have in attendance personnel who are currently certified in CPR.

B. 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 offices in which it is conducted have:

(1) an immediately accessible automated external defibrillator or immediately accessible full-function defibrillator;

(2) a positive pressure oxygen delivery system and a backup system;

(3) a functional suctioning device and a backup suction device;

(4) auxiliary lighting;

- 51.1 (5) a gas storage facility;
- 51.2 (6) a recovery area;
- 51.3 (7) a method to monitor respiratory function; and
- 51.4 (8) an emergency cart or kit that must be available and readily accessible and
- 51.5 includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing
- 51.6 and unconscious patient and provide continuous support while the patient is transported to
- 51.7 a medical facility. There must be documentation that all emergency equipment and drugs
- 51.8 are checked and maintained on a prudent and regularly scheduled basis.

51.9 Subp. 23. **On-site inspection; requirements and procedures.** All offices in which

51.10 general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this

51.11 part must be in compliance with this subpart.

51.12 A. A dentist who applies for an initial general anesthesia or moderate sedation

51.13 certificate or who provides dental services to patients under general anesthesia, deep sedation,

51.14 or moderate sedation must have an on-site inspection conducted at one primary office facility

51.15 within 12 months following receipt of a certificate from the board. Thereafter, a dentist

51.16 must have an on-site inspection conducted at one primary office facility at least once every

51.17 five years.

51.18 B. A dentist must have an on-site inspection conducted at one primary office

51.19 facility if the board receives a complaint alleging violation of this part and the board finds

51.20 the complaint warrants further investigation.

51.21 C. If a dentist fails to meet the on-site inspection requirements of item A and, if

51.22 applicable, item B because of extenuating circumstances, the dentist may apply for an

51.23 extension of time to complete the requirements by making a written request to the board.

51.24 If the board grants an extension, the board shall establish the length of the extension to

51.25 obtain the on-site inspection requirements.

D. A dentist must pay all costs associated with an on-site inspection.

E. 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. 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. 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.

Subpart 1. Professional development cycles.

A. The initial professional development cycle begins on the date licensure is granted by the board and ends on the last day of the licensee's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies in the number of months depending on the date licensure is granted.

B. A biennial professional development cycle coincides with the biennial renewal period. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

53.1 Subp. 2. **Professional development requirements.**

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

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

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

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

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

53.15 D. If a licensee fails to meet the professional development requirements because
53.16 of extenuating circumstances, the licensee may request to the board in writing an extension
53.17 of time at least seven days before the end of the licensee's biennial cycle. The licensee's
53.18 written request must explain the circumstances, the renewal period, and the licensee's plan
53.19 for completing the requirement. If the board grants the extension, the board shall notify the
53.20 licensee of the extension. If the licensee fails to submit a written extension request to the
53.21 board by the seven-day deadline or fails to complete the professional development
53.22 requirements by the end of the extension period, the board shall administratively terminate
53.23 the licensee's license. A licensee may reinstate a license that has been terminated under this
53.24 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:

(1) clinical subjects. Clinical subjects are covered through seminars, webinars, symposiums, lectures, college courses pertaining to basic sciences, or programs whose contents directly relate to the provision of dental care and treatment to patients. College course credit is limited to five hours for each college course completed within a cycle with a maximum of 15 college credit hours per cycle;

(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:

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

(d) management of medical emergencies;

(e) treatment and diagnosis; and

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

(3) 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) 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.

B. Elective activities for an initial or biennial cycle must directly relate to or support dentistry and include:

- 55.1 (1) general attendance at a multiday state or national dental convention for
55.2 a maximum of three credit hours per convention;
- 55.3 (2) volunteerism or community service directly relating to dentistry such as
55.4 international or national mission work, voluntary clinic work, or dental health presentations
55.5 to students or groups;
- 55.6 (3) professional reading of published articles or other forms of self-study
55.7 directly relating to dentistry;
- 55.8 (4) scholarly activities, including:
- 55.9 (a) teaching a professional course directly related to dentistry or
55.10 presenting a continuing dental education program;
- 55.11 (b) presenting a table clinic directly related to dentistry;
- 55.12 (c) authoring a published dental article or text in a recognized publication;
- 55.13 (d) participating in test construction for an accredited state or nationally
55.14 recognized dental association or organization;
- 55.15 (e) participating in a scientific dental research program from an accredited
55.16 institution or program or an evidence-based clinical study; and
- 55.17 (f) similar academic activities relating to dentistry;
- 55.18 (5) dental practice management courses;
- 55.19 (6) leadership or committee involvement with a dental board or a dental
55.20 professional association for a maximum of three credit hours per cycle; and
- 55.21 (7) elective activities approved by the board. Elective activities under this
55.22 subitem shall be approved by the board only if the board finds the contents of the activity
55.23 directly relates to or supports dentistry.

Subp. 4. **Documentation of professional development activities.** A licensee must record or obtain documentation of hours in professional development activities for the licensee's portfolio. Documentation includes:

A. confirming documentation from the presenting organization that provides the attendee's name, name of organization or presenter, course date, number of credit hours, subject matter, or program title;

B. a personal log of published articles read by the licensee including title of the article, name of author, name of journal or periodical, and date of published article; and

C. similar documentation of professional development activities.

Subp. 5. **Retention of documentation.** A licensee must keep documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for the current biennial renewal cycle and the previous completed biennial cycle for purposes of an audit by the board.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

"Conduct unbecoming a person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting, or conduct contrary to the best interests of the public," as used in Minnesota Statutes, section 150A.08, subdivision 1, clause (6), includes a dentist, dental therapist, dental hygienist, licensed dental assistant, or applicant:

A. engaging in personal conduct that brings discredit to the profession of dentistry;

B. demonstrating gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;

C. making inappropriate sexual remarks or advances toward a patient or colleague;

D. billing patients for unnecessary services or services not rendered or inaccurately documenting services;

57.1 E. failing to communicate an accurate treatment plan and financial information;

57.2 F. performing services as a dental therapist, dental hygienist, or licensed dental
57.3 assistant not authorized by the dentist under this chapter or Minnesota Statutes, chapter
57.4 150A;

57.5 G. accepting or offering rebates, split fees, or commissions for services rendered
57.6 to a patient from or to any person other than a partner, employee, employer, associate in a
57.7 dental professional firm, or a professional subcontractor or consultant authorized to practice
57.8 in dentistry;

57.9 *[For text of item H, see Minnesota Rules]*

57.10 I. committing fraud upon patients, third-party payers, or others relating to the
57.11 practice of dentistry;

57.12 *[For text of items J to L, see Minnesota Rules]*

57.13 **3100.6600 ADVERTISING DENTAL FEES AND SERVICES.**

57.14 Subpart 1. **Routine services.** If the following routine dental services are advertised,
57.15 either the advertised service must include the listed components or the advertisement must
57.16 disclose the components which are not included.

57.17 A. Examination: a documented diagnosis by the dentist of the oral cavity, including
57.18 periodontal disease, occlusal discrepancies, caries, oral abnormalities, and the development
57.19 of a treatment plan. If there are additional charges besides the examination fee for radiographs
57.20 or a written itemized treatment plan, these charges must be disclosed in the advertisement.

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

57.22 C. Denture: either a complete maxillary or complete mandibular replacement of
57.23 the natural dentition with artificial teeth. If the service advertised is for a denture which is
57.24 partially prefabricated, intended for a partial replacement of the natural dentition, intended

to be used as an emergency or temporary denture, or if any advertised fee does not include a reasonable number of readjustments, this information must be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus and stains from the clinically exposed surfaces of the teeth.

[For text of item E, see Minnesota Rules]

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

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

A licensee shall not offer, give, receive, or agree to receive any fee or other compensation to or from a third party for the referral of a patient for dental services. Nothing contained in this part shall prohibit a licensee from providing a gift to a patient or from providing a credit for dental services to a patient.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized as suitable for the announcement of specialty dental practices:

A. dental anesthesiology;

B. dental public health;

C. endodontics (endodontist);

D. oral and maxillofacial pathology (oral pathologist);

E. oral and maxillofacial radiology (oral radiologist);

F. oral and maxillofacial surgery (oral and maxillofacial surgeon);

G. oral medicine;

H. orofacial pain;

I. orthodontics and dentofacial orthopedics (orthodontist);

J. pediatric dentistry (pedodontist);

K. periodontics (periodontist); and

L. prosthodontics (prosthodontist).

Subp. 2. **Education criteria.** A licensed dentist may advertise as a specialist in an area if the dentist has evidence of graduating from a postdoctoral specialty program accredited by the Commission on Dental Accreditation in any of the designated specialty areas of subpart 1.

Subp. 3. **Restricting practice.** Subpart 2 does not prohibit a dentist who does not meet the above education or experience criteria from restricting a practice to one or more specific areas of dentistry. These dentists must not use the terms "specialist," "specialty," "specializing," or "limited to." The advertising must state that the services are being provided by a general dentist.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible procedures.** Assistants without a license may:

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;

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.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1:

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.

Subpart 1. **Procedures under general supervision.** A licensed dental assistant may perform the following procedures without the dentist being present in the dental office or on the premises if the dentist has prior knowledge of and has consented to the procedures being performed:

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

D. re-cement intact temporary crowns or restorations;

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

61.1 H. fabricate and deliver custom fitted trays;

61.2 I. place and remove elastic orthodontic separators;

61.3 J. complete preliminary charting of the oral cavity and surrounding structures
61.4 with the exception of periodontal structures;

61.5 *[For text of items K to O, see Minnesota Rules]*

61.6 Subp. 1a. **Procedures under indirect supervision.** A licensed dental assistant, in
61.7 addition to the services performed by an assistant described in part 3100.8400, subpart 1,
61.8 may perform the following services if a dentist is in the office, authorizes the procedures,
61.9 and remains in the office while the procedures are being performed:

61.10 A. apply topical medications including bleaching agents, desensitizing agents,
61.11 and cavity varnishes as prescribed by a dentist;

61.12 B. place and remove devices or materials for isolation purposes;

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

61.14 D. perform mechanical polishing to clinical crowns, not including the removal of
61.15 calculus by instrumentation;

61.16 *[For text of items E to K, see Minnesota Rules]*

61.17 L. etch appropriate enamel surfaces and apply and adjust pit and fissure sealants;

61.18 M. perform restorative procedures as permitted in Minnesota Statutes, section
61.19 150A.10, subdivision 4;

61.20 N. maintain and remove intravenous lines while under indirect supervision of a
61.21 dentist who holds a valid general anesthesia or moderate sedation certificate. Before
61.22 managing and removing intravenous lines, a licensed dental assistant must have successfully

62.1 completed board-approved allied dental personnel courses comprised of intravenous access
62.2 and general anesthesia and moderate sedation training and be certified by the board; and

62.3 O. monitor a patient during preoperative, intraoperative, and postoperative phases
62.4 of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse
62.5 oximeters, electrocardiograms, blood pressure monitors, and capnography while under
62.6 indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation
62.7 certificate. Before monitoring a sedated patient, a licensed dental assistant must have
62.8 successfully completed board-approved allied dental personnel courses comprised of
62.9 intravenous access and general anesthesia and moderate sedation training and be certified
62.10 by the board.

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

62.15 A. remove excess bond material from orthodontic appliances;

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

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

62.22 D. fabricate, place, replace, cement, and adjust temporary crowns or restorations;

62.23 E. remove temporary restorations with hand instruments only;

62.24 F. place and remove matrix systems and wedges;

G. administer nitrous oxide inhalation analgesia according to part 3100.3600, subpart 15;

[For text of items H and 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.

Subp. 1c. **Procedures under personal supervision.** A licensed dental assistant may concurrently perform supportive services if the dentist holds a valid general anesthesia or moderate sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line. Before administering any medications or agents, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of general anesthesia and moderate sedation training and be certified by the board.

Subp. 2. **Procedures requiring more coursework or in-office training and procedures prohibited.**

A. If any delegated procedure within this part specifically indicates a requirement to complete additional coursework, the licensed dental assistant must complete the

coursework to perform the procedure. All remaining delegated procedures listed are within the scope of practice for a licensed dental assistant with, if necessary, some required in-office training by the supervising dentist.

B. A licensed dental assistant must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

Subp. 3. [See repealer.]

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:

A. perform preliminary charting of the oral cavity and surrounding structures, including case histories; perform initial and periodic examinations and assessments to determine periodontal status; and create a dental hygiene treatment plan in coordination with a dentist's treatment plan;

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

G. etch enamel surfaces and apply and adjust pit and fissure sealants;

[For text of item H, see Minnesota Rules]

I. administer nitrous oxide inhalation analgesia according to part 3100.3600, subpart 14;

[For text of items J to M, see Minnesota Rules]

N. fabricate and deliver custom fitted trays;

O. provide nutritional counseling;

P. perform salivary analysis;

[For text of items Q to S, see Minnesota Rules]

T. place and remove devices or materials for isolation purposes;

[For text of items U and V, see Minnesota Rules]

W. fabricate, place, replace, cement, and adjust temporary crowns or restorations;

[For text of items X and 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.

Subp. 2. **Restorative procedures under indirect supervision.** A dental hygienist may perform restorative procedures pursuant to Minnesota Statutes, section 150A.10, subdivision 4, and under indirect supervision, as defined in part 3100.0100, subpart 21, item C, if the dental hygienist has:

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

Subp. 2a. **Orthodontic procedures under general, indirect, or direct supervision.** If a dental hygienist has fulfilled the requirements of item A, subitems (1), (2), or (3), the dental hygienist may perform the procedures listed in item B under the level of supervision indicated, as defined in part 3100.0100, subpart 21, items B, C, and D.

[For text of item A, see Minnesota Rules]

B. The dental hygienist may perform the following procedures under:

(1) general supervision:

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

(f) place and remove elastic orthodontic separators; and

66.1 (g) remove and place ligature ties and remove and replace existing arch
66.2 wires on orthodontic appliances;

66.3 *[For text of subitems (2) and (3), see Minnesota Rules]*

66.4 Subp. 2b. **Sedation monitoring and intravenous procedures under indirect, direct,**
66.5 **or personal supervision.** If a dental hygienist has successfully completed board-approved
66.6 allied dental personnel courses comprised of intravenous access and general anesthesia and
66.7 moderate sedation training and is certified by the board, the dental hygienist may perform
66.8 the following procedures under either indirect, direct, or personal supervision, as defined
66.9 in part 3100.0100, subpart 21, items A, B, and C, for a dentist who holds a valid general
66.10 anesthesia or moderate sedation certificate:

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

66.12 Subp. 3. **Other procedures prohibited.** A dental hygienist must not perform any
66.13 dental treatment or procedure on patients not authorized by this chapter.

66.14 **3100.9600 RECORD KEEPING.**

66.15 Subpart 1. **Definitions.** For the purposes of this part, "patient" means a natural person
66.16 who has received dental treatment from a provider. In the case of a minor who has received
66.17 dental treatment pursuant to Minnesota Statutes, sections 144.341 to 144.347, the patient
66.18 includes a parent or guardian.

66.19 *[For text of subpart 2, see Minnesota Rules]*

66.20 Subp. 3. **Personal data.** At a minimum, dental records must include the patient's:

66.21 A. name;

66.22 B. address;

66.23 C. date of birth;

67.1 D. parent's or guardian's name, if the patient is a minor;

67.2 E. emergency contact; and

67.3 F. insurance information.

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

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

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

67.9 C. the results of any other diagnostic aids used.

67.10 Subp. 7. **Diagnosis.** Dental records must include a diagnosis.

67.11 Subp. 8. **Treatment plan.** Dental records must include an agreed upon written and
67.12 dated treatment plan except for routine dental care. The treatment plan must be updated to
67.13 reflect the current status of the patient's oral health and treatment.

67.14 *[For text of subpart 9, see Minnesota Rules]*

67.15 Subp. 10. **Progress notes.** Patient records must include a chronology of the patient's
67.16 progress throughout the course of all treatment. All written progress notes must be legible
67.17 and written in ink. The chronology must include:

67.18 A. all treatment provided;

67.19 B. all medications and anesthetics used;

67.20 C. all dental materials placed;

67.21 D. the treatment provider by license number, name, or initials;

E. when applicable, the identity of the collaborating dentist authorizing treatment by license number; and

F. administration information for nitrous oxide inhalation analgesia, including indication for use, dosage, duration of administration, posttreatment oxygenation period prior to discharge, and patient status at discharge.

Subp. 11. **Amendments to records.** If incorrect information is placed in a written record, it must be amended by crossing out with one single line and initialed by the provider. The provider initialing the record must identify who the provider is on the written record. In an electronic health record, an amendment to the record must be electronically time and date stamped by the provider.

Subp. 12. **Retention of records.**

A. For an adult patient with an active file, the dentist must maintain the patient's entire dental record. For an adult patient with an inactive file, the dentist must maintain the patient's dental records for at least seven years beyond the patient's last date of treatment by the dentist.

B. For a minor patient with an active file, the dentist must maintain the patient's entire dental record. For a minor patient with an inactive file, the dentist must maintain the patient's dental records until the patient is 25 years old.

Subp. 13. **Transfer of records.** A patient's dental records must be transferred according to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's account. Digital radiographs shall be transferred by compact or optical disc or electronic communication. All transferred film or digital radiographs must reveal images of diagnostic quality.

Subp. 14. **Electronic record keeping.**

[For text of item A, see Minnesota Rules]

69.1 B. When electronic records are kept, a dentist must use an unalterable electronic
69.2 record.

69.3 **REPEALER.** Minnesota Rules, parts 3100.0100, subparts 8b, 15, and 18b; 3100.1100,
69.4 subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4,
69.5 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600,
69.6 subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and
69.7 3100.8500, subpart 3, are repealed.

Office of the Revisor of Statutes

Administrative Rules



TITLE: Adopted Permanent Rules Relating to Professional Licensure

AGENCY: Minnesota Board of Dentistry

REVISOR ID: R-4672

MINNESOTA RULES: Chapter 3100

The attached rules are approved for
filing with the Secretary of State

Alex Willi

Alex Willi
Assistant Revisor

Minnesota Board of Dentistry

ORDER ADOPTING RULES

Adoption of Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Repeal of Obsolete, Unnecessary, or Duplicative Professional Licensure Rules, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3; OAH Docket No. 82-9033-37880; Revisor's ID Number 4672.

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 9, 2020, and a quorum was present.

2. The Board of Dentistry received no written comments and submissions on the rules. Therefore, there are not 25 or more requests for a public hearing. The Board also received no requests for notice of submission to the Office of Administrative Hearings.

3. The following five modifications were made between the proposed rules and the adopted rules:

Part 3100.1200, subparts 5 and 6 of the proposed rules have been amended to read:

“Subp. 5. **Emeritus license.** A dental ~~therapist~~ hygienist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A dental ~~therapist~~ hygienist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.”

These modifications are consistent with the language in the proposed rules 3100.1200, which specifically reference a dental hygienist and not a dental therapist. Therefore, these modifications do not make the rules substantially different because it is clearly a minor error that needs correcting.

Part 3100.3600, subparts 13(A), 14(A), and 15(A) of the proposed rules have been amended to read:

“Subp. 13(A). A dental therapist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

Subp. 14(A). A dental hygienist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

Subp. 15(A). A licensed dental assistant who administers nitrous oxide inhalation analgesia must be under the direct supervision of a licensed dentist.”

These modifications that specifically indicate the level of supervision is consistent language found in other statutes and rules for each dental professional when administering nitrous oxide inhalation analgesia and not new language. For dental therapist, the level of supervision is already indicated as “general” when administering nitrous oxide in Minnesota Statutes section 150A.105, subdivision 4(c)(16). For dental hygienist, the level of supervision is already indicated as “general” when administering nitrous oxide inhalation analgesia in part 3100.8700, subpart 1(I). For licensed dental assistant, the level of supervision is already indicated as “direct” when administering nitrous oxide inhalation analgesia in part 3100.8500, subpart 1b(G). Since the additional language does not change the rule’s meaning, it clearly does not make the rules substantially different.

4. The rules adopted by this order are needed and reasonable. In addition, the rules repealed by this order are obsolete and were also identified in the Board of Dentistry’s annual obsolete rules report dated November 16, 2021 under Minnesota Statutes section 14.05, subdivision 5.

5. The Board adopted the rules at its meeting on November 5, 2021, 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 November 29, 2021, with the modifications as indicated in the Revisor’s draft, file number AR4672, dated December 30, 2021, 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

November 18, 2021

LEGISLATIVE COMMITTEES

House: Human Services Finance and Policy Committee

Rep. Jennifer Schultz and Rep. Tony Albright

House: Health Finance and Policy Committee

Rep. Tina Liebling and Rep. Joe Schomacker

Senate: Health and Human Services Finance and Policy Committee

Sen. Michelle Benson and Sen. Melissa Wiklund

Senate: Human Services Reform Finance and Policy Committee

Sen. Jim Abeler and Sen. John Hoffman

Legislative Coordinating Commission

Re: Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

Dear Legislators:

Executive Summary:

The Board's proposed rules relate to the following: a major portion of the amendments encompass creating a more user-friendly guide in Minnesota Rules, chapter 3100 for dentists, dental therapists, dental hygienists, and licensed dental assistants regarding standard licensure options. In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes.

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 November 29, 2021, 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

September 7, 2021

Lindsay Dean

Executive Budget Officer

Minnesota Management and Budget

658 Cedar Street, Suite 400

St. Paul, MN 55155

lindsay.dean@state.mn.us

Re: In The Matter of the Proposed Amendments to Permanent Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Proposed Repeal of Permanent Rules Relating to Obsolete, Unnecessary, or Duplicative Professional Licensure, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3. Revisor's ID Number 4672.

Dear Lindsay Dean:

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 following: a major portion of the amendments in the Board's proposed rules encompass creating a more user-friendly guide in Minnesota Rules, chapter 3100 for dentists, dental therapists, dental hygienists, and licensed dental assistants regarding standard licensure options. In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes.

1. The Governor's Office Proposed Rule and SONAR Form.
2. The August 19, 2021, Revisor's draft of the proposed rules.
3. The March 17, 2021, copy of the SONAR.

I also delivered copies of these documents to the Governor's Office on this same date.

September 7, 2021

Lindsay Dean

Page 2

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 following new location and address: Minnesota Board of Dentistry, Attn: Kathy T. Johnson, 335 Randolph Avenue, Suite 250, St. Paul, MN 55102.

Yours very truly,



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

Executive Director



Office Memorandum

Date: 09/16/2021

To: Kathy T. Johnson
Legal Analyst
Minnesota Board of Dentistry

From: Lindsay Dean
Executive Budget Officer
Minnesota Management & Budget

Subject: M.S. 14.131 Review of Proposed Permanent Rules Relating to Professional Licensure, Minnesota Rules, Chapter 3100, Revisor's ID Number 4672

Background

The Minnesota Board of Dentistry ("Board") is proposing permanent rules relating to professional licensure in Minnesota Rules, Chapter 3100. Pursuant to Minnesota Statutes 14.131, the Board has requested that Minnesota Management and Budget evaluate the proposed amendments for fiscal impact and 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 SONAR to explore the potential fiscal impact these changes may have on local governments.

These proposed rule amendments create a more user-friendly guide in Minnesota Rules, chapter 3100 for dentists, dental therapists, dental hygienists, and licensed dental assistants regarding standard licensure options. In addition, the proposed rules focus on housekeeping by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or updating some areas with minor changes.

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. The Board's proposed rules are intended to provide guidelines and requirements limited to the regulated dental professionals who must comply with these rules.

Based upon this information and consultation with agency staff, I believe the rule amendments proposed will not have a cost to local units of government.

Sincerely,

Lindsay Dean
Executive Budget Officer

cc: Angela Vogt, Executive Budget Coordinator, Minnesota Management and Budget

Minnesota Board of Dentistry

ORDER ADOPTING RULES

Adoption of Rules Relating to Professional Licensure, *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, 3100.1700, 3100.1750, 3100.1850, 3100.3600, 3100.5100, 3100.6200, 3100.6600, 3100.6900, 3100.7000, 3100.8400, 3100.8500, 3100.8700, and 3100.9600; and

Repeal of Obsolete, Unnecessary, or Duplicative Professional Licensure Rules, *Minnesota Rules* 3100.0100, subparts 8b, 15, and 18b; 3100.1100, subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4, 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600, subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and 3100.8500, subpart 3; OAH Docket No. 82-9033-37880; Revisor's ID Number 4672.

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 9, 2020, and a quorum was present.

2. The Board of Dentistry received no written comments and submissions on the rules. Therefore, there are not 25 or more requests for a public hearing. The Board also received no requests for notice of submission to the Office of Administrative Hearings.

3. The following five modifications were made between the proposed rules and the adopted rules:

Part 3100.1200, subparts 5 and 6 of the proposed rules have been amended to read:

“Subp. 5. **Emeritus license.** A dental ~~therapist~~ hygienist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A dental ~~therapist~~ hygienist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.”

These modifications are consistent with the language in the proposed rules 3100.1200, which specifically reference a dental hygienist and not a dental therapist. Therefore, these modifications do not make the rules substantially different because it is clearly a minor error that needs correcting.

Part 3100.3600, subparts 13(A), 14(A), and 15(A) of the proposed rules have been amended to read:

“Subp. 13(A). A dental therapist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

Subp. 14(A). A dental hygienist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

Subp. 15(A). A licensed dental assistant who administers nitrous oxide inhalation analgesia must be under the direct supervision of a licensed dentist.”

These modifications that specifically indicate the level of supervision is consistent language found in other statutes and rules for each dental professional when administering nitrous oxide inhalation analgesia and not new language. For dental therapist, the level of supervision is already indicated as “general” when administering nitrous oxide in Minnesota Statutes section 150A.105, subdivision 4(c)(16). For dental hygienist, the level of supervision is already indicated as “general” when administering nitrous oxide inhalation analgesia in part 3100.8700, subpart 1(I). For licensed dental assistant, the level of supervision is already indicated as “direct” when administering nitrous oxide inhalation analgesia in part 3100.8500, subpart 1b(G). Since the additional language does not change the rule’s meaning, it clearly does not make the rules substantially different.

4. The rules adopted by this order are needed and reasonable. In addition, the rules repealed by this order are obsolete and were also identified in the Board of Dentistry’s annual obsolete rules report dated November 16, 2021 under Minnesota Statutes section 14.05, subdivision 5.

5. The Board adopted the rules at its meeting on November 5, 2021, 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 November 29, 2021, with the modifications as indicated in the Revisor’s draft, file number AR4672, dated December 30, 2021, are adopted under my authority in Minnesota Statutes, section 150A.04.



____ January 21, 2022 _____

Date

BRIDGETT ANDERSON, L.D.A., M.B.A.

Executive Director

Board of Dentistry

January 26, 2022

VIA EMAIL ONLY

Nancy Breems
Secretary of State, Elections Division
180 State Office Building
100 Rev Dr Martin Luther King Jr Blvd
St. Paul, Minnesota 55155-1299
official.documents@state.mn.us

**Re: *In the Matter of the Proposed Amendments to Permanent Rules of the Minnesota Board of Dentistry Relating to Professional Licensure*
OAH 82-9033-37880; Revisor R-4672**

Dear Ms. Breems:

Enclosed for filing is an electronic copy of the above-entitled adopted rules.

Please send the agency copy of the rules to:

Kathy T. Johnson
335 Randolph Ave Ste 250
Saint Paul, MN 55102
Kathy.t.johnson@state.mn.us

If you have any questions regarding this matter, please contact Denise Collins at (651) 361-7875, denise.collins@state.mn.us or via facsimile at (651) 539-0310.

Sincerely,



Michelle Severson
Legal Assistant

Enclosures

cc: Kathy T. Johnson (via email)

Date Filed: January 26, 2022
Document Number: 221889
Office of the Minnesota
Secretary of State, Steve Simon

Office of the Revisor of Statutes

Administrative Rules



TITLE: Adopted Permanent Rules Relating to Professional Licensure

AGENCY: Minnesota Board of Dentistry

REVISOR ID: R-4672

MINNESOTA RULES: Chapter 3100

The attached rules are approved for
filing with the Secretary of State

A handwritten signature in cursive script that reads "Alex Willi".

Alex Willi
Assistant Revisor

Date Filed: January 26, 2022
Document Number: 221889
Office of the Minnesota
Secretary of State, Steve Simon

1.1 **Minnesota Board of Dentistry**

1.2 **Adopted Permanent Rules Relating to Professional Licensure**

1.3 **3100.0100 DEFINITIONS.**

1.4 *[For text of subparts 1 to 2a, see Minnesota Rules]*

1.5 Subp. 2b. **Analgesia.** "Analgesia" means the diminution or elimination of pain as a
1.6 result of the administration of an agent including but not limited to local anesthetic, nitrous
1.7 oxide, and pharmacological and nonpharmacological methods.

1.8 *[For text of subparts 2c to 4, see Minnesota Rules]*

1.9 Subp. 5. **Allied dental personnel.** "Allied dental personnel" means an advanced dental
1.10 therapist, dental therapist, dental hygienist, licensed dental assistant, dental assistant with
1.11 a limited radiology registration, assistant without a license, and dental technician.

1.12 *[For text of subparts 5a to 8a, see Minnesota Rules]*

1.13 Subp. 8b. [See repealer.]

1.14 *[For text of subpart 9, see Minnesota Rules]*

1.15 Subp. 9a. **CPR.** "CPR" refers to a comprehensive, hands-on course for a health care
1.16 provider that includes: cardiopulmonary resuscitation on an adult, child, and infant;
1.17 two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction;
1.18 and automated external defibrillation. The CPR course and certificate must be for healthcare
1.19 professionals through the American Heart Association or the American Red Cross.

1.20 *[For text of subpart 9b, see Minnesota Rules]*

1.21 Subp. 9c. **Dental assistant with a limited radiology registration.** "Dental assistant
1.22 with a limited radiology registration" means a person holding a limited radiology registration
1.23 to take dental radiographs.

1.24 *[For text of subparts 9d to 12a, see Minnesota Rules]*

2.1 Subp. 12b. **Hospital.**

2.2 A. "Hospital" means an institution licensed by the state commissioner of health
2.3 that:

2.4 (1) is adequately and properly staffed and equipped;

2.5 (2) provides services, facilities, and beds for use beyond 24 hours by
2.6 individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity,
2.7 abnormality, disease, or pregnancy; and

2.8 (3) regularly provides clinical laboratory services, diagnostic x-ray services,
2.9 and treatment facilities for surgery or obstetrical care, or other definitive medical treatment
2.10 of similar extent.

2.11 B. For the purposes of this chapter, diagnostic or treatment centers, physicians'
2.12 offices or clinics, or dentists' offices or clinics are not hospitals.

2.13 *[For text of subparts 12c to 12e, see Minnesota Rules]*

2.14 Subp. 13. **Licensee.** "Licensee" means a dentist, dental therapist, dental hygienist, or
2.15 licensed dental assistant.

2.16 *[For text of subparts 13a to 14a, see Minnesota Rules]*

2.17 Subp. 15. [See repealer.]

2.18 *[For text of subparts 15a to 16a, see Minnesota Rules]*

2.19 Subp. 16b. **Professional development.** "Professional development" means activities
2.20 that include but are not limited to continuing education, community services, publications,
2.21 and career accomplishments throughout a professional's life.

2.22 Subp. 16c. **Registrant.** "Registrant" means a dental assistant with a limited radiology
2.23 registration.

3.1 *[For text of subparts 17 to 18a, see Minnesota Rules]*

3.2 Subp. 18b. [See repealer.]

3.3 *[For text of subparts 19 to 22, see Minnesota Rules]*

3.4 **3100.1100 GENERAL DENTIST.**

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

3.7 A. a completed application;

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

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

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

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

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

3.17 G. documentation of current CPR certification; and

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

3.19 Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant
3.20 fails twice any part of the clinical examination required by Minnesota Statutes, section
3.21 150A.06, subdivision 1, the applicant must not retake the clinical examination until the
3.22 applicant successfully completes additional education provided by an institution accredited
3.23 by the Commission on Dental Accreditation. The education must cover all of the subject

4.1 areas failed by the applicant in each of the two clinical examinations. The applicant may
4.2 retake the examination only after the institution provides the board information specifying
4.3 the areas failed in the previous examinations and the education provided to address the areas
4.4 failed, and certifies that the applicant has successfully completed the education. The applicant
4.5 must take the additional education required in this subpart each time the applicant fails the
4.6 clinical examination twice.

4.7 Subp. 2. [See repealer.]

4.8 Subp. 2a. **Terms and renewal of license.** A general dentist may renew a general
4.9 dentist license according to the terms of renewal under part 3100.1700.

4.10 Subp. 3. [Repealed, 18 SR 2042]

4.11 Subp. 4. [See repealer.]

4.12 Subp. 4a. **Reinstatement of license.** To reinstate a terminated general dental license,
4.13 the applicant must comply with the requirements of part 3100.1850.

4.14 Subp. 5. [See repealer.]

4.15 Subp. 5a. **Emeritus license.** A general dentist who wishes to apply for an emeritus
4.16 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
4.17 active license under part 3100.1350.

4.18 Subp. 5b. **Professional development.** A general dentist must complete professional
4.19 development requirements including maintaining a professional portfolio under parts
4.20 3100.5100 to 3100.5300.

4.21 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a general
4.22 dental license who wants the authority under the license to administer a pharmacological
4.23 agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to

5.1 administer nitrous oxide inhalation analgesia must comply with the applicable requirements
5.2 of part 3100.3600.

5.3 **3100.1120 SPECIALTY DENTIST.**

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

5.6 A. a completed application;

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

5.8 C. evidence of having graduated from a school of dentistry;

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

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

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

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

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

5.20 I. documentation of current CPR certification; and

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

5.22 Subp. 2. **Terms and renewal of license.** A specialty dentist may renew a specialty
5.23 dental license according to the terms of renewal under part 3100.1700.

6.1 Subp. 3. **Reinstatement of license.** To reinstate a terminated specialty dental license,
6.2 the applicant must comply with the requirements of part 3100.1850.

6.3 Subp. 4. **Emeritus license.** A specialty dentist who wishes to apply for an emeritus
6.4 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus
6.5 active license under part 3100.1350.

6.6 Subp. 5. **Professional development.** A specialty dentist must complete professional
6.7 development requirements including maintaining a professional portfolio under parts
6.8 3100.5100 to 3100.5300.

6.9 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a specialty
6.10 dental license who wants the authority under the license to administer a pharmacological
6.11 agent for the purpose of general anesthesia, deep sedation, or moderate sedation or to
6.12 administer nitrous oxide inhalation analgesia must comply with the applicable requirements
6.13 of part 3100.3600.

6.14 **3100.1130 LIMITED GENERAL DENTIST.**

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

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

6.21 (1) the credential review fee in Minnesota Statutes, section 150A.091,
6.22 subdivision 9a;

6.23 (2) a completed board-approved evaluation of all international education;

(3) an original or notarized copy of passing board-approved language testing within the previous two years if English is not the applicant's primary language;

(4) an original affidavit of licensure;

(5) a completed dental questionnaire;

(6) a personal letter, curriculum vitae, or resume;

(7) an original or notarized copy of dental diploma and, if necessary, professional translation;

(8) proof of clinical practice in dentistry;

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

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

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

B. If, after reviewing the applicant's credentials, the board determines the applicant's credentials are nonequivalent, the board shall deny the application to take a board-approved clinical examination for limited licensure. The board shall notify the applicant of the denial. An applicant denied permission to take a board-approved clinical examination may appeal the decision to the board within 60 days from the notification date.

C. If, after reviewing the applicant's credentials, the board determines the applicant's credentials are equivalent, the board shall require that the applicant complete one or more of the following requirements:

(1) schedule and complete an interview with the board;

(2) submit a specified number of patient records to the board; or

8.1 (3) take a board-approved dental simulation course to test competency.

8.2 D. After the applicant completes the requirements in item C, the board shall notify
8.3 the applicant as to whether permission to take a board-approved clinical examination for
8.4 limited licensure has been denied or granted. An applicant denied permission to take a
8.5 board-approved clinical examination may appeal the decision to the board within 60 days
8.6 from the notification date.

8.7 E. If the applicant is granted permission by the board to take a board-approved
8.8 clinical examination, the applicant must take a board-approved clinical examination,
8.9 successfully pass the board-approved clinical examination, and submit evidence of passing
8.10 the board-approved clinical examination within 18 months from the receipt date of the
8.11 board's notification letter granting permission to take the board-approved clinical
8.12 examination.

8.13 Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant
8.14 fails twice any part of a board-approved clinical examination, the applicant must not retake
8.15 the clinical examination until the applicant successfully completes additional education
8.16 provided by an institution accredited by the Commission on Dental Accreditation. The
8.17 education must cover all of the subject areas failed by the applicant in each of the two
8.18 clinical examinations. The applicant may retake the examination only after the institution
8.19 provides the board information specifying the areas failed in the previous examinations and
8.20 the education provided to address the areas failed, and certifies that the applicant has
8.21 successfully completed the education. The applicant shall be allowed to retake the clinical
8.22 examination one time following this additional educational instruction. If the applicant fails
8.23 the clinical examination for a third time, the applicant is prohibited from retaking the clinical
8.24 examination.

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

9.4 A. a completed application;

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

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

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

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

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

9.15 (2) any practice limitations; and

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

9.19 F. documentation of current CPR certification; and

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

10.1 **Subp. 2. Terms of limited licensure.**

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

10.5 (1) submit the renewal fee in Minnesota Statutes, section 150A.091,
10.6 subdivision 9b, clause (2);

10.7 (2) maintain a consecutive and current CPR certification;

10.8 (3) submit written correspondence and agreement to the board requesting
10.9 approval of a subsequent supervising dentist and written agreement, within 14 days prior
10.10 to employment start date with subsequent supervising dentist. The written agreement must
10.11 include:

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

10.14 (b) any practice limitations; and

10.15 (c) an acknowledgment that the limited license dentist agrees to practice
10.16 clinical dentistry at least 1,100 hours annually for a period of three consecutive years or
10.17 any remaining portion thereof;

10.18 (4) within seven business days of an unforeseen event, submit written
10.19 correspondence for review by an appropriate committee of the board regarding the unforeseen
10.20 circumstance that may interrupt the three consecutive years of supervision;

10.21 (5) maintain with the board a correct and current mailing address and
10.22 electronic mail address and properly notify the board within 30 days of any changes as
10.23 described in Minnesota Statutes, section 150A.09, subdivision 3; and

10.24 (6) maintain a professional development portfolio containing:

11.1 (a) documentation of required hours in professional development
11.2 activities; and

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

11.5 B. The total required hours of professional development activities required in item
11.6 A, subitem (6), is 75 hours with at least 45 hours in fundamental activities and no more than
11.7 30 hours in elective activities. Completing at least 25 hours each year toward the total of
11.8 75 hours is required for compliance.

11.9 Subp. 3. **Terms of supervising dentist.** A supervising dentist must be licensed in
11.10 Minnesota and provide general supervision to a limited license dentist. The supervising
11.11 dentist is not required to be present in the office or on the premises when supervising the
11.12 limited license dentist, but does require the supervising dentist to have knowledge and
11.13 authorize the procedures being performed by the limited license dentist. For the three
11.14 consecutive years or any portion thereof, the supervising dentist must be eligible to participate
11.15 and comply with the requirements in items A to I.

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

11.17 C. A supervising dentist must have a written agreement between the limited license
11.18 dentist and the supervising dentist, and the supervising dentist may only supervise one
11.19 limited license dentist for the duration of the agreement. The written agreement must include:

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

11.22 (2) any practice limitations; and

11.23 (3) an acknowledgment that the limited license dentist agrees to practice
11.24 clinical dentistry at least 1,100 hours annually for a period of three consecutive years.

12.1 *[For text of items D to I, see Minnesota Rules]*

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

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

12.8 (1) a completed application for a dental license in Minnesota no sooner than
12.9 90 days preceding the expiration date of the applicant's limited license or no later than one
12.10 year after the expiration date of the applicant's limited license;

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

12.12 (3) documentation of current CPR certification;

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

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

12.17 B. A dentist applying for a dental license under item A must not have been subject
12.18 to corrective or disciplinary action by the board while holding a limited license during the
12.19 three consecutive years.

12.20 C. An applicant whose license application has been denied may appeal the denial
12.21 by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

13.1 **3100.1150 FACULTY DENTIST; FULL OR LIMITED.**

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

13.5 A. a completed application;

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

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

13.9 D. documentation of current CPR certification;

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

13.12 F. a letter from the dean or program director of a school of dentistry, dental therapy,
13.13 dental hygiene, or dental assisting certifying that the person seeking licensure is a member
13.14 of the school's faculty and practices dentistry. The original letter must include:

13.15 (1) the applicant's full name;

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

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

13.21 Subp. 2. **Termination of licensure.** The board shall terminate a person's license to
13.22 practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a
13.23 member of the faculty of a school of dentistry.

14.1 Subp. 3. **Terms and renewal of license.** A full faculty dentist may renew a full faculty
14.2 license according to the terms of renewal under part 3100.1700. A limited faculty dentist
14.3 may renew a limited faculty license under part 3100.1750.

14.4 Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not
14.5 reinstate a terminated faculty license.

14.6 Subp. 5. **Emeritus license.** A full or limited faculty dentist who wishes to apply for
14.7 an emeritus license may apply for an emeritus inactive license under part 3100.1340. A full
14.8 or limited faculty dentist cannot apply for an emeritus active license under part 3100.1350.

14.9 Subp. 6. **Professional development.** A full faculty dentist must complete professional
14.10 development requirements including maintaining a professional portfolio under parts
14.11 3100.5100 to 3100.5300. A limited faculty dentist is not required to complete the professional
14.12 development requirements under part 3100.5100.

14.13 Subp. 7. **Anesthesia, sedation, and nitrous oxide.** A person applying for a faculty
14.14 license who wants the authority under the license to administer a pharmacological agent
14.15 for the purpose of general anesthesia, deep sedation, or moderate sedation or to administer
14.16 nitrous oxide inhalation analgesia must comply with the applicable requirements of part
14.17 3100.3600.

14.18 **3100.1160 RESIDENT DENTIST.**

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

14.22 A. a completed application;

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

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

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

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

15.7 F. documentation of current CPR certification; and

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

15.9 Subp. 2. **Termination of licensure.** The board shall terminate a person's license to
15.10 practice dentistry as a resident dentist when the person is no longer an enrolled graduate
15.11 student or a student of an advanced dental education program accredited by the Commission
15.12 on Dental Accreditation.

15.13 Subp. 3. **Terms and renewal of license.** A resident dentist may renew a resident
15.14 dental license according to the terms of renewal under part 3100.1750.

15.15 Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not
15.16 reinstate a terminated resident dental license.

15.17 Subp. 5. **Professional development.** A resident dentist is not required to meet the
15.18 professional development requirements referenced in part 3100.5100.

15.19 **3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL**
15.20 **HYGIENIST.**

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

15.24 A. a completed application;

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

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

E. documentation of current CPR certification; and

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

Subp. 2. Termination of licensure. The board shall terminate a person's license to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist when the person is no longer 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.

Subp. 3. Terms and renewal of license. A resident dental therapist or resident dental hygienist may renew a resident license for dental therapy or dental hygiene according to the terms of renewal under part 3100.1750.

Subp. 4. Reinstatement of terminated license prohibited. The board shall not reinstate a terminated resident license for dental therapy or dental hygiene.

Subp. 5. Professional development. A resident dental therapist or resident dental hygienist is not required to meet the professional development requirements referenced in part 3100.5100.

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:

- 17.1 A. a completed application;
- 17.2 B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- 17.3 C. evidence of having graduated with a baccalaureate degree or a master's degree
- 17.4 from a dental therapy education program that has been approved by the board or accredited
- 17.5 by the Commission on Dental Accreditation or another board-approved national accreditation
- 17.6 organization;
- 17.7 D. evidence of passing a board-approved clinical examination in dental therapy
- 17.8 within the past five years;
- 17.9 E. evidence of passing the board's jurisprudence examination within the past five
- 17.10 years;
- 17.11 F. documentation of current CPR certification; and
- 17.12 G. a criminal background check as required by Minnesota Statutes, section 214.075.

17.13 Subp. 2. **Additional education for two failed clinical examinations.** If an applicant

17.14 fails twice any part of the clinical examination required by Minnesota Statutes, section

17.15 150A.06, subdivision 1d, the applicant must not retake the examination until the applicant

17.16 successfully completes additional education provided by an institution approved by the

17.17 board. The education must cover all of the subject areas failed by the applicant in the clinical

17.18 examination. The applicant may retake the examination only after the institution provides

17.19 information to the board specifying the areas failed in the previous examinations and the

17.20 education provided to address the areas failed, and certifies that the applicant has successfully

17.21 completed the education. The applicant must take the additional education provided above

17.22 each time the applicant fails the clinical examination twice.

17.23 Subp. 3. **Advanced dental therapist; certification requirements.** A person who is

17.24 currently licensed as a dental therapist in Minnesota and seeking certification to practice as

17.25 an advanced dental therapist in Minnesota must provide the board:

- 18.1 A. a completed application;
- 18.2 B. the application fee in Minnesota Statutes, section 150A.091, subdivision 2;
- 18.3 C. evidence of having completed at least 2,000 hours of dental therapy clinical
- 18.4 practice under direct or indirect supervision;
- 18.5 D. evidence of having graduated with a baccalaureate degree or a master's degree
- 18.6 from a dental therapy education program that has been approved by the board or accredited
- 18.7 by the Commission on Dental Accreditation or another board-approved national accreditation
- 18.8 organization;
- 18.9 E. evidence of having graduated from a master's advanced dental therapy education
- 18.10 program; and
- 18.11 F. evidence of passing a board-approved certification examination in advanced
- 18.12 dental therapy.

18.13 Subp. 4. **Terms and renewal of license.** A dental therapist may renew a dental therapy

18.14 license according to the terms of renewal under part 3100.1700. The onetime certification

18.15 for an advanced dental therapist does not require renewal once obtained.

18.16 Subp. 5. **Reinstatement of license.** To reinstate a terminated dental therapy license,

18.17 the applicant must comply with the requirements of part 3100.1850.

18.18 Subp. 6. **Emeritus license.** A dental therapist who wishes to apply for an emeritus

18.19 license may apply for an emeritus inactive license under part 3100.1340 or an emeritus

18.20 active license under part 3100.1350.

18.21 Subp. 7. **Professional development.** A dental therapist must complete professional

18.22 development requirements including maintaining a professional portfolio under parts

18.23 3100.5100 to 3100.5300.

19.1 Subp. 8. **Nitrous oxide.** A person applying for a dental therapy license who wants
19.2 the authority under the license to administer nitrous oxide inhalation analgesia must comply
19.3 with the requirements of part 3100.3600, subpart 13.

19.4 Subp. 9. **Delegated procedures.** A dental therapist can perform the delegated
19.5 procedures indicated within Minnesota Statutes, section 150A.105. An advanced dental
19.6 therapist can perform the delegated procedures indicated within Minnesota Statutes, sections
19.7 150A.105 and 150A.106.

19.8 **3100.1200 DENTAL HYGIENIST.**

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

19.11 A. a completed application;

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

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

19.15 D. evidence of passing a board approved clinical examination within the past five
19.16 years;

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

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

19.21 G. documentation of current CPR certification; and

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

20.1 Subp. 2. **Additional education for two failed clinical examinations.** If an applicant
20.2 fails twice any part of the clinical examination required by Minnesota Statutes, section
20.3 150A.06, subdivision 2, the applicant must not retake the examination until the applicant
20.4 successfully completes additional education provided by an institution accredited by the
20.5 Commission on Dental Accreditation. The education must cover all of the subject areas
20.6 failed by the applicant in each of the two clinical examinations. The applicant may retake
20.7 the examination only after the institution provides to the board information specifying the
20.8 areas failed in the previous examinations and the education provided to address the areas
20.9 failed, and certifies that the applicant has successfully completed the education. The applicant
20.10 must take the additional education provided above each time the applicant fails the clinical
20.11 examination twice.

20.12 Subp. 3. **Terms and renewal of license.** A dental hygienist may renew a dental
20.13 hygiene license according to the terms of renewal under part 3100.1700.

20.14 Subp. 4. **Reinstatement of license.** To reinstate a terminated dental hygiene license,
20.15 the applicant must comply with the requirements of part 3100.1850.

20.16 Subp. 5. **Emeritus license.** A dental ~~therapist~~ hygienist who wishes to apply for an
20.17 emeritus license may apply for an emeritus inactive license under part 3100.1340 or an
20.18 emeritus active license under part 3100.1350.

20.19 Subp. 6. **Professional development.** A dental ~~therapist~~ hygienist must complete
20.20 professional development requirements including maintaining a professional portfolio under
20.21 parts 3100.5100 to 3100.5300.

20.22 Subp. 7. **Nitrous oxide.** A person applying for a dental hygiene license who wants
20.23 the authority under the license to administer nitrous oxide inhalation analgesia must comply
20.24 with the requirements of part 3100.3600, subpart 14.

21.1 Subp. 8. **Delegated procedures.** A dental hygienist can perform the delegated
21.2 procedures indicated within part 3100.8700.

21.3 **3100.1300 LICENSED DENTAL ASSISTANT.**

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

21.6 A. a completed application;

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

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

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

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

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

21.18 G. documentation of current CPR certification; and

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

21.20 Subp. 2. **Additional education for two failed board's state licensing examinations.** If
21.21 an applicant fails twice any part of the board's state licensing examination required by
21.22 Minnesota Statutes, section 150A.06, subdivision 2a, the applicant must not retake the
21.23 examination until the applicant successfully completes additional education provided by an
21.24 institution accredited by the Commission on Dental Accreditation or an independent instructor

22.1 approved by the board. The education must cover all of the subject areas failed by the
22.2 applicant in each of the two examinations. The applicant may retake the examination only
22.3 after the institution or independent instructor provides to the board information specifying
22.4 the areas failed in the previous examinations and the education provided to address the areas
22.5 failed, and certifies that the applicant has successfully completed the education. The applicant
22.6 must take the additional education required in this subpart each time the applicant fails the
22.7 board's state licensing examination twice.

22.8 Subp. 3. **Terms and renewal of license.** A licensed dental assistant may renew a
22.9 dental assisting license according to the terms of renewal under part 3100.1700.

22.10 Subp. 4. **Reinstatement of license.** To reinstate a terminated dental assisting license,
22.11 the applicant must comply with the requirements of part 3100.1850.

22.12 Subp. 5. **Emeritus license.** A licensed dental assistant who wishes to apply for an
22.13 emeritus license may apply for an emeritus inactive license under part 3100.1340 or an
22.14 emeritus active license under part 3100.1350.

22.15 Subp. 6. **Professional development.** A licensed dental assistant must complete
22.16 professional development requirements including maintaining a professional portfolio under
22.17 parts 3100.5100 to 3100.5300.

22.18 Subp. 7. **Nitrous oxide.** A person applying for a dental assisting license who wants
22.19 the authority under the license to administer nitrous oxide inhalation analgesia must comply
22.20 with the requirements of part 3100.3600, subpart 15.

22.21 Subp. 8. **Delegated procedures.** A licensed dental assistant can perform the delegated
22.22 procedures indicated within part 3100.8500.

23.1 **3100.1320 LIMITED RADIOLOGY REGISTRATION.**

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

23.5 A. a completed application;

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

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

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

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

23.13 F. documentation of current CPR certification; and

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

23.15 Subp. 2. **Grandfather provision.** The requirements of subpart 1 do not apply to an
23.16 individual who was registered in Minnesota to take dental radiographs under general
23.17 supervision of a dentist prior to January 1, 2021.

23.18 Subp. 3. **Terms and renewal of registration.** A person with a limited radiology
23.19 registration may renew the limited radiology registration according to the terms of renewal
23.20 under part 3100.1700.

23.21 Subp. 4. **Reinstatement requirements.**

23.22 A. A person seeking reinstatement of a registration terminated by the board
23.23 according to part 3100.1700, subpart 3, or voluntarily terminated by the person must:

- 24.1 (1) provide the board a completed reinstatement application;
- 24.2 (2) provide the board the biennial renewal and reinstatement fees in Minnesota
- 24.3 Statutes, section 150A.091, subdivisions 5 and 10; and

- 24.4 (3) comply with the applicable provisions of items B to D.

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

24.6 the board:

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

- 24.9 (2) documentation of current CPR certification.

24.10 C. If the license was terminated more than six months but less than 24 months

24.11 ago the person must provide the board:

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

- 24.14 (2) documentation of current CPR certification;

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

- 24.17 (4) a criminal background check if terminated more than one year as required
- 24.18 by Minnesota Statutes, section 214.075.

24.19 D. If the license was terminated 24 months or more ago the person must provide

24.20 the board:

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

- 24.23 (2) documentation of current CPR certification;

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

25.3 (4) a criminal background check if terminated more than one year as required
25.4 by Minnesota Statutes, section 214.075;

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

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

25.9 Subp. 5. **Emeritus prohibition.** A person with a limited radiology registration cannot
25.10 apply for an emeritus inactive or an emeritus active license in parts 3100.1340 and 3100.1350.

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

25.14 **3100.1340 EMERITUS INACTIVE.**

25.15 Subpart 1. **Licensure application requirements.**

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

25.19 (1) a completed application; and

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

25.22 B. A person applying under this subpart must not currently be subject to any
25.23 disciplinary action resulting in suspension, revocation, disqualification, condition, or
25.24 restriction of the person's license.

Subp. 2. **Terms of emeritus inactive license.**

A. An emeritus inactive license is not a license to practice dentistry, dental therapy, dental hygiene, or dental assisting. This formal license recognizes the completion of a licensee's dental career in good standing.

B. An emeritus inactive license is not renewable according to Minnesota Statutes, section 150A.06, subdivision 10.

C. Once an emeritus inactive license is issued by the board, the licensee cannot seek reinstatement of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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) the application fee in Minnesota Statutes, section 150A.091, subdivision 20.

B. A person applying under this subpart must not currently be subject to any disciplinary action resulting in suspension, revocation, disqualification, condition, or restriction of the person's license.

Subp. 2. **Right to practice.** An emeritus active license allows the applicant to engage in:

A. pro bono or volunteer dental practice;

B. paid practice not to exceed 500 hours per calendar year for the exclusive purpose of providing licensing supervision to meet the board's requirements; and

C. paid consulting services not to exceed 500 hours per calendar year.

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.

B. If an emeritus active license is terminated, the licensee cannot seek reinstatement of that license or of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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

A. For each biennial cycle, instead of the requirements under part 3100.5100, subpart 2, the required number of hours of fundamental and elective activities is 25 hours for a dentist and dental therapist and 13 hours for a dental hygienist and licensed dental assistant, delineated as follows:

(1) of the 25 hours for a dentist and dental therapist, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities; and

(2) of the 13 hours for a dental hygienist and licensed dental assistant, at least seven hours must be fundamental activities and no more than six hours can be elective activities.

B. Fundamental activities for each biennial cycle must include:

(1) at least two different fundamental courses; and

(2) an infection control course.

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

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;

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

E. documentation of current CPR certification; and

F. 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.

Subp. 3. Professional development. A person holding a guest license must complete professional development requirements under part 3100.5100.

Subp. 4. Anesthesia, sedation, and nitrous oxide. A person applying for a guest license to practice dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under the license to administer a pharmacological agent for the purpose of

29.1 general anesthesia, deep sedation, or moderate sedation or to administer nitrous oxide
29.2 inhalation analgesia must comply with the applicable requirements of part 3100.3600.

29.3 **3100.1380 GUEST-VOLUNTEER LICENSE.**

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

29.8 A. a completed application;

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

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

29.13 D. documentation of current CPR certification.

29.14 Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license
29.15 must not practice more than ten days in a calendar year. The license expires December 31
29.16 according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed.

29.17 Subp. 3. **Professional development.** A licensed guest-volunteer is not required to
29.18 meet the professional development requirements referenced in part 3100.5100.

29.19 Subp. 4. **Nitrous oxide.** A person applying for a guest-volunteer license to practice
29.20 dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under
29.21 the license to administer nitrous oxide inhalation analgesia must comply with the applicable
29.22 requirements of part 3100.3600.

29.23 Subp. 5. **Mini licenses.** The board shall provide a licensed guest volunteer a free mini
29.24 license under this part.

30.1 **3100.1400 LICENSURE BY CREDENTIALS.**

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

30.6 A. a completed application;

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

30.8 C. evidence of having graduated from either a school of dentistry or dental hygiene
30.9 accredited by the Commission on Dental Accreditation;

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

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

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

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

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

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

31.1 J. documentation of current CPR certification.

31.2 Subp. 2. **Disciplinary action.** A person seeking licensure under subpart 1 must not
31.3 be subject to any pending or final disciplinary action in another United States jurisdiction
31.4 or Canadian province.

31.5 **3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION;**
31.6 **GENERAL.**

31.7 Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal
31.8 of a license or registration. The requirements for the terms and renewal of licensure as a
31.9 limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist
31.10 are specified in part 3100.1750.

31.11 Subp. 1a. **Initial term.** An initial license or registration issued by the board is valid
31.12 from the date issued until the last day of the licensee's or registrant's birth month in either
31.13 the following even-numbered year for an even-numbered birthdate year or the following
31.14 odd-numbered year for an odd-numbered birthdate year, or terminated according to the
31.15 procedures in this part.

31.16 Subp. 1b. **Biennial term.** A properly renewed license or registration issued by the
31.17 board is valid from the first day of the month following expiration for 24 months until
31.18 renewed or terminated according to the procedures in this part.

31.19 Subp. 1c. **Fees.** The initial, biennial renewal, and late fee amounts are in Minnesota
31.20 Statutes, section 150A.091, subdivisions 3, 5, and 7.

31.21 Subp. 2. **Biennial renewal.** Each licensee or registrant must submit an application
31.22 for biennial renewal of a license or registration by paying the required fee to the board no
31.23 later than the last day of the licensee's or registrant's birth month, which is the application
31.24 deadline. The application must require the licensee or registrant to certify compliance with
31.25 maintaining a consecutive and current CPR certification. Failure by a licensee or registrant

32.1 to maintain a consecutive and current CPR certification subjects the licensee or registrant
32.2 to disciplinary proceedings under parts 3100.6100 and 3100.6200 and Minnesota Statutes,
32.3 section 150A.08, subdivision 1.

32.4 **Subp. 3. Failure to submit biennial renewal.**

32.5 A. If a licensee or registrant fails to biennially renew their license or registration,
32.6 the board shall, after the application deadline, send a notice to the licensee or registrant.
32.7 The notice must state the amount of the renewal and late fees.

32.8 B. A licensee or registrant must renew their license or registration within 30 days
32.9 of the license's or registration's expiration date.

32.10 C. If the licensee or registrant fails to renew their license or registration according
32.11 to item B, the board shall administratively terminate the license or registration and the right
32.12 to practice. The board shall not consider an administrative termination of a license or
32.13 registration to be a disciplinary action against the licensee or registrant.

32.14 D. If a licensee or registrant elected not to renew the license or registration, the
32.15 licensee or registrant may:

32.16 (1) voluntarily terminate the license or registration; or

32.17 (2) apply for an emeritus inactive or emeritus active license through the board,
32.18 except for individuals with a limited radiology registration.

32.19 **Subp. 4. Reinstatement.** A license terminated in this part may be reinstated according
32.20 to part 3100.1850. A limited radiology registration terminated in subpart 3 may be reinstated
32.21 according to part 3100.1320.

32.22 **Subp. 5. [See repealer.]**

33.1 **3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST,**
33.2 **RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT**
33.3 **DENTAL HYGIENIST.**

33.4 Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal
33.5 of licensure as a limited faculty dentist, resident dentist, resident dental therapist, or resident
33.6 dental hygienist.

33.7 Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued
33.8 until renewed or terminated in accordance with the procedures specified in this part. An
33.9 annually renewed license is valid from July 1 until renewed no later than the following June
33.10 30 or terminated in accordance with the procedures specified in this part.

33.11 Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are in
33.12 Minnesota Statutes, section 150A.091, subdivisions 4 and 6.

33.13 Subp. 3. **Annual license renewal.** A limited faculty dentist, resident dentist, resident
33.14 dental therapist, or resident dental hygienist must annually renew their license by paying
33.15 the required fee no later than June 30 for the 12-month period for which licensure renewal
33.16 is requested. The renewal requires maintaining a consecutive and current CPR certification.

33.17 Subp. 4. [See repealer.]

33.18 Subp. 5. [See repealer.]

33.19 Subp. 6. [See repealer.]

33.20 Subp. 7. **Failure to submit annual license renewal.** After a license for a limited
33.21 faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires,
33.22 the board shall send a notice to the licensee who has not renewed their license. The notice
33.23 must state the amount of the renewal and late fees. The licensee must renew within 30 days
33.24 of the expiration date of the license or the board shall administratively terminate the license
33.25 and the right to practice. The board shall not consider an administrative termination of a
33.26 license to be a disciplinary action against the licensee.

34.1 **3100.1850 REINSTATEMENT OF LICENSE.**

34.2 Subpart 1. **Requirements.** A person seeking reinstatement of a license after the board
34.3 has terminated the license according to part 3100.1700, subpart 3, or the person has
34.4 voluntarily terminated the license, must:

34.5 A. provide the board a completed reinstatement application;

34.6 B. provide the board the biennial renewal and reinstatement application fees in
34.7 Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and

34.8 C. comply with the applicable provisions of subparts 2 to 3.

34.9 Subp. 2. **If terminated for six months or less.** If the person's license is terminated
34.10 for six months or less, the person must provide the board:

34.11 A. evidence of completing the professional development requirements described
34.12 under part 3100.5100 within 24 months prior to the board's receipt of the application; and

34.13 B. documentation of current CPR certification.

34.14 Subp. 2a. **If terminated for more than six months but less than 24 months.** If the
34.15 person's license is terminated for more than six months but less than 24 months, the person
34.16 must provide the board:

34.17 A. evidence of completing the professional development requirements under part
34.18 3100.5100 within 24 months prior to the board's receipt of the application;

34.19 B. documentation of current CPR certification;

34.20 C. evidence of passing the board's jurisprudence examination within 12 months
34.21 prior to the board's receipt of the application; and

34.22 D. a criminal background check if terminated more than one year as required by
34.23 Minnesota Statutes, section 214.075.

35.1 Subp. 3. **If terminated for 24 months or more.** If the person's license is terminated
35.2 for 24 months or more, the person must provide the board:

35.3 A. evidence of completing the professional development requirements under part
35.4 3100.5100 within 24 months prior to the board's receipt of the application;

35.5 B. documentation of current CPR certification;

35.6 C. evidence of passing the board's jurisprudence examination within 12 months
35.7 prior to the board's receipt of the application;

35.8 D. a criminal background check as required by Minnesota Statutes, section
35.9 214.075; and

35.10 E. evidence of passing the following examinations within 24 months prior to the
35.11 board's receipt of the application:

35.12 (1) a nationally recognized objective structured clinical examination for
35.13 general dentists;

35.14 (2) a written specialty board examination or a nationally recognized objective
35.15 structured clinical examination for specialty dentists;

35.16 (3) a nationally recognized objective structured clinical examination for dental
35.17 therapists;

35.18 (4) a nationally recognized objective structured clinical examination for dental
35.19 hygienists; and

35.20 (5) the examination in part 3100.1300, subpart 1, item D, for licensed dental
35.21 assistants.

35.22 Subp. 4. [Repealed, 20 SR 2316]

36.1 **Subp. 4a. Board review and appeals.**

36.2 A. Once the requirements of subpart 1 have been reviewed by the board, the board
36.3 shall notify the applicant as to whether the reinstatement of a license has been denied or
36.4 granted by the board. If granted reinstatement, the person shall be assigned to the biennial
36.5 term to which the licensee was assigned prior to termination of the license.

36.6 B. An applicant denied reinstatement of a license may appeal the denial by
36.7 initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

36.8 **Subp. 5. Scope.** Nothing in this part prohibits a dentist, dental therapist, or dental
36.9 hygienist from applying for licensure by credentials according to part 3100.1400.

36.10 **3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,**
36.11 **GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

36.12 **Subpart 1. Prohibitions.** A dental therapist, dental hygienist, or licensed dental assistant
36.13 must not administer general anesthesia, deep sedation, moderate sedation, or minimal
36.14 sedation.

36.15 **Subp. 1a. Reporting of incidents required.**

36.16 A. A dentist, dental therapist, dental hygienist, or licensed dental assistant must
36.17 report to the board any incident that arises from the administration of nitrous oxide inhalation
36.18 analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia,
36.19 or minimal sedation that results in:

36.20 (1) a serious or unusual outcome that produces a temporary or permanent
36.21 physiological injury, harm, or other detrimental effect to one or more of a patient's body
36.22 systems; or

36.23 (2) minimal sedation unintentionally becoming moderate sedation, deep
36.24 sedation, or general anesthesia when the licensee does not have a certificate for administering
36.25 general anesthesia or moderate sedation described in subparts 18 and 20.

37.1 B. The report required under item A must be submitted to the board on forms
37.2 provided by the board within ten business days of the incident by the dentist, dental therapist,
37.3 dental hygienist, or licensed dental assistant. The requirements of this subpart apply even
37.4 when another licensed health care professional who, under contract or employment with
37.5 the dentist, was the actual person administering the analgesia or pharmacological or
37.6 nonpharmacological method. A licensee who fails to comply with this subpart is subject to
37.7 disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and
37.8 Minnesota Statutes, section 150A.08, subdivision 1.

37.9 Subp. 2. [See repealer.]

37.10 Subp. 3. [See repealer.]

37.11 Subp. 4. [See repealer.]

37.12 Subp. 5. [See repealer.]

37.13 Subp. 6. [See repealer.]

37.14 Subp. 7. [See repealer.]

37.15 Subp. 8. [See repealer.]

37.16 Subp. 9. [See repealer.]

37.17 Subp. 9a. [See repealer.]

37.18 Subp. 9b. [See repealer.]

37.19 Subp. 10. [See repealer.]

37.20 Subp. 11. [See repealer.]

37.21 Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist.** A dentist
37.22 licensed by the board is allowed to administer nitrous oxide inhalation analgesia.

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

38.3 A. A dental therapist who administers nitrous oxide inhalation analgesia must be
38.4 under the general supervision of a licensed dentist.

38.5 B. A dental therapist who graduated from a board-approved dental therapy program
38.6 in Minnesota after August 1, 2013, may administer nitrous oxide inhalation analgesia without
38.7 completing any further requirements.

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

38.12 (1) a completed application;

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

38.19 (3) documentation of current CPR certification.

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

38.22 A. A dental hygienist who administers nitrous oxide inhalation analgesia must be
38.23 under the general supervision of a licensed dentist.

39.1 B. A dental hygienist who graduated from a dental hygiene program in Minnesota
39.2 after September 2, 2004, may administer nitrous oxide inhalation analgesia without
39.3 completing any further requirements.

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

39.7 (1) a completed application;

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

39.14 (3) documentation of current CPR certification.

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

39.17 A. A licensed dental assistant who administers nitrous oxide inhalation analgesia
39.18 must be under the direct supervision of a licensed dentist.

39.19 B. A licensed dental assistant who graduated from a dental assisting program in
39.20 Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia
39.21 without completing any further requirements.

39.22 C. A licensed dental assistant who graduated from a dental assisting program in
39.23 Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction
39.24 or Canadian province, may administer nitrous oxide inhalation analgesia after providing
39.25 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed:

(a) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or

(b) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent

in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

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

C. A dentist who administers general anesthesia or deep sedation without a general anesthesia certificate shall be 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:

(1) a completed initial application;

(2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

(3) evidence of having completed a course of education resulting in the dentist becoming clinically competent in the administration of moderate sedation. The course must include a minimum of 60 hours of didactic education in both enteral and parenteral

administration and personal administration and management of at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient simulation manikin;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification;

(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.

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be 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 or moderate sedation.

A. The board shall issue the following certificates for general anesthesia and moderate sedation:

(1) general anesthesia, which authorizes a dentist to either administer general anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation; and

(2) moderate sedation, which authorizes a dentist to either administer moderate sedation or to provide dental services to patients under moderate sedation when a dentist

43.1 employs or contracts another licensed health care professional with the qualified training
43.2 and legal qualification to administer moderate sedation.

43.3 B. A dentist holding a certificate issued by the board must conspicuously display
43.4 the certificate in plain sight of patients in every office in which the dentist administers
43.5 general anesthesia, deep sedation, or moderate sedation.

43.6 C. A dentist may submit to the board a request for a duplicate general anesthesia
43.7 or moderate sedation certificate. The request must include the fee in Minnesota Statutes,
43.8 section 150A.091, subdivision 12.

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

43.11 (1) a completed application;

43.12 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
43.13 11;

43.14 (3) documentation of current certification in ACLS or PALS;

43.15 (4) documentation of current CPR certification;

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

43.18 (6) attestation of compliance with an on-site inspection described in subpart
43.19 23.

43.20 E. A dentist's general anesthesia or moderate sedation certificate expires if the
43.21 completed application and fee are not received by the board by the dentist's license renewal
43.22 date. Immediately upon expiration, the dentist is prohibited from administering general
43.23 anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board
43.24 issues a current general anesthesia or moderate sedation certificate to the dentist described

44.1 in subpart 19. After 30 days, the board shall terminate the dentist's general anesthesia or
44.2 moderate sedation certificate.

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

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

44.9 (1) A dentist whose anesthesia or moderate sedation certificate that, within
44.10 30 calendar days, expired or was terminated by the board, must provide the board:

44.11 (a) a completed renewal application;

44.12 (b) the nonrefundable fee in Minnesota Statutes, section 150A.091,
44.13 subdivision 11;

44.14 (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
44.15 subdivision 11a;

44.16 (d) documentation of current certification in ACLS or PALS;

44.17 (e) documentation of current CPR certification;

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

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

44.22 (2) A dentist whose anesthesia or moderate sedation certificate that, for more
44.23 than 30 calendar days prior, expired or was terminated by the board, must provide the board:

- 45.1 (a) a completed recertification application;
- 45.2 (b) the nonrefundable recertification fee in Minnesota Statutes, section
- 45.3 150A.091, subdivision 11b;
- 45.4 (c) the dentist's written attestation that the dentist has successfully
- 45.5 completed the educational requirements for either general anesthesia described in subpart
- 45.6 16 or moderate sedation described in subpart 17;
- 45.7 (d) documentation of current certification in ACLS or PALS;
- 45.8 (e) documentation of current CPR certification; and
- 45.9 (f) attestation of compliance with the practice and equipment
- 45.10 requirements in subpart 22.

45.11 B. Upon receipt of a recertification application for general anesthesia or moderate

45.12 sedation, the board shall require that the dentist undergo an on-site inspection described in

45.13 subpart 23.

45.14 C. A dentist whose anesthesia or moderate sedation certificate has expired or been

45.15 terminated must not administer general anesthesia, deep sedation, or moderate sedation

45.16 until the board issues a renewed or recertified general anesthesia or moderate sedation

45.17 certificate to the dentist.

45.18 Subp. 20. **Initial certification to provide dentistry with contracted sedation**

45.19 **provider; application requirements for a dentist.**

45.20 A. A dentist must not provide dental services to a patient who is under general

45.21 anesthesia, deep sedation, or moderate sedation at any location other than a hospital, unless

45.22 the dentist possesses the applicable contracted sedation services certificate for general

45.23 anesthesia or moderate sedation issued by the board.

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

46.5 C. If a dentist possesses a moderate sedation certificate described in subpart 18
46.6 and desires to provide dental services to a patient under moderate sedation by a contracted
46.7 sedation provider, the dentist is not required to possess an additional certificate for contracting
46.8 with a sedation provider but is limited to moderate sedation.

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

- 46.11 (1) a completed application;
- 46.12 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
46.13 11;
- 46.14 (3) a copy of the contracted healthcare professional's current license;
- 46.15 (4) documentation of the contracted healthcare professional's current
46.16 certification in ACLS or PALS;
- 46.17 (5) documentation of the contracted healthcare professional's current CPR
46.18 certification;
- 46.19 (6) documentation of the dentist's current CPR certification;
- 46.20 (7) attestation of compliance with the practice and equipment requirements
46.21 in subpart 22; and
- 46.22 (8) attestation of compliance with an on-site inspection described in subpart
46.23 23.

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings by the board on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 21. Board-issued certificates to provide dentistry with a contracted sedation provider.

A. The board shall issue the following certificates to provide dentistry with a contracted sedation provider:

(1) dentistry with contracted sedation services: general anesthesia, which authorizes a dentist to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep sedation, or moderate sedation; and

(2) dentistry with contracted sedation services: moderate sedation, which authorizes a dentist to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist provides dental services to patients under general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate contracted sedation services certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

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

(1) a completed application;

48.1 (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
48.2 11;

48.3 (3) a copy of the contracted healthcare professional's current license;

48.4 (4) documentation of the contracted healthcare professional's current
48.5 certification in ACLS or PALS;

48.6 (5) documentation of the contracted healthcare professional's current CPR
48.7 certification;

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

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

48.11 (8) attestation of compliance with an on-site inspection described in subpart
48.12 23.

48.13 E. A dentist's contracted sedation services certificate expires if the completed
48.14 application and fee are not received by the board by the dentist's license renewal date.
48.15 Immediately upon the certificate's expiration, the dentist must not provide dental services
48.16 to patients under general anesthesia, deep sedation, or moderate sedation until the board
48.17 issues a current contracted sedation services certificate to the dentist under item F.

48.18 F. To renew a contracted sedation services certificate within 30 calendar days of
48.19 the certificate's expiration, a dentist must provide the board:

48.20 (1) a completed renewal application;

48.21 (2) the nonrefundable renewal fee in Minnesota Statutes, section 150A.091,
48.22 subdivision 11;

48.23 (3) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
48.24 subdivision 11a;

- 49.1 (4) a copy of the contracted healthcare professional's current license;
- 49.2 (5) documentation of the contracted healthcare professional's current
- 49.3 certification in ACLS or PALS;
- 49.4 (6) documentation of the contracted healthcare professional's current CPR
- 49.5 certification;
- 49.6 (7) documentation of the dentist's current CPR certification;
- 49.7 (8) attestation of compliance with the practice and equipment requirements
- 49.8 in subpart 22; and
- 49.9 (9) attestation of compliance with an on-site inspection described in subpart
- 49.10 23.

49.11 G. The board shall terminate an expired contracted sedation services certificate

49.12 that is not renewed under item F. The dentist may still apply for a contracted sedation

49.13 services certificate by completing the application requirements in subpart 20, item D.

49.14 **Subp. 22. Practice and equipment requirements.**

49.15 A. Dentists who administer general anesthesia, deep sedation, or moderate sedation

49.16 or who provide dental services to patients under general anesthesia, deep sedation, or

49.17 moderate sedation must ensure that the practice requirements in this item are followed.

49.18 (1) A dentist must be prepared and competent to diagnose, resolve, and prevent

49.19 any untoward reaction or medical emergency that may develop any time after the

49.20 administration of general anesthesia, deep sedation, or moderate sedation. A dentist must

49.21 apply the current standard of care to continuously monitor and evaluate a patient's blood

49.22 pressure, pulse, respiratory function, and cardiac activity. The current standard of care to

49.23 assess respiratory function requires the monitoring of tissue oxygenation or ventilation.

(2) A dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation, including a dentist, nurse anesthetist, or physician anesthesiologist, must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the facilities, equipment, emergency supplies, and a record of all general anesthesia, deep sedation, or moderate sedation procedures performed in the facility.

(3) An individual qualified to administer general anesthesia, deep sedation, or moderate sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Prior to discharge, an individual qualified to administer anesthesia or sedation must assess the patient to ensure that the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

(4) A dentist administering general anesthesia, deep sedation, or moderate sedation to a patient must have in attendance personnel who are currently certified in CPR.

B. 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 offices in which it is conducted have:

(1) an immediately accessible automated external defibrillator or immediately accessible full-function defibrillator;

(2) a positive pressure oxygen delivery system and a backup system;

(3) a functional suctioning device and a backup suction device;

(4) auxiliary lighting;

- 51.1 (5) a gas storage facility;
- 51.2 (6) a recovery area;
- 51.3 (7) a method to monitor respiratory function; and
- 51.4 (8) an emergency cart or kit that must be available and readily accessible and
- 51.5 includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing
- 51.6 and unconscious patient and provide continuous support while the patient is transported to
- 51.7 a medical facility. There must be documentation that all emergency equipment and drugs
- 51.8 are checked and maintained on a prudent and regularly scheduled basis.

51.9 Subp. 23. **On-site inspection; requirements and procedures.** All offices in which

51.10 general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this

51.11 part must be in compliance with this subpart.

51.12 A. A dentist who applies for an initial general anesthesia or moderate sedation

51.13 certificate or who provides dental services to patients under general anesthesia, deep sedation,

51.14 or moderate sedation must have an on-site inspection conducted at one primary office facility

51.15 within 12 months following receipt of a certificate from the board. Thereafter, a dentist

51.16 must have an on-site inspection conducted at one primary office facility at least once every

51.17 five years.

51.18 B. A dentist must have an on-site inspection conducted at one primary office

51.19 facility if the board receives a complaint alleging violation of this part and the board finds

51.20 the complaint warrants further investigation.

51.21 C. If a dentist fails to meet the on-site inspection requirements of item A and, if

51.22 applicable, item B because of extenuating circumstances, the dentist may apply for an

51.23 extension of time to complete the requirements by making a written request to the board.

51.24 If the board grants an extension, the board shall establish the length of the extension to

51.25 obtain the on-site inspection requirements.

D. A dentist must pay all costs associated with an on-site inspection.

E. 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. 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. 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.

Subpart 1. Professional development cycles.

A. The initial professional development cycle begins on the date licensure is granted by the board and ends on the last day of the licensee's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies in the number of months depending on the date licensure is granted.

B. A biennial professional development cycle coincides with the biennial renewal period. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

53.1 **Subp. 2. Professional development requirements.**

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

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

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

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

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

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

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

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

54.5 (1) clinical subjects. Clinical subjects are covered through seminars, webinars,
54.6 symposiums, lectures, college courses pertaining to basic sciences, or programs whose
54.7 contents directly relate to the provision of dental care and treatment to patients. College
54.8 course credit is limited to five hours for each college course completed within a cycle with
54.9 a maximum of 15 college credit hours per cycle;

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

54.13 *[For text of units (a) to (c), see Minnesota Rules]*

54.14 (d) management of medical emergencies;

54.15 (e) treatment and diagnosis; and

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

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

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

54.23 B. Elective activities for an initial or biennial cycle must directly relate to or
54.24 support dentistry and include:

- 55.1 (1) general attendance at a multiday state or national dental convention for
55.2 a maximum of three credit hours per convention;
- 55.3 (2) volunteerism or community service directly relating to dentistry such as
55.4 international or national mission work, voluntary clinic work, or dental health presentations
55.5 to students or groups;
- 55.6 (3) professional reading of published articles or other forms of self-study
55.7 directly relating to dentistry;
- 55.8 (4) scholarly activities, including:
- 55.9 (a) teaching a professional course directly related to dentistry or
55.10 presenting a continuing dental education program;
- 55.11 (b) presenting a table clinic directly related to dentistry;
- 55.12 (c) authoring a published dental article or text in a recognized publication;
- 55.13 (d) participating in test construction for an accredited state or nationally
55.14 recognized dental association or organization;
- 55.15 (e) participating in a scientific dental research program from an accredited
55.16 institution or program or an evidence-based clinical study; and
- 55.17 (f) similar academic activities relating to dentistry;
- 55.18 (5) dental practice management courses;
- 55.19 (6) leadership or committee involvement with a dental board or a dental
55.20 professional association for a maximum of three credit hours per cycle; and
- 55.21 (7) elective activities approved by the board. Elective activities under this
55.22 subitem shall be approved by the board only if the board finds the contents of the activity
55.23 directly relates to or supports dentistry.

Subp. 4. **Documentation of professional development activities.** A licensee must record or obtain documentation of hours in professional development activities for the licensee's portfolio. Documentation includes:

A. confirming documentation from the presenting organization that provides the attendee's name, name of organization or presenter, course date, number of credit hours, subject matter, or program title;

B. a personal log of published articles read by the licensee including title of the article, name of author, name of journal or periodical, and date of published article; and

C. similar documentation of professional development activities.

Subp. 5. **Retention of documentation.** A licensee must keep documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for the current biennial renewal cycle and the previous completed biennial cycle for purposes of an audit by the board.

3100.6200 CONDUCT UNBECOMING A LICENSEE.

"Conduct unbecoming a person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting, or conduct contrary to the best interests of the public," as used in Minnesota Statutes, section 150A.08, subdivision 1, clause (6), includes a dentist, dental therapist, dental hygienist, licensed dental assistant, or applicant:

A. engaging in personal conduct that brings discredit to the profession of dentistry;

B. demonstrating gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;

C. making inappropriate sexual remarks or advances toward a patient or colleague;

D. billing patients for unnecessary services or services not rendered or inaccurately documenting services;

57.1 E. failing to communicate an accurate treatment plan and financial information;

57.2 F. performing services as a dental therapist, dental hygienist, or licensed dental
57.3 assistant not authorized by the dentist under this chapter or Minnesota Statutes, chapter
57.4 150A;

57.5 G. accepting or offering rebates, split fees, or commissions for services rendered
57.6 to a patient from or to any person other than a partner, employee, employer, associate in a
57.7 dental professional firm, or a professional subcontractor or consultant authorized to practice
57.8 in dentistry;

57.9 *[For text of item H, see Minnesota Rules]*

57.10 I. committing fraud upon patients, third-party payers, or others relating to the
57.11 practice of dentistry;

57.12 *[For text of items J to L, see Minnesota Rules]*

57.13 **3100.6600 ADVERTISING DENTAL FEES AND SERVICES.**

57.14 Subpart 1. **Routine services.** If the following routine dental services are advertised,
57.15 either the advertised service must include the listed components or the advertisement must
57.16 disclose the components which are not included.

57.17 A. Examination: a documented diagnosis by the dentist of the oral cavity, including
57.18 periodontal disease, occlusal discrepancies, caries, oral abnormalities, and the development
57.19 of a treatment plan. If there are additional charges besides the examination fee for radiographs
57.20 or a written itemized treatment plan, these charges must be disclosed in the advertisement.

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

57.22 C. Denture: either a complete maxillary or complete mandibular replacement of
57.23 the natural dentition with artificial teeth. If the service advertised is for a denture which is
57.24 partially prefabricated, intended for a partial replacement of the natural dentition, intended

to be used as an emergency or temporary denture, or if any advertised fee does not include a reasonable number of readjustments, this information must be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus and stains from the clinically exposed surfaces of the teeth.

[For text of item E, see Minnesota Rules]

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

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

A licensee shall not offer, give, receive, or agree to receive any fee or other compensation to or from a third party for the referral of a patient for dental services. Nothing contained in this part shall prohibit a licensee from providing a gift to a patient or from providing a credit for dental services to a patient.

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized as suitable for the announcement of specialty dental practices:

A. dental anesthesiology;

B. dental public health;

C. endodontics (endodontist);

D. oral and maxillofacial pathology (oral pathologist);

E. oral and maxillofacial radiology (oral radiologist);

F. oral and maxillofacial surgery (oral and maxillofacial surgeon);

G. oral medicine;

H. orofacial pain;

I. orthodontics and dentofacial orthopedics (orthodontist);

J. pediatric dentistry (pedodontist);

K. periodontics (periodontist); and

L. prosthodontics (prosthodontist).

Subp. 2. **Education criteria.** A licensed dentist may advertise as a specialist in an area if the dentist has evidence of graduating from a postdoctoral specialty program accredited by the Commission on Dental Accreditation in any of the designated specialty areas of subpart 1.

Subp. 3. **Restricting practice.** Subpart 2 does not prohibit a dentist who does not meet the above education or experience criteria from restricting a practice to one or more specific areas of dentistry. These dentists must not use the terms "specialist," "specialty," "specializing," or "limited to." The advertising must state that the services are being provided by a general dentist.

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible procedures.** Assistants without a license may:

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;

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.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1:

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.

Subpart 1. **Procedures under general supervision.** A licensed dental assistant may perform the following procedures without the dentist being present in the dental office or on the premises if the dentist has prior knowledge of and has consented to the procedures being performed:

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

D. re-cement intact temporary crowns or restorations;

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

61.1 H. fabricate and deliver custom fitted trays;

61.2 I. place and remove elastic orthodontic separators;

61.3 J. complete preliminary charting of the oral cavity and surrounding structures
61.4 with the exception of periodontal structures;

61.5 *[For text of items K to O, see Minnesota Rules]*

61.6 Subp. 1a. **Procedures under indirect supervision.** A licensed dental assistant, in
61.7 addition to the services performed by an assistant described in part 3100.8400, subpart 1,
61.8 may perform the following services if a dentist is in the office, authorizes the procedures,
61.9 and remains in the office while the procedures are being performed:

61.10 A. apply topical medications including bleaching agents, desensitizing agents,
61.11 and cavity varnishes as prescribed by a dentist;

61.12 B. place and remove devices or materials for isolation purposes;

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

61.14 D. perform mechanical polishing to clinical crowns, not including the removal of
61.15 calculus by instrumentation;

61.16 *[For text of items E to K, see Minnesota Rules]*

61.17 L. etch appropriate enamel surfaces and apply and adjust pit and fissure sealants;

61.18 M. perform restorative procedures as permitted in Minnesota Statutes, section
61.19 150A.10, subdivision 4;

61.20 N. maintain and remove intravenous lines while under indirect supervision of a
61.21 dentist who holds a valid general anesthesia or moderate sedation certificate. Before
61.22 managing and removing intravenous lines, 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

O. monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors, and capnography while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, 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.

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 item C, see Minnesota Rules]

D. fabricate, place, replace, cement, and adjust temporary crowns or restorations;

E. remove temporary restorations with hand instruments only;

F. place and remove matrix systems and wedges;

G. administer nitrous oxide inhalation analgesia according to part 3100.3600, subpart 15;

[For text of items H and 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.

Subp. 1c. Procedures under personal supervision. A licensed dental assistant may concurrently perform supportive services if the dentist holds a valid general anesthesia or moderate sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line. Before administering any medications or agents, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of general anesthesia and moderate sedation training and be certified by the board.

Subp. 2. Procedures requiring more coursework or in-office training and procedures prohibited.

A. If any delegated procedure within this part specifically indicates a requirement to complete additional coursework, the licensed dental assistant must complete the

coursework to perform the procedure. All remaining delegated procedures listed are within the scope of practice for a licensed dental assistant with, if necessary, some required in-office training by the supervising dentist.

B. A licensed dental assistant must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

Subp. 3. [See repealer.]

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:

A. perform preliminary charting of the oral cavity and surrounding structures, including case histories; perform initial and periodic examinations and assessments to determine periodontal status; and create a dental hygiene treatment plan in coordination with a dentist's treatment plan;

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

G. etch enamel surfaces and apply and adjust pit and fissure sealants;

[For text of item H, see Minnesota Rules]

I. administer nitrous oxide inhalation analgesia according to part 3100.3600, subpart 14;

[For text of items J to M, see Minnesota Rules]

N. fabricate and deliver custom fitted trays;

O. provide nutritional counseling;

P. perform salivary analysis;

[For text of items Q to S, see Minnesota Rules]

T. place and remove devices or materials for isolation purposes;

[For text of items U and V, see Minnesota Rules]

W. fabricate, place, replace, cement, and adjust temporary crowns or restorations;

[For text of items X and 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.

Subp. 2. **Restorative procedures under indirect supervision.** A dental hygienist may perform restorative procedures pursuant to Minnesota Statutes, section 150A.10, subdivision 4, and under indirect supervision, as defined in part 3100.0100, subpart 21, item C, if the dental hygienist has:

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

Subp. 2a. **Orthodontic procedures under general, indirect, or direct supervision.** If a dental hygienist has fulfilled the requirements of item A, subitems (1), (2), or (3), the dental hygienist may perform the procedures listed in item B under the level of supervision indicated, as defined in part 3100.0100, subpart 21, items B, C, and D.

[For text of item A, see Minnesota Rules]

B. The dental hygienist may perform the following procedures under:

(1) general supervision:

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

(f) place and remove elastic orthodontic separators; and

(g) remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances;

[For text of subitems (2) and (3), see Minnesota Rules]

Subp. 2b. **Sedation monitoring and intravenous procedures under indirect, direct, or personal supervision.** If a dental hygienist has successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and is certified by the board, the dental hygienist may perform the following procedures under either indirect, direct, or personal supervision, as defined in part 3100.0100, subpart 21, items A, B, and C, for a dentist who holds a valid general anesthesia or moderate sedation certificate:

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

Subp. 3. **Other procedures prohibited.** A dental hygienist must not perform any dental treatment or procedure on patients not authorized by this chapter.

3100.9600 RECORD KEEPING.

Subpart 1. **Definitions.** For the purposes of this part, "patient" means a natural person who has received dental treatment from a provider. In the case of a minor who has received dental treatment pursuant to Minnesota Statutes, sections 144.341 to 144.347, the patient includes a parent or guardian.

[For text of subpart 2, see Minnesota Rules]

Subp. 3. **Personal data.** At a minimum, dental records must include the patient's:

A. name;

B. address;

C. date of birth;

67.1 D. parent's or guardian's name, if the patient is a minor;

67.2 E. emergency contact; and

67.3 F. insurance information.

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

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

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

67.9 C. the results of any other diagnostic aids used.

67.10 Subp. 7. **Diagnosis.** Dental records must include a diagnosis.

67.11 Subp. 8. **Treatment plan.** Dental records must include an agreed upon written and
67.12 dated treatment plan except for routine dental care. The treatment plan must be updated to
67.13 reflect the current status of the patient's oral health and treatment.

67.14 *[For text of subpart 9, see Minnesota Rules]*

67.15 Subp. 10. **Progress notes.** Patient records must include a chronology of the patient's
67.16 progress throughout the course of all treatment. All written progress notes must be legible
67.17 and written in ink. The chronology must include:

67.18 A. all treatment provided;

67.19 B. all medications and anesthetics used;

67.20 C. all dental materials placed;

67.21 D. the treatment provider by license number, name, or initials;

E. when applicable, the identity of the collaborating dentist authorizing treatment by license number; and

F. administration information for nitrous oxide inhalation analgesia, including indication for use, dosage, duration of administration, posttreatment oxygenation period prior to discharge, and patient status at discharge.

Subp. 11. Amendments to records. If incorrect information is placed in a written record, it must be amended by crossing out with one single line and initialed by the provider. The provider initialing the record must identify who the provider is on the written record. In an electronic health record, an amendment to the record must be electronically time and date stamped by the provider.

Subp. 12. Retention of records.

A. For an adult patient with an active file, the dentist must maintain the patient's entire dental record. For an adult patient with an inactive file, the dentist must maintain the patient's dental records for at least seven years beyond the patient's last date of treatment by the dentist.

B. For a minor patient with an active file, the dentist must maintain the patient's entire dental record. For a minor patient with an inactive file, the dentist must maintain the patient's dental records until the patient is 25 years old.

Subp. 13. Transfer of records. A patient's dental records must be transferred according to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's account. Digital radiographs shall be transferred by compact or optical disc or electronic communication. All transferred film or digital radiographs must reveal images of diagnostic quality.

Subp. 14. Electronic record keeping.

[For text of item A, see Minnesota Rules]

69.1 B. When electronic records are kept, a dentist must use an unalterable electronic
69.2 record.

69.3 **REPEALER.** Minnesota Rules, parts 3100.0100, subparts 8b, 15, and 18b; 3100.1100,
69.4 subparts 2, 4, and 5; 3100.1500; 3100.1600; 3100.1700, subpart 5; 3100.1750, subparts 4,
69.5 5, and 6; 3100.3100; 3100.3200; 3100.3300; 3100.3350; 3100.3400; 3100.3500; 3100.3600,
69.6 subparts 2, 3, 4, 5, 6, 7, 8, 9, 9a, 9b, 10, and 11; 3100.5400; 3100.6325; 3100.7200; and
69.7 3100.8500, subpart 3, are repealed.

Date Filed: January 26, 2022
Document Number: 221889
Office of the Minnesota
Secretary of State, Steve Simon

**2021 Administrative Rule
Preliminary Proposal Form**

Revisor's ID Number: 4672

Submitting Agency: Minnesota Board of Dentistry

Date: March 10, 2021

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 Professional Licensure
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:	A major portion of the amendments in the Board's proposed Rules encompass creating a more user-friendly guide in Minnesota Rules, chapter 3100 for dentists, dental therapists, dental hygienists, and licensed dental assistants regarding standard licensure options. In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes.
If Exempt or Expedited rule process:	Not applicable.
Describe the need for the rule and provide background information:	Each standard licensure option will still have the same application and examination requirements as before, but the new proposed language is now consistent throughout making for easy reading and interpretation of the Board's rules. Moreover, each standard licensure option lists other key requirements pertaining to that license such as terms and renewal, reinstatement, and professional development to name a few. In addition, major housekeeping was completed to streamline rule language, eliminate non-relevant requests, and update some areas.
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



March 10, 2021

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

3/11/21

Date

**2021 Administrative Rule
Proposed Rule and SONAR Form**

Revisor's ID Number: **4672**

Submitting Agency: Minnesota Board of Dentistry Date: September 7, 2021
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 Professional Licensure
Chapter number(s):	Minnesota Rules Chapter 3100
Comments received during Request for Comments:	No comments received in opposition to proposed rules.
Statement of Need and Reasonableness (SONAR) Executive Summary:	A major portion of amendments in Board's proposed rules encompass creating a more user-friendly guide in Minnesota Rules, chapter 3100 for dentists, dental therapists, dental hygienists, and licensed dental assistants regarding standard licensure options. In addition, the proposed rules focus on achieving a major housekeeping throughout by either meticulously streamlining and eliminating all non-relevant requests made by the Board's current rules or simply updating some areas with minor changes.
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> None <i>Controversies:</i> None
List significant changes from preliminary proposal:	No significant changes from preliminary proposal.
Other:	

**Fiscal
Impact:**

☐

Yes

☒

No

*If the Fiscal Impact determination has changed,
please explain above.*

AGENCY: Attach draft rules and SONAR.



Executive Director's Signature

September 7, 2021

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

October 12, 2021

Date

**2021 Administrative Rule
Final Rule Form**

Revisor's ID Number: 4672


Submitting Agency: Minnesota Board of Dentistry

Date: December 30, 2021

Rule 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 Professional Licensure	
Chapter number(s):	Minnesota Rules Chapter 3100	
Comments/controversies received since Notice of Intent to Adopt:	No comments or controversies received by the Board.	
If a hearing was requested explain why and attach ALJ Report:	No hearing requests received by the Board.	
List changes from draft rules proposal:	Request submitted to Revisor's office to make these minor changes: Lines 25.17 and 25.20: replace "therapist" with "hygienist"; Lines 49.6 and 50.4: add "general" before supervision; and Line 50.22: add "direct" before supervision. These are not substantial changes but minor errors that need correcting.	
		December 30, 2021
Executive Director's Signature		Date

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.



Governor's Policy Advisor

January 12, 2022

Date

From: Engler, Pete (GOV) <Pete.Engler@state.mn.us>
Sent: Monday, January 31, 2022 8:55 AM
To: Anderson, Bridgett (HLB) <bridgett.anderson@state.mn.us>
Cc: Rouzegar, Parisa (GOV) <Parisa.Rouzegar@state.mn.us>
Subject: R 4672

Bridgett,

The Office of the Governor has received the Adopted Rule from the Office of the Secretary of State for R 4672, relating to the Minnesota Board of Dentistry Professional Licensure.

Governor Walz will not veto this rule. You may now proceed with the Notice of Adoption.

Thanks,

Pete

Pete Engler | Policy Advisor
Office of Governor Tim Walz and Lieutenant Governor Peggy Flanagan
75 Rev. Dr. Martin Luther King Jr. Blvd.
Ste. 130
Saint Paul, MN 55155-1611
Cell: 952-428-9590

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