

SENATE BILL 146: Teledentistry/RDH Admin. Local Anesthetic.

2021-2022 General Assembly

Committee:		Date:	December 8, 2021
Introduced by:		Prepared by:	Jason Moran-Bates
Analysis of:	S.L. 2021-95		Staff Attorney

OVERVIEW: S.L. 2021-95 does the following: (i) establishes standards for teledentistry, (ii) allows dental hygienists to administer local anesthetics while under the direct supervision of a licensed dentist, (iii) allows certain dental hygienists to practice without a licensed dentist physically present, (iv) allows licensure by credentials for certain dental instructors, and (v) adds the ECU School of Dental Medicine to the NC Caring Dental Professionals Board.

The modifications to the dental hygiene statutes became effective October 1, 2021, and apply to licenses granted on or after that date. The teledentistry portions became effective July 23, 2021. The act became effective July 23, 2021.

CURRENT LAW: Under current law, dental hygienists may not administer local anesthetic, and there are currently no statutory standards for teledentistry.

Dental hygienists who meet the following requirements may perform dental hygiene functions without the physical presence of a dentist if the services are performed in nursing homes, rest homes, long-care facilities, rural and community clinics operated by Board-approved nonprofits, federal, State, county or local governments:

- 3 years of experience or a minimum of 2,000 hours under the supervision of a licensed dentist.
- Completion of annual CPR certification.
- Completion of six hours of continuing education in medical emergencies, in addition to the standard continuing education requirements.
- Designated by the employing dentist as being capable of performing clinical hygiene procedures without direct supervision of the dentist.

BILL ANALYSIS:

<u>Section 1.(a)</u> amends the practice of dentistry in G.S. 90-29(b) to permit dental hygienists to administer local anesthetics and to allow dentists to engage in teledentistry.

<u>Section 1.(b)</u> creates a new section in the Dental Practice Act (Article 2 of Chapter 90) establishing standards for the practice of teledentistry. The new section does the following:

- Creates definitions for "authorized person," "licensed dental hygienist," "licensee," "practice of teledentistry," and "supervision."
- Allows teledentistry services to be offered by a licensed dentist or a dental hygienist under the supervision of a licensed dentist, define the location where services are provided, permit

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transmission of data related to dental care, and require licensees to provide all teledentistry services in accordance with the normal dental standards of care.

- Requires licensees to (i) confirm the patient's identity, (ii) authenticate the patient's health history, (iii) disclose their credentials, (iv) inform the patient of the risks of teledentistry, (v) inform the patient that not all conditions may be appropriate for teledental care, and (vi) and provide the patient the contact information for the North Carolina State Board of Dental Examiners (Board) as part of obtaining informed consent for treatment. A record of this informed consent must be maintained in the patient's records.
- Ensures that all records and data transmissions conform to HIPAA requirements.
- Maintains the same records retention standards as are required for in-person care.
- Requires licensees to comply with all North Carolina Controlled Substance Reporting System requirements.

<u>Section 1.(c)</u> allows the Board to take disciplinary action against licensees who allow fee-splitting in the provision of teledentistry services or who limit a patient's ability to file a grievance with any appropriate oversight body.

<u>Section 2.(a)</u> amends the definition of "dental hygiene" in G.S. 90-221(a) to include a dental hygienist's administration of local anesthetics by means of infiltration and block techniques while under the direct supervision of a licensed dentist.

Section 2.(b) adds a definition for "direct supervision" to G.S. 90-221.

<u>Section 2.(c)</u> requires programs training dental hygienists to administer local anesthetics to include at least 16 classroom hours and 14 clinical hours. The faculty to student ratio must be no more than 1:5, and students must receive a score of at least 80% in order to successfully complete the course.

Section 2.(d) allows the Board to license dental hygienists to administer local anesthetic if they (i) provide evidence of required education, training, and clinical qualifications, (ii) have been practicing dental hygiene for at least 2 years, and (iii) have completed the required education and have administered at least 12 block injections and 12 infiltration injections. Hygienists who are licensed to administer local anesthetic must maintain current CPR training and complete two hours of continuing education each year.

<u>Section 3</u> amends G.S. 90-233(a) to allow dental hygienists to practice under the direction of a licensed dentist at federally qualified health centers. G.S. 90-233(a1) is amended to permit certain experienced dental hygienists to provide dental hygiene services to a patient under the written order of a dentist, rather than after an in-person evaluation of the patient by a licensed dentist. Schools and federally qualified health centers are added to the list of locations where dental hygiene services could be provided under a written order.

<u>Section 4</u> allows the Board to grant licensure by credentials to dental instructors from other states who have graduated from an accredited dental school and who meet the existing practice and exam requirements.

Section 5 adds the East Carolina School of Dental Medicine to the NC Caring Dental Professionals Board.

Section 6 allows the Board to adopt temporary rules necessary to implement the provisions of the act.

EFFECTIVE DATE: The modifications to the dental hygiene statutes became effective October 1, 2021, and apply to licenses granted on or after that date. The teledentistry portions became effective July 23, 2021.

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*Amy Darden of the Legislative Analysis Division, substantially contributed to this summary.