

State of Utah
Administrative Rule Analysis
Revised May 2023

DAR File No. 55846
DATE FILED 10-12-2023

NOTICE OF PROPOSED RULE

TYPE OF FILING: Amendment

Title No. - Rule No. - Section No.

Rule or Section Number:

R156-69

Filing ID: Office Use Only

Agency Information

1. Department:	Department of Commerce	
Agency:	Division of Professional Licensing	
Room number:		
Building:	Heber M. Wells Building	
Street address:	160 East 300 South	
City, state and zip:	Salt Lake City UT 84111-2316	
Mailing address:	PO Box 146741	
City, state and zip:	Salt Lake City UT 84114-6741	
Contact persons:		
Name:	Phone:	Email:
Larry Marx	801-530-6254	lmarx@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule or section catchline:

Dentist and Dental Hygienist Practice Act Rule.

3. Purpose of the new rule or reason for the change:

The Division of Professional Licensing (Division) in collaboration with the Dentist and Dental Hygienist Licensing Board is filing these proposed amendments to (1) as required by SB 237 passed in the 2023 General Session, establish the notification requirement to DOPL for a dental hygienist who will engage in the practice of dental hygiene in a public health setting; (2) lessen the regulatory burden on dentists who perform moderate sedation by reducing the requirements for monitoring patient oxygenation to the use of an oximeter, and requiring only one individual to be in the operatory that is ACLS (or PALS) certified instead of two; and (3) lessen the regulatory burden on dentists who perform Deep Sedation or General Anesthesia by requiring only one individual to be in the operatory that is ACLS (or PALS) certified instead of two.

4. Summary of the new rule or change:

Subsection R156-69-302a(2)(c)(iii)(A) is amended to remove the requirement to use end-tidal capnography in addition to pulse oximetry during moderate sedation of a patient. Subsection R156-69-302a(2)(c)(iii)(B) is amended to require only one ACLS (or PALS) certified person to be in the operatory during moderate sedation of a patient; this would be the licensee performing the treatment, thereby removing the requirement for an assistant to be ACLS (or PALS) trained. Subsection R156-69-301a(2)(d)(iii)(B) is amended to require only one ACLS (or PALS) certified person to be present in the operatory for a dentist with a deep sedation and general anesthesia permit, which would be the licensee performing the treatment, thereby removing the requirement for an assistant to be ACLS (or PALS) trained. Finally, in accordance with SB 237 passed during the 2023 General Legislative Session, new Section R156-69-801 is added to establish the required notification to the Division on a one-time basis by a dental hygienist who will engage in the independent practice of dental hygiene in a public health setting, and Section R156-69-502 is correspondingly amended to add to the definition of "Unprofessional Conduct" violation of Subsection 58-69-801(5) or Section R156-69-801 by a dental hygienist who is working in a public health setting.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

As described below for small businesses in Box 5.C, the Division estimates that the proposed amendments to Section R156-69-302a may benefit state government agencies who provide dental services, but the exact savings cannot be estimated as each entity will provide different services and utilize differing equipment, and hire employees with differing qualifications. The

remainder of these proposed amendments are expected to have no measurable impact on state revenues or expenditures as they merely update the rule to implement SB 237 requirements.

B) Local governments:

As described below for small businesses in Box 5.C, the Division estimates that the proposed amendments to Section R156-69-302a may benefit local government agencies who provide dental services, but the exact savings cannot be estimated as each entity will provide different services and utilize differing equipment, and hire employees with differing qualifications.

C) Small businesses ("small business" means a business employing 1-49 persons):

The proposed amendments to R156-69-302a will reduce the cost of equipment needed for moderate sedation and will also reduce the training costs for dental service providers who are treating patients utilizing moderate sedation or deep sedation/general anesthesia, therefore the Division expects these amendments to benefit the estimated 2,156 small businesses in Utah engaged in providing dental services (Offices of Dentist (NAICS 621210) and All Other Outpatient Care Centers (NAICS 621498)). However, the exact savings cannot be estimated as the relevant information is not available as each dental practice is unique, with each practitioner utilizing different equipment and hiring employees with differing qualifications. New Section R156-69-801 that establishes the required notice to the Division for dental hygienists who will be practicing independently in a public health setting is not expected to have a measurable impact on businesses owned by or employing dental hygienists who choose to practice independently in a public health setting beyond the fiscal impact described in the fiscal note for SB 237 at <https://le.utah.gov/~2023/bills/static/SB0237.html>, as the amendment simply implements the mandate for notice under SB 237.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

The proposed amendments to R156-69-302a will reduce the cost of equipment needed for moderate sedation and will also reduce the training costs for dental service providers who are treating patients utilizing moderate sedation or deep sedation/general anesthesia, therefore the Division expects these amendments to benefit the estimated 21 non-small businesses in Utah engaged in providing dental services (Offices of Dentist (NAICS 621210) and All Other Outpatient Care Centers (NAICS 621498)). However, the exact savings cannot be estimated as the relevant information is not available as each dental practice is unique, with each practitioner utilizing different equipment and hiring employees with differing qualifications. New Section R156-69-801 that establishes the required notice to the Division for dental hygienists who will be practicing independently in a public health setting is not expected to have a measurable impact on non-small businesses owned by or employing dental hygienists who choose to practice independently in a public health setting beyond the fiscal impact described in the fiscal note for SB 237 at <https://le.utah.gov/~2023/bills/static/SB0237.html>, as the amendment simply implements the mandate for notice under SB 237.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

There are approximately 4,325 licensed dentists in Utah, who primarily work in businesses as owners or partners. As described above in Box 5.C for small businesses, the Division anticipates a savings for licensed dentists who choose to engage in the practice of providing moderate sedation or deep sedation/general anesthesia to their patients, but the exact cost savings cannot be estimated as each practitioner is unique and utilizes differing equipment and hires employees with differing qualifications. Proposed new Subsection R156-69-801 enacted pursuant to SB 237 that establishes the required notice to the Division by dental hygienists who will be practicing independently in a public health setting will impact dental hygienists who choose to practice independently in a public health setting, but the amendments are not expected to impact these persons beyond the fiscal impact described in the fiscal note for SB 237 at <https://le.utah.gov/~2023/bills/static/SB0237.html> because the amendment simply implements the notice mandate under SB 237.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):

As described in Box 5.E, there are no compliance costs expected for affected persons.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	FY2024	FY2025	FY2026
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0
Fiscal Benefits	FY2024	FY2025	FY2026
State Government	\$0	\$0	\$0

Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Commerce, Margaret W. Busse, has reviewed and approved this fiscal analysis.

The Division of Professional Licensing ("Division") proposes amendments to update the R156-69, the Dentist and Dental Hygienist Practice Act Rule. The proposed amendments were required by SB 237 passed in the 2023 General Session. The essence of SB 237 is to decrease regulations on dentists who perform moderate sedation by reducing the requirements for monitoring patient oxygenation to the use of an oximeter, and requiring only one certified individual instead of two. The proposed change is to also decrease regulation on dentists who perform deep sedation or general anesthesia by requiring only one certified individual to be in the operatory instead of two. The Division has made formatting changes throughout the rule to conform the rule to the Officer of Administrative Rules' Formatting Manual in accordance with Executive Orders 2021-1 and 2021-12.

Small Businesses (less than 50 employees):

The Division does not expect any foreseeable impact on small businesses. The proposed amendments to R156-69 will reduce the cost of sedation equipment and reduce the training costs for dental service providers. The Division foresees benefits to the estimated 2,156 small businesses in Utah engaged in providing dental services (NAICS 621210) and other similar outpatient care centers (NAICS 621498).

Regulatory Impact to Non-Small Businesses (50 or more employees)

There are approximately 21 non-small businesses in Utah engaged in providing dental services (NAICS 621210) and other similar outpatient care centers (NAICS 621498). These amendments will have no expected fiscal impact for non-small businesses in Utah for the same rationale as described above for small businesses. These costs are either inestimable, for the reasons stated above, or there is no fiscal impact.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 58-69-101	Subsection 58-1-106(1)(a)	Subsection 58-1-202(1)(a)

Incorporations by Reference Information

7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; if none, leave blank):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; if none, leave blank):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until: 12/01/2023

B) A public hearing (optional) will be held:

Date (mm/dd/yyyy):	Time (hh:mm AM/PM):	Place (physical address or URL):
11/17/2023	9:00 AM	160 East 300 South, Conference Room 474 (4th floor) or via Google Meet Google Meet Meeting link meet.google.com/ngx-fsph-bwc Join by phone (US) +1 302-440-5055 PIN: 550866830

To the agency: If more space is needed for a physical address or URL, refer readers to Box 4 in General Information. If more than two hearings will take place, continue to add rows.

9. This rule change MAY become effective on: 12/08/2023

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:		Date: 10-4-23	Click or tap to enter a date.
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R156. Commerce, Professional Licensing.

R156-69. Dentist and Dental Hygienist Practice Act Rule.

R156-69-102. Definitions.

~~[The following definitions supplement the definitions]~~ Terms used in this rule are defined in Title 58, Chapter 1, Division of Professional Licensing Act, and Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act. In addition:

(1) "AAOMS standards" means the following American Association of Oral and Maxillofacial Surgeons (AAOMS) standards, which are incorporated by reference:

- (a) Office Anesthesia Evaluation Manual, 2018 9th edition; and
- (b) Parameters of Care, 2017 6th edition.

(2) "AAPD" means the American Academy of Pediatric Dentistry.

(3) "ACLS" means Advanced Cardiac Life Support.

(4) "ADA" means the American Dental Association.

(5) "ADA CERP" means American Dental Association Continuing Education Recognition Program.

(6) "ADA Sedation and General Anesthesia Policy Statement" means the ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists, 2007 edition, which is incorporated by reference.

(7) "ADA Teaching Guidelines" means the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students published by the American Dental Association, as adopted by the ADA House of Delegates, October 2016, which is incorporated by reference.

(8) "ADA Use Guidelines" means the Guidelines for the Use of Sedation and General Anesthesia by Dentists published by the American Dental Association, as adopted by the ADA House of Delegates, October 2016, which is incorporated by reference.

(9) "ADEX" means American Board of Dental Examiners.

(10) "ADHA" means the American Dental Hygienists' Association.

(11) "Advertising or otherwise holding oneself out to the public as a dentist" means representing or promoting oneself as a dentist through any of the following or similar methods:

- (a) business names;
- (b) business signs;
- (c) door or window lettering;
- (d) business cards;
- (e) letterhead;
- (f) business announcements;
- (g) flyers;
- (h) mailers;
- (i) promotions;
- (j) advertisements;
- (k) radio or television commercials;
- (l) listings in printed or online telephone directories; or
- (m) any other type of advertisement or promotional communication.

(12) "Analgesia" means the same as defined in the ADA Use Guidelines.

(13) "Anesthesiology" means the science of administration of anesthetics and the condition of the patient while under anesthesia.

(14) "ASA standards" means the following American Society of Anesthesiologists (ASA) standards, which are incorporated by reference:

- (a) Basic Standards for Preanesthesia Care, 2020 edition;
- (b) Standards for Basic Anesthetic Monitoring, 2020 edition; and
- (c) Standards for Postanesthesia Care, 2019 edition;
- (15) "BCLS" means Basic Cardiac Life Support.
- (16) "BLS" means Basic Life Support.
- (17) "CDCA" means Commission on Dental Competency Assessments.
- (18) "CDEL" means the Council on Dental Education and Licensure.
- (19) "CITA" means Council of Interstate Testing Agencies, Inc.
- (20) "CODA" means the Commission on Dental Accreditation of the American Dental Association (ADA).
- (21) "Competency" means displaying special skill or knowledge derived from training and experience.
- (22) "CPR" means cardiopulmonary resuscitation.
- (23) "CRDTS" means the Central Regional Dental Testing Service, Inc.
- (24) "DANB" means the Dental Assisting National Board, Inc.
- (25) "Deep sedation" as defined in Subsection 58-1-510(1)(b) is further defined in the standards in Subsection R156-69-301b(3).
- (26) "Deep sedation and general anesthesia permit" means the dentist deep sedation and general anesthesia permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).
- (27) "Dental hygienist with local anesthesia permit" means the dental hygienist local anesthesia permit classification and scope of practice established in Section R156-69-301c under Subsection 58-69-301(4).
- (28) "Discharge criteria" means the minimum requirements for a patient to be safely discharged from the care of a dentist.
- (29) "General anesthesia" as defined in Subsection 58-1-510(1)(c) is further defined in the standards in Subsection R156-69-301b(3).
- (30) "Local anesthesia" means the same as defined in the standards in Subsection R156-69-301b(3).
- (31) "Local anesthesia permit" means the dentist local sedation permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).
- (32) "Maximum recommended dose (MRD)" is the maximum FDA recommended dose of a drug, as printed in FDA approved labeling for unmonitored home use.
- (33) "Minimal sedation" as defined in Subsection 58-1-501(1)(e) is further defined in the standards in Subsection R156-69-301b(3).
- (34) "Minimal sedation permit" means the dentist minimal sedation permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).
- (35) "Moderate sedation" as defined in Subsection 58-1-510(1)(f) is further defined in the standards in Subsection R156-69-301b(3).
- (36) "Moderate sedation permit" means the dentist moderate sedation permit classification and scope of practice established in Section R156-69-301b under Subsection 58-69-301(4).
- (37) "PALS" means Pediatric Advanced Life Support.
- (38) "Pediatric dentistry" means the age-defined dental specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(39) "Pediatric Sedation Guidelines" means the guidelines established in Cote CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures, Pediatric Dent 2019; 41(4):E-26-E-52, which is incorporated by reference.

(40) "Practice of dental hygiene" under Subsection 58-69-102(7)(a)(ix) includes performing:

- (a) laser bleaching; and
- (b) laser periodontal debridement.

(41) "Prominent disclaimer" in Subsection 58-69-502(2)(b) means a disclaimer that:

- (a) is in the same size of lettering as the largest lettering contained in the advertisement, publication, or other communication in which the disclaimer appears; or
- (b) is in the same volume and speed as the slowest speed and highest volume included in the advertisement, commercial, or other communication in which the disclaimer appears.

(42) "Route of administration" means the technique of administering agents, and includes the following, as defined in the ADA Use Guidelines:

- (a) enteral;
- (b) parenteral;
- (c) transdermal;
- (d) transmucosal; and
- (e) inhalation.

(43) "Specialty area" or "dental specialty" means an area of dentistry in which the dentist has successfully completed at least two full-time years in a specialty postdoctoral program accredited by CODA.

(44) "SRTA" means Southern Regional Testing Agency, Inc.

(45) "UDA" means Utah Dental Association.

(46) "UDHA" means Utah Dental Hygienists' Association.

(47) "Unprofessional conduct is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-69-502.

(48) "WREB" means the Western Regional Examining Board.

R156-69-301a. Dentist Anesthesia and Analgesia - Permit Classifications and Scopes of Practice.

(1) Under Section 58-1-510 and Subsection 58-69-301(4)(b), the classification of dentist anesthesia and analgesia permits are as follows:

- (a) local anesthesia permit;
- (b) minimal sedation permit;
- (c) moderate sedation permit; and
- (d) deep sedation and general anesthesia permit.

(2) Under Subsections 58-1-510(2) through (4) and Subsection 58-69-301(4)(a), the scope of practice for each dentist anesthesia and analgesia permit is established as follows:

(a) a dentist with a local anesthesia permit may administer local anesthesia and nitrous oxide and supervise the administration of local anesthesia and nitrous oxide in compliance with the standards in Subsection (3);

(b) a dentist with a minimal sedation permit may:

- (i) exercise the privileges of a local anesthesia permit; and

- (ii) administer and supervise the administration of minimal sedation via nitrous oxide-oxygen, with or without the administration of enteral medications, in compliance with the standards in Subsection (3);
- (c) a dentist with a moderate sedation permit may:
 - (i) exercise the privileges of a minimal sedation permit;
 - (ii) administer and supervise the administration of moderate sedation in compliance with the standards in Subsection (3); and
 - (iii) when engaging in the administration of moderate sedation shall:
 - (A) use pulse oximetry [~~and end tidal CO2 monitoring with capnography~~]; and
 - (B) have at least one ACLS or PALS trained [~~assistant~~] individual present in-operatory during sedation; and
- (d) a dentist with a deep sedation and general anesthesia permit may:
 - (i) exercise the privileges of a moderate sedation permit;
 - (ii) administer or supervise the administration of deep sedation or general anesthesia in compliance with the standards in Subsection (3); and
 - (iii) when engaging in the administration of deep sedation or general anesthesia, shall:
 - (A) use pulse oximetry and end tidal CO2 monitoring with capnography; and
 - (B) have at least one ACLS or PALS trained [~~assistant~~] individual present in-operatory during sedation.
- (3) Under Subsections 58-1-510(3) and (4) and 58-69-102(8) and Section 58-69-802:
 - (a) a dentist shall possess the knowledge, skills, education, and training required by and shall comply with the following standards, as applicable to the dentist's permitted scope of practice:
 - (i) the ADA Use Guidelines;
 - (ii) the Pediatric Sedation Guidelines;
 - (iii) the ADA Sedation and General Anesthesia Policy Statement;
 - (iv) the AAOMS standards;
 - (v) the ASA standards; and
 - (vi) Section 58-1-510; and
 - (b) a dentist who practices facial cosmetic dentistry using the neurotoxin clostridium botulinum or an injectable dermal filler shall demonstrate competency by having successfully completed a minimum of eight hours of training that:
 - (i) is taught by properly trained and licensed individuals teaching within their scope of practice;
 - (ii) includes a hands-on component; and
 - (iii) includes the following topics:
 - (A) treatment for temporomandibular joint dysfunction;
 - (B) infection control; and
 - (C) risk factors for administration of neurotoxin clostridium botulinum and dermal fillers.

R156-69-502. Unprofessional Conduct.

"Unprofessional Conduct" includes the following:

- (1) for any patient under any level of sedation, including nitrous oxide:

(a) failing to provide continuous in-operatory observation by a trained dental patient care staff member until the patient continuously and independently maintains their airway and may be safely discharged; or
(b) failing to record the discharge time and the person discharging the patient in the patient's records;

(2) under Subsections 58-69-502(1)(b) and (2), advertising or otherwise holding oneself out to the public as a dentist or dental group that practices in a specialty area, if:

(a) the dentist, or each dentist in the dental group, has not successfully completed an advanced educational program accredited by CODA;

(b) as specified in Subsection 58-69-502(2)(b), the advertisement or other method of holding oneself out to the public as a dentist or dental group does not include a prominent disclaimer under Subsection R156-69-102(41) that the dentist or dentists performing services are licensed as general dentists or that the specialty services:

(i) is or are licensed as general dentists or that the specialty services will be provided by a general dentist; or

(ii) is or are specialists, but not qualified as a specialist in the specialty area being advertised;

(3) advertising in any form that is misleading, deceptive, or false, including the display of any credential, education, or training that is inaccurate, or making any unsubstantiated claim of superiority in education, certification, training, skill, experience, or any other quantifiable aspect;

(4) prescribing treatments and medications outside the scope of dentistry;

(5) prescribing for oneself any Schedule II or III controlled substance;

(6) engaging in practice as a dentist or dental hygienist without prominently displaying a copy of the current Utah license;

(7)(a) failing to personally maintain current CPR, BCLS-BLS, ACLS, or PALS certification as required by the licensee's anesthesia permit; or

(b) employing patient care staff who fail to maintain current CPR or BCLS-BLS certification;

(8) providing consulting or other dental services under anonymity;

(9) engaging in unethical or illegal billing practices or fraud, including:

(a) reporting an incorrect treatment date for obtaining payment;

(b) reporting charges for services not provided;

(c) incorrectly reporting services provided for obtaining payment;

or

(d) generally representing a charge to a third party that is different from that charged to the patient;

(10) failing to establish and maintain appropriate dental records;

(11) failing to maintain patient records for seven years;

(12) failing to provide copies of x-rays, reports or records to a patient or the patient's designee upon written request and payment of a nominal fee for copies, regardless of the payment status of the services in the record;

(13) failing to discuss the risks of using an opiate with a patient or the patient's guardian before issuing an initial opiate prescription in accordance with Section 58-37-19;

(14) violating Section R156-69-301a or R156-69-301b; [~~or~~]

(15) for a dental hygienist working in a public health setting, violating Subsection 58-69-801(4) or 58-69-801(5) or Section R156-69-801.

R156-69-801. Dental Hygienist Notification to Division of Practice in Public Health Setting.

(1) (a) Under Subsection 58-69-801(5), a dental hygienist who will engage in the practice of dental hygiene in a public health setting without general supervision and without a collaborative practice agreement with a dentist, shall notify the Division on a one-time basis under Subsections 58-69-801(5) (b) and 58-1-308(3) by submitting to the Division the Public Health Setting Practice Notification form that is available on the Division's website at <https://dopl.utah.gov/dentistry>.

(b) The dental hygienist shall submit a completed Public Health Setting Practice Notification form:

(i) before the day the dental hygienist first engages in the practice of dental hygiene in a public health setting; and

(ii) thereafter, on each day that the dental hygienist applies to renew or reinstate the dental hygienist's license.

(2) If a dental hygienist will cease to engage in the practice of dental hygiene in a public health setting under Subsection 58-69-801(5), the dental hygienist shall notify the Division by submitting to the Division the Public Health Setting Practice Notification form.

(3) A dental hygienist shall maintain a copy of the dental hygienist's submitted Public Health Setting Practice Notification form for two years after the end of the license cycle during which the dental hygienist submitted the form, and make a copy available for inspection by the Division upon request.

KEY: licensing, dentists, dental hygienists

Date of Enactment or Last Substantive Amendment: [March 27,] 2023

Notice of Continuation: January 7, 2021

Authorizing, and Implemented or Interpreted Law: 58-69-101; 58-1-106(1) (a); 58-1-202(1) (a)